**Safeguarding Policy and Procedure Document**

**September 2020**

|  |  |  |
| --- | --- | --- |
| **Author of this document: Paul King Designated Safeguarding Lead** | | |
| **Date of Policy** | **Date Ratified by Governors** | **Date for review** |
| V7 September 2020 |  | September 2021 |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chair of Governors) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTENTS**

**Part One: Safeguarding Policy**

|  |  |
| --- | --- |
| **Section** | **Page Number** |
| Introduction to the policy | 5 |
| Links to other policy’s | 5 |
| Key Principles | 5 |
| Our responsibility to children | 6 |
| Statutory duties and the legal framework | 7 |
| Safer Recruitment | 8 |
| What is safeguarding? | 8 |
| Listening to children: capturing the child’s voice | 9 |
| The Designated Safeguarding Lead (DSL) | 10 |
| What does the DSL do? | 10 |
| The Safeguarding Team Approach to safeguarding children | 12 |
| Meet our Safeguarding Team | 13 |
| Key functions of the safeguarding team | 13 |
| The role of the Governing Body | 14 |
| The role of the Safeguarding Governor | 14 |
| Managing allegations against members of staff who work with children | 15 |
| What we do if there are concerns about a child | 15 |
| Expectations of all staff who work with children | 16 |
| Whistleblowing | 17 |
| Safeguarding Training | 17 |
| Dealing with a disclosure of abuse from a child | 18 |
| Parental Consultation | 20 |
| The duty to refer into Children’s Social Care | 21 |
| Making a referral to Children’s Social Care | 21 |
| What happens once you have referred into Children’s Social Care? | 23 |
| Potential outcomes from a referral | 24 |
| Resolving professional conflict and escalating concerns | 24 |
| Record keeping and confidentiality | 25 |

**Part 2: The key procedures-responding to concerns about a child**

|  |  |
| --- | --- |
| **Section** | **Page** |
| Early Help for children and families | 27 |
| Working with parents & carers | 28 |
| What is abuse? | 28 |
| Neglect | 28 |
| Emotional Abuse | 29 |
| Sexual Abuse | 30 |
| Physical Abuse | 30 |
| Parenting Capacity | 31 |
| Bullying | 32 |
| Keeping children safe online | 32 |
| Child Sexual Exploitation (CSE) | 33 |
| Sexually Harmful Behaviour | 35 |
| Sexual violence and sexual harassment between children in schools | 36 |
| What do we mean by sexual violence and sexual harassment between children? | 37 |
| Peer on Peer Abuse | 38 |
| Domestic Violence & Abuse | 39 |
| Teenage Intimate Relationship Abuse | 41 |
| Honour Based Abuse & Violence | 42 |
| Forced Marriage & Arranged Marriage: The definitions | 44 |
| Capacity to consent to marriage | 44 |
| Mental Capacity Act (2005) | 44 |
| Forced Marriage: Practice Guidance | 44 |
| The ‘One Chance’ rule | 47 |
| Substance Misuse | 49 |
| Faith Abuse | 50 |
| Female Genital Mutilation (FGM) | 50 |
| Duty to report cases on FGM: What to do | 52 |
| Breast Ironing and Breast Flattening | 52 |
| Radicalisation & Violent Extremism | 52 |
| Sexting | 55 |
| Private Fostering | 56 |
| Children Missing Education (CME) | 57 |
| Children who abscond from school | 59 |
| Critical and serious incident involving a child | 59 |
| Modern Slavery | 59 |
| Human Trafficking | 60 |

**Part 3: Appendices**

|  |  |  |
| --- | --- | --- |
| **Description** | **Appendix Number** | **Page Number** |
| Record of concern form | 1 | 65 |
| Preventing Violent Extremism- Roles and responsibilities of the single point of contact (SPOC) | 3 | 67 |
| Prevent and Channel Referral Form | 4 | 69 |
| Child Sexual Exploitation (CSE) additional information | 5 | 73 |
| CSE risk assessment and screening tool | 6 | 74 |
| MCSETTO Referral Form | 7 | 81 |
| Bullying and Cyberbullying Information and links | 8 | 84 |
| DASH Risk Assessment Tool | 9 | 85 |
| IDVA Service Referral Form | 10 | 90 |
| Non accidental Injury guidance | 11 | 92 |
| Children Missing Education: statutory guidance for removing pupils from the register | 12 | 94 |
| WSCB Escalation Policy | 13 | 96 |
| Protocol for Hosting Speakers on School Premises | 14 | 97 |
| LADO Consultation Form | 15 | 99 |
| Child-on-child sexual abuse: what to do if a child makes a disclosure | 16 | 104 |

**Section One: Safeguarding Information For All Staff**

**Introduction to the Purpose of this Policy and Procedure document**

The purpose of this policy is to provide absolute clarity for all staff at Green Lane School on our shared responsibilities in safeguarding our pupils. This policy and procedure document aims to help professionals understand what they need to do, and what they can expect of one another, to safeguard children. It focuses on core legal requirements, making it clear what individuals should do to keep children safe and how it is managed practically at Green Lane School.

This policy is written in line with DfE statutory guidance ‘Keeping Children Safe in Education’ (2020) and is compliant with statutory guidance ‘Working Together to Safeguard Children’ (July 2018). This guidance can be viewed here:

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf>

Our Safeguarding Policy also reflects the policies of Warrington Safeguarding Partnership, including the Pan Cheshire Safeguarding Procedures, and Escalation Policy which can be accessed through the following link:

<http://www.warringtonsafeguarding.org/>

The school recognises its legal duty and obligation under Section 157 and 175 of the Education Act (2002) to promote and safeguard the welfare of all pupils and is aware of responsibilities within the statutory framework for the early year’s foundation stage. This policy sets out the framework for all adults who work with children at Green Lane School, and provides information about what to do if they were worried about a child.

**Links with other Policies**

This safeguarding policy has obvious links with the wider safeguarding agenda and specifically all policies that make up the safeguarding suite of documents. When ratifying or reviewing the policy, links should be made with other relevant policies.

This Policy is compliant with Warrington Safeguarding Partnership and multi-agency safeguarding procedures, available at:

<http://www.proceduresonline.com/pancheshire/warrington/index.html>.

**Key Principles**

Everyone who works with children - including teachers, teaching assistants, midday assistants, office staff, learning coaches, pastoral staff, caretakers, and all other roles at Green Lane School including volunteers and Governors - have a responsibility in keeping children safe. Everyone who comes into contact with children and their families has a role to play in identifying concerns, sharing information and taking prompt action.

Safeguarding children is a shared responsibility, and it is acknowledged that no single professional or agency can have a full picture of a child’s needs and circumstances.

It is recognised that school staff are particularly important as they are in a position to identify concerns early and provide early help for children, to prevent concerns from escalating.

Academies, Schools and Colleges and their staff form part of the wider safeguarding system for children. This system is described in statutory guidance *Working Together to Safeguard Children (2018)*. Schools should work with Social Care, the Police, Health Services and other services to promote the welfare of children and protect them from harm.

Green Lane School is committed to working together with all relevant agencies to ensure that children and families are able to receive the right help at the right time and that appropriate action is taken swiftly to protect children from harm.

We believe that:

* All children and young people have the right to be protected from harm;
* Children and young people need to be safe and to feel safe in school;
* Children and young people need support which matches their individual needs, including those who may have experienced abuse;
* All children and young people have the right to speak freely and voice their values and beliefs;
* All children and young people must be encouraged to respect each other’s values and support each other;
* All children and young people have the right to be supported to meet their emotional, and social needs as well as their educational needs – a happy healthy sociable child and young person will achieve better educationally;
* Schools can and do contribute to the prevention of abuse, victimisation, bullying, exploitation, extreme behaviours, discriminatory views and risk taking behaviours; and
* All staff and visitors have an important role to play in safeguarding children and protecting them from abuse.
* We need to protect children from maltreatment;
* We need to prevent impairment of children’s mental and physical health or development;
* Ensure that children grow up in circumstances consistent with the provision of safe and effective care; and
* In taking action to enable all children to have the best outcomes.

**Our responsibility to children**

This policy will make clear the expectation and responsibility that all staff at Green Lane School have in contributing to safeguarding our pupils/students and promoting theirwelfare by:

* Clarifying standards of behaviour for staff and pupils;
* Contributing to the establishment of a safe, resilient and robust ethos in the school, built on mutual respect, and shared values;
* Introducing appropriate work within the curriculum;
* Encouraging pupils and parents to participate;
* Training staff to the signs and indicators that a child may be at risk;
* Developing staff awareness, through training, of the types of abuse;
* Developing staff’s awareness of the risks and vulnerabilities their pupils may face;
* Addressing concerns at the earliest possible stage by offering early help; and
* Taking action when a child needs protection and safeguarding;
* Working together with all agencies to help to reduce the potential risks that pupils may face if being exposed to abuse, neglect, violence, extremism, exploitation, or victimisation.

All staff can contribute to supporting our pupils by:

* Identifying and protecting the most vulnerable;
* Identifying individual needs where possible; and
* Designing plans to meet those needs;
* Including appropriate work within the curriculum;
* Implementing child protection policies and procedures; and
* Working in partnership with pupils/students, parents and agencies.

**Statutory duties and the legal framework that underpins this policy**

This policy and procedure document has been developed in accordance with the principles established in the following legal and statutory framework:

* The Children Acts (1989) and the additions to the Act (2004).
* The Education Act (2002).
* The Equality Act (2010).
* The United Nations Convention on the Rights of the Child (UNCRC) (1991)
* Warrington Safeguarding Partnership, Multi-Agency Safeguarding procedures.
* Working Together to Safeguard Children (2018)
* ‘What to do if you are worried a child is being abused’ Advice for Practitioners (2015).
* ‘Keeping Children Safe in Education’ (September 2020). (All staff should pay particular attention to Part 1).
* ‘Sexual violence and sexual harassment between children in schools and colleges’ (Dfe May 2018)
* ‘Sexting in schools and colleges, responding to incidents and safeguarding young people’ (August 2016).
* Information sharing- Advice for practitioners providing safeguarding services to children, young people, parents and carers (Dfe July 2018)

Section 175 of the Education Act 2002 places a duty on local authorities (in relation to their education functions and governing bodies of maintained schools and further education institutions, which include sixth-form colleges) to exercise their functions with a view to safeguarding and promoting the welfare of children who are pupils at a school, or who are students under 18 years of age attending further education institutions. The same duty applies to independent schools (which include Academies and free schools) by virtue of regulations made under section 157 of the same Act.

In order to fulfil their duty under sections 157 and 175 of the Education Act 2002, all educational settings to whom the duty applies should have in place the arrangements to safeguard and promote the welfare of its pupils.

This can be achieved by creating an environment where pupils feel safe and are safe to learn and where adults are responsive to the needs of children and take appropriate action if there are concerns about a child. This policy will provide detail and clarity in about how Green Lane School fulfils this statutory duty and what the specific arrangements are.

**Safer Recruitment**

There is a separate specific policy for **Safer Recruitment**, which is part of the safeguarding suite of documents. Find a brief summary statement in relation to safer recruitment.

Green Lane School pays full regard to ‘Keeping Children Safe in Education’ (DfE 2020). Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and undertaking appropriate checks through the Disclosure and Barring Service (DBS) and completing checks in relation to Prohibition Orders. Evidence of such robust checks can be found in the schools Single Central Record (SCR). The SCR is checked regularly by the Headteacher (who is also the DSL) and the safeguarding governor. Quality assurance of the SCR is also completed by the Strategic Safeguarding Lead.

**What is Safeguarding?**

Safeguarding children is the action we take to promote the welfare of children and protect them from harm, and it is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play.

Safeguarding and promoting the welfare of children is defined for the purposes of this Policy as:

* Protecting children from maltreatment;
* Preventing impairment of children's mental and physical health or development;
* Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
* Taking action to enable all children to have the best outcomes.

**Listening to children: Capturing the child’s voice**

Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults (potentially the child’s parents) ahead of the needs of children.

Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs. A child-centred approach is supported by:

* The Children Act (1989) (as amended by section 53 of the Children Act 2004).
* The Equality Act (2010)
* The United Nations Convention on the Rights of the Child (UNCRC) (1991)
* Working Together to Safeguard Children (2018)
* Keeping Children Safe in Education (2020)

Whilst professionals CANNOT promise confidentiality, they must do the right thing in all cases. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs; which includes child protection action and the offer of ‘Early Help’.

**The Designated Safeguarding Lead (DSL) for Safeguarding**

The role of the Designated Safeguarding Lead (DSL) was specified in the Children Act (2004) which stated that every organisation must have a “named person” for safeguarding children and young people. The DSL therefore must be a member of the Senior Leadership Team within schools and Academies. The DSL role is one of great importance, with this member of staff being a champion of safeguarding and a source of support for all school and academy staff. There must also be a ‘Deputy DSL’ who is equally trained to the DSL, who can deputize for the DSL in their absence and must be available to staff if needed.

It is key that all staff know who the DSL and Deputy DSL are at school and ensure that all concerns about a child are shared with the DSL immediately. This school has a safeguarding team approach, with key members of staff detailed below:

|  |  |
| --- | --- |
| **Designated Safeguarding Lead for Green Lane School** | Mr Paul King |
| **Deputy Designated Safeguarding Lead for Green Lane School** | Mrs Joanne Mullineux |
| **Strategic Safeguarding Lead** | Warrington LA |
| **Family Support / Safeguarding Team** | Mrs Bethan Law |
| **Family Support / Safeguarding Team** | Mrs Eilis Sutcliffe |
| **14-25 Manager** | Mrs Dawn Robson |
| **SENDCo** | Mrs Chrissy Skermer |
| **Sixth Form Lead** | Mrs Lynne Ledgard |

**School** **telephone number: 01925 811617**

**What does the DSL do?**

* Lead responsibility for dealing with safeguarding and child protection concerns at the school or academy and should be available at all times during the school day. This may mean having a deputy or team approach.
* Should act as source of support, advice and expertise within school when deciding whether to make a referral by liaising with relevant agencies.
* The DSL will be trained to a high level, which includes both single agency and multi-agency training. This must be updated at least every two years; good practice is that the DSL updates their training on an annual basis.
* The DSL will recognise how to identify signs of abuse and will make an appropriate judgement on what action to take. This will be based on the information that the DSL is presented with by staff.
* The DSL will assess the appropriateness of completing an early help assessment (e.g. CAF, TAF or ECAF) or whether the threshold has been met for social care statutory social work services.
* The DSL will access regular training and network events to keep as up to date as possible with changes in legislation and or statutory guidance.
* The DSL will ensure that the schools safeguarding policy is embedded and available to all staff and volunteers at the point of induction. If the policy is reviewed the DSL will share the new updates with all staff to ensure that all staff know what is expected of them.
* The DSL will champion safeguarding and keep all staff up to date with current procedure and practice. This will help to familiarise all staff with their own role within safeguarding.
* The DSL will ensure all new staff and volunteers have induction training covering safeguarding and child protection and are able to recognise and report any concerns immediately if they arise. The induction will cover the ‘basic awareness session’ and the ‘no delay’ principle.
* The DSL will keep detailed accurate secure written contemporaneous records. Each child will have an individual file labelled either child protection or early help. Chronologies will be help for each child and they will be clear, concise and factual (E.g. dated, concern, initialled, action taken). Files will hold copies of all referrals and relevant multi-agency meetings and plans. Files will be reviewed and quality assured as part of the s157/s175 audit process.
* The DSL will deliver whole school staff safeguarding training to all staff; recommended on a yearly basis as part of INSET. This should include briefings on specific topics such as CSE, Forced Marriage, Honour Based Abuse, FGM, E Safety, Equality, Radicalisation and Private Fostering.
* The DSL should be aware of the local safeguarding arrangements (Warrington Safeguarding Partnership) and how it operates. This should include access to the website and to practitioner training events.
* The DSL will participate in multi-agency meetings and contribute effectively either verbally or by way of a written report.
* The DSL or representative from the Safeguarding team will attend Child Protection Case Conferences and contribute to discussions at the conference and will make a formal recommendation at the meeting in respect of a child protection plan.
* The DSL will contribute to social work assessments e.g. The Combined Assessment when required and requested to do so. This will include the sharing of information about attendance, attainment and any other concerns that have been identified as well of any strengths that the family/ child has.
* The DSL will develop the Vulnerability Risk Register (VRR) to identify the vulnerable children at the school. This confidential register will be reviewed regularly to ensure that the DSL knows who the vulnerable children are. This may be reviewed as part of safeguarding team meetings. This should automatically include children in care, children on a child protection plan and children in need. It may also include children receiving early help (have a CAF or family support plan), young carers, children with medical needs, children at risk of CSE, children who have emotional and mental health difficulties, children who self-harm etc. The categories on this register will be determined by the needs of the school community.
* The DSL will monitor the attendance, development and wellbeing of children who are subject to a child protection plan and children in care.
* The DSL will champion safeguarding in school- promoting effective communication both internally and with external agencies on all matters relating to child protection.
* The DSL will complete an s157/ s175 Audit on an annual basis, at the request of the Local Authority to ensure that there are effective systems in place to keep children safe.
* Where appropriate the DSL will identify staff to be part of a Safeguarding Team, to ensure that there is always a member of staff present in school who can take a lead role in safeguarding children in the DSLs absence. The DSL will take the lead responsibility within the safeguarding team.
* The DSL will ensure that all staff and volunteers at the school have read part one of Keeping Children Safe in Education (2019).
* The DSL will ensure that individual risk assessments are completed for all pupils as a result of Covid-19.

**The Safeguarding Team Approach to safeguarding children**

This is considered to be the best practice to managing safeguarding at school and academy level. Practically, there is always cover for absence and a number of professionals trained to know what to do if there were concerns about the safety or wellbeing of a child. It also encourages a culture of working collaboratively and making decisions together, with the child at the heart of the teams practice. The team approach is supportive to the DSL, who will as a result of a team structure, no longer works in isolation and take the sole responsibility for safeguarding.

Importantly, the DSL leads the safeguarding team and on a day to day basis decisions will be made by the DSL. Team members need to be clear of their role within the team and what is expected from them. De briefing and reflective practice is an important part of safeguarding practice and should be routinely built into safeguarding team meetings.

**Meet the Children’s Support Team at Green Lane School**

Green Lane School operates a safeguarding team approach with a split focus on both early help and child protection. The team meet regularly to discuss support plans for children and their families to ensure that all children get the right help at the right time. Safeguarding children is everyone’s business and responsibility at Green Lane School.

**Key Functions of the Safeguarding Team (Known as the Children’s Support Team).**

The DSL and Strategic Safeguarding Lead will lead the safeguarding team and allocate tasks to safeguarding team members via regular team meetings. The DSL and Strategic Safeguarding Lead will have management oversight of the safeguarding work completed by the safeguarding team. Below is a list of the some of the tasks that the DSL may ask team members to undertake:

* Complete ‘early help’ assessments e.g. CAF, TAF or ECAF, contribute to Child and Family Assessments, complete DASH risk assessments (in relation to Domestic Abuse), complete CSE screening tool.
* Make contact with Children’s Social Care/ Multi Agency Safeguarding Hub (MASH) when there is an identified child protection issue.
* Make referrals to appropriate statutory and non-statutory services for support.
* Support to children and their families by taking the Lead Professional role.
* Attend and deliver Safeguarding Training (whole school training)
* Challenge practice and decisions in line with the Escalation Policy
* Have a thorough understanding of the thresholds for support from Children’s Social Care e.g. Children in need of protection and children in need of care.
* Support each other (De Briefing opportunities and reflective learning opportunities)
* Champion and know who our vulnerable children are. The Vulnerability Risk Register should be reviewed at Safeguarding Team meetings on a regular basis.

**The role of the Governing Body**

The Governing Body are the accountable body for ensuring the safety and welfare of

pupils at the school.

The governing body will ensure that:

* The school has a safeguarding policy in accordance with the multi-agency procedures of the local safeguarding partnership;
* The school operates, “Safer Recruitment” procedures and ensures that appropriate checks are carried out on all new staff and relevant volunteers;
* There is a named member of the school or academy’s Senior Leadership Team who takes on the role of the Designated Safeguarding Lead (DSL), there is also a named Deputy DSL;
* The Designated Safeguarding Lead attends appropriate refresher training every year and that there are regular updates for key staff.
* The Head Teacher, Governing Body members and all other staff who work with children undertake training on an annual basis.
* Temporary staff and volunteers are made aware of the school’s arrangements for safeguarding children and their responsibilities;
* The school or Academy remedies any deficiencies or weaknesses brought to its attention without delay; and
* The school has procedures for dealing with allegations of abuse against staff/volunteers and if an allegation is made against the Headteacher, the Chair of Governors will liaise directly with the Local Authority Designated officer (LADO).
* The Headteacher, Chair of Governors and DSL will attend specific training in managing allegations against members of staff who work with children.
* The governing body reviews its policies/procedures in relation to safeguarding children on an annual basis. This includes all policy’s that make up the safeguarding suite of documents.
* The Governing Body provide challenge, if there are any concerns that the school is not fulfilling its duty to keep children safe in education.

**The role of Safeguarding Governor**

The governor responsible for safeguarding children will play an essential role, in ensuring children in the school are kept safe from harm. The safeguarding governor plays an important role in ensuring oversight and scrutiny of safeguarding policy, procedure and practice on behalf of the full governing body.

The Nominated Governor for Safeguarding at Green Lane School is Mrs Andrea Machin.

The Nominated Governor is responsible for liaising with the Head Teacher / DSL over all matters related to safeguarding issues. The role is strategic rather than operational – they will not be involved in concerns about individual children. It is not the role of the link governor to supervise the DSL; the link governor should offer support and appropriate challenge. However, the nominated governor for safeguarding will want to be reassured that systems for safeguarding children are in place and embedded into practice.

**Allegations against members of staff who work with children**

There is a separate specific policy for Managing Allegations against members of staff who work with children, which is part of the safeguarding suite of documents. Find a brief summary of actions that should be taken should an allegation be made.

If an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Headteacher/ DSL.

The Headteacher /DSL on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO) and where appropriate the HR business partner.

If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform the Chair of Governors who will consult the LADO and HR business partner, without notifying the Headteacher first.

The school will comply with local safeguarding children’s board procedures in respect of managing all allegations against members of staff who work with children.

**What we do if there are concerns about a child?**

If school or academy staff have a concern about a child they MUST notify the DSL without delay, or in the absence of the DSL, the Deputy DSL or member of the safeguarding team. It is of significant importance that this is completed immediately, with ‘no delay’ so that appropriate action can be taken as quickly as possible. It is not acceptable to leave this until later in the day or at a more convenient time. Staff members will be held accountable for not taking swift action.

Staff must log their concern on the Child Protection Online Management System (CPOMS), which all staff have a log on for and access to. The only exceptions to this are Midday Assistants who will fill in a Concern Form **(Initial Concern Form Appendix 1)** along with visitors to the school who have concerns and supply staff. The form will capture all the relevant information about the concerns. This is evidence based practice and will support the DSL in making an assessment of what action needs to be taken. The forms are coloured red, yellow and green to identify seriousness of concern with red being the most serious.

Inevitably verbal conversations may sometimes supersede the completion of the CPOMS or the completion of a log of concern on the referral form **(Initial Concern Form Appendix 1)**. In some cases urgent action may be taken at a fast pace e.g. medical treatment, urgent contact with children’s social care or the police. It is important to always prioritise the safeguarding of a child, however, there should be recognition that contemporaneous record keeping is an important feature of safeguarding practice and should be prioritised by all staff to ensure that child protection and early help case files are up to date and accurate.

It is the responsibility of all staff to complete the CPOMS log of concern should a member of staff have concerns about a child or following a disclosure. This procedure should be followed without exception. The log of concern should be completed on the CPOMS system without delay.

It is also important to note that as a professional you can also call the NSPCC for advice and support on 0808 800 5000 or by emailing [**help@nspcc.org.uk**](mailto:help@nspcc.org.uk). However, you must always follow the procedures within this policy in the first instance. Any member of staff can also make a referral into social care.

**Expectations of staff at Green Lane School**

All adults who work with children will:

* Read and follow the procedures written within this Safeguarding Policy;
* Read and follow the procedures written into the Behaviour Policy;
* Understand your role within ‘Keeping Children Safe in Education’ (2020) and have read Part 1.
* Be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, contractors, volunteers, governors, visitors etc. Adults who work with children are responsible for providing all information to complete DBS Checks and Prohibition Order checks (for all staff who hold a QTS qualification).
* Read and follow the Staff Handbook and expectations around staff conduct.
* Be supportive to the development and implementation of Individual Education Plans (IEPs), Family Support Plans, Child in Need plans, Child in Care plans and Child Protection plans;
* Be alert to the signs and indicators of possible abuse (**See Part Two for definitions and indicators);**
* Take swift action if there are concerns about a child, following procedures written within this policy.
* Record concerns on CPOMS with no delay.
* Discuss your concerns with the Designated Safeguarding Lead *(Mr Paul King)*; in the absence of the DSL give to the Deputy DSL (*Mrs Joanne Mullineux)* or a member of the Safeguarding Team.
* Deal with a disclosure of abuse from a child in line with the guidance in this policy - you must inform the Designated Safeguarding Lead immediately, and provide a written account on CPOMS as soon as possible.

**Whistleblowing**

Please see the separate and specific policy in relation to Whistleblowing, which is part of the safeguarding suite of documents. Find a brief summary of actions that should be taken should a member of staff have concerns about the behaviour of a colleague or concerns related to policy and practice. The key principles are that all staff should be aware of their duty to raise concerns, where they exist, about the management of child protection and safeguarding, which may include the attitude or actions of colleagues or ‘culture’ within the school. If it becomes necessary to consult outside the school, they should speak in the first instance the Local Authority Designated Officer (LADO).

Bekki Byron is the named LADO in Warrington and can be contacted on 01925 442079/ 07827 232594. For all LADO consultations, you will need to complete the relevant form and e mail it to [LADO@warrington.gov.uk](mailto:LADO@warrington.gov.uk)**.** A copy of the LADO consultation form can be found in **Appendix 15.**

**Safeguarding Training**

All staff will receive basic training as part of their induction; this will be delivered by the DSL or member of the Safeguarding Team. New staff will be provided with the safeguarding suite of documents, including the Safeguarding Policy as part of their induction and will be expected to read at least Part 1 of ‘Keeping Children Safe in Education (2020)’. All staff should understand their role in the context of keeping children safe in education and be able to answer this if asked as part of audits and inspections. All staff should ensure that they are familiar with the procedures written within this Policy and should seek advice and support from the DSL if unsure. All staff can gain advice and support from the DSL who is the lead member of staff for safeguarding.

Safeguarding training at Green Lane School occurs regularly. Safeguarding update training should be part of whole school INSET training days and can provide useful updates on key themes such as Neglect, Disguised Compliance, CSE and Radicalisation. This training will be delivered by the DSL and/or Safeguarding Team members. The DSL will ensure that staff receive ‘regular updates’, through either staff meetings or electronic bulletins. Safeguarding is a priority at the school and is always on the agenda.

The DSL must update their training on a regular basis. The statutory requirement is every two years, however, good practice is that the DSL attends multi-agency training on an annual basis and participates in local (single agency) networks to share good practice, reflect and learn together and to keep up to date. The DSL must attend PREVENT training.

The named governor for safeguarding should also update their training on a regular basis; good practice is on an annual basis to ensure that they keep up to date in their knowledge. Evidence of safeguarding training must be made available as part of any safeguarding inspection or audit.

**Dealing with a disclosure of abuse from a child**

Children often will choose who they talk to, when they have something that is worrying them or happening to them. Children may have thought long and hard about telling an adult, and will have chosen the adult specifically as they have trust in that person to do the right thing.

Disclosing something upsetting and traumatic may be very difficult and distressing for both the child and the adult. Listening to and supporting a child who has been abused can also be traumatic for the adults involved. Support for you will be available from your Designated Safeguarding Lead/ Head Teacher. These guidance notes may help you if you are ever in this situation. Remember, the child chose you and it is a privileged position to be in, it’s a position where you can make a difference to a child’s situation.

A golden rule is that you don’t ever promise confidentiality and be open and honest with the child at all times.

NSPCC Advice for practitioners to let children know that you are listening:

**Show you care, help them open up**  
Give your full attention to the child or young person and keep your body language open and encouraging. Be compassionate, be understanding and reassure them their feelings are important. Phrases such as ‘you’ve shown such courage today’ help.

**Take your time, slow down**  
Respect pauses and don’t interrupt the child – let them go at their own pace. Recognise and respond to their body language. And remember that it may take several conversations for them to share what’s happened to them.

**Show you understand, reflect back**  
Make it clear you’re interested in what the child is telling you. Reflect back what they’ve said to check your understanding – and use their language to show it’s their experience.

**Guidance for you to consider**

* Stay calm and listen to what the child is saying;
* Do consider the environment that you are in with the child, is it appropriate? Do other staff members know where you are?
* Ask open ended questions and record what is being said in the child’s own words;
* Encourage the child to talk but reassure the child that they have done the right thing in speaking to you.
* Reassure the child that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
* Tell the child that it is not her/his fault.
* Listen and remember and make notes and if appropriate, share your notes with the child to recap what has been said.
* Check that you have understood correctly what the child is trying to tell you by clarifying the facts.
* Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
* Be aware that the child may retract what s/he has told you. It is essential to record all you have heard.
* At the end of the conversation, tell the child again who you are going to tell (the DSL) and why that person needs to know.
* As soon as you can afterwards, make a detailed record of the conversation using the child’s own language. Include any questions you may have asked. **Record your concerns on CPOMS.**

**Do Not**

* Do not ask "leading questions" or press for information.
* Do not investigate.
* Do not communicate shock, anger or embarrassment or share your opinion on what has happened.
* Do not swear.
* Make inappropriate comments about the alleged offender.
* Never enter into a pact of secrecy with the child. Assure the child that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why (The DSL).
* Do not tell the child that what s/he experienced is dirty, naughty or bad.
* Make physical contact with the child. Whilst the child may seek out physical contact, remember that this may place you in a vulnerable position and also an abused child may not want physical comfort e.g. a hug.

**Practice Reminder:** When speaking to children who make a disclosure that they are suffering or may have suffered significant harm, listen carefully to what the child says and observe the child’s behaviour and circumstances to clarify the concerns, offer reassurance and explain what will happen next. (Pan Cheshire Safeguarding Procedures)

If you have concerns about a child, or notice something may be wrong, ask the question “Are you OK?” Children have told us that they want adults to:

**Be Vigilant**: they want to have adults notice when things are troubling them.

**Understanding and action**: they want adults to understand what is happening; to be heard and understood; and to have that understanding acted upon

**Stability**: to be able to develop an on-going stable relationship of trust with those helping them

**Respect:** to be treated with the expectation that they are competent rather than not

**Information and engagement**: to be informed about and involved in procedures, decisions, concerns and plans

**Explanation**: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response

**Support**: to be provided with support in their own right as well as a member of their family

**Advocacy:** to be provided with advocacy to assist them in putting forward their views

Source: Working Together to Safeguard Children; p10; (2018)

**Practice Reminder**: Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:

* Clarify the concerns;
* Offer re-assurance about how the child will be kept safe;
* Explain what action will be taken and within what timeframe.

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

If the child can understand the significance and consequences of making a referral to LA children's social care, they should be asked for their views.

It should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

**Parental Consultation**

Concerns which have been raised, should, where practicable, be discussed with the parent and agreement sought for a referral to LA children's social care (MASH Team in Warrington) **unless** seeking agreement is likely to place the child at risk of significant harm through delay or from the parent's actions or reactions. For example in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse, domestic violence or induced illness has taken place.

Where a professional decides not to seek parental permission before making a referral to LA children's social care, the decision must be clearly noted in the child's records with reasons, dated and signed and confirmed in the referral to LA children's social care (within the MARF). If professionals are unsure they should consult with their Designated Safeguarding Lead (DSL) or SIA Strategic Safeguarding Lead for advice.

When a referral is deemed to be necessary in the interests of the child, and the parents have been consulted and are **not in agreement**, the following action should be taken:

* The reason for proceeding without parental agreement must be recorded;
* The parent's withholding of permission must form part of the verbal and written referral to LA children's social care;
* The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

A child protection referral from a professional cannot be treated as anonymous and where any court proceedings may follow, whether criminal or family court, the information may be made available.

**The duty to refer to Children’s Social Care**

All professionals have a responsibility to refer a child to Children's social care under section 11 of the Children Act 2004 if they believe or suspect that the child:

* Has suffered significant harm;
* Is likely to suffer significant harm;
* Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989;
* Is a Child in Need whose development would be likely to be impaired without provision of services?

When professionals make a referral to Children's Social Care, they should include any pre-existing assessments such as an early help assessment in respect of the child. Any information they have about the child's developmental needs and the capacity of their parents and carers to meet these within the context of their wider family and environment should be provided as a part of the referral information. Where schools have case chronology’s they should put the concern in the context of what is already known about the child E.g. do not just share one piece of the information known about the child.

The referrer must always have the opportunity to discuss their concerns with a qualified social worker.

**Making a referral into Children’s Social Care**

For all referrals to Children's Social Care, the child should be regarded as potentially a child in need, and the referral should be evaluated on the same day that it was received. A decision must be made by a qualified social worker supported by line manager within **one working day** about the type of response that is required.

The referrer should provide information about their concerns and any information they may have gathered in an assessment that may have taken place prior to making the referral. The referrer will be asked for information about some of the following:

* Full names (including aliases and spelling variations), date of birth and gender of all child/ren in the household;
* Family address and (where relevant) school / nursery attended;
* Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents;
* Names and date of birth of all household members, if available;
* Where available, the child's NHS number and education UPN number;
* Ethnicity, first language and religion of children and parents;
* Any special needs of children or parents;
* Any significant/important recent or historical events/incidents in child or family's life;
* Cause for concern including details of any allegations, their sources, timing and location;
* Child's current location and emotional and physical condition;
* Whether the child needs immediate protection;
* Details of alleged perpetrator, if relevant;
* Referrer's relationship and knowledge of child and parents;
* Known involvement of other agencies / professionals (e.g. GP);
* Information regarding parental knowledge of, and agreement to, the referral;
* The child's views and wishes, if known.

Other information may be relevant and some information may not be available at the time of making the referral. However, there should not be a delay in order to collect information if the delay may place the child at risk of significant harm.

The parents' permission should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child at risk of significant harm. Where a professional decides not to seek parental permission before making a referral to Children's social care, the decision must be recorded in the child's file with reasons, dated and signed and confirmed in the referral to children's social care.

All referrals from professionals should be confirmed in writing, by the referrer, within 48 hours. If the referrer has not received an acknowledgement within three working days, they should contact Children's social care again.

Referrals should be made to LA children's social care for the area (MASH team in Warrington) where the child is living or is found.

MASH Contact details: 01925 443400

E mail a completed MARS to [childreferral@warrington.gov.uk](mailto:childreferral@warrington.gov.uk)

If the child is known to have an allocated social worker, the referral should be made to them or in their absence to the social worker's manager or a duty children's social worker. In all other circumstances referrals should be made to the duty officer.

LA children's social care should **within one working day** of receiving the referral make a decision about the type of response that will be required to meet the needs of the child. If this does not occur within three working days, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress.

**What happens once you have referred into Children’s Social Care?**

The social worker will discuss the concerns with the referrer and considered any previous records in relation to the child and family in their agency. The social worker will establish:

* The nature of the concerns;
* How and why they have arisen;
* The child's views, if known;
* What the child's and the family's needs appear to be;
* Whether the family are aware of the referral and whether they are in agreement with it or not;
* Whether the concern involves abuse or neglect; and
* Whether there is any need for any urgent action to protect the child or any other children in the household or community.

A decision to discuss the referral with other agencies without parental knowledge or permission should be authorised by a children's social care manager, and the reasons recorded.

This checking and information gathering stage must involve an immediate assessment of any concerns about either the child's health and development, or actual and/or potential harm, which justify further enquiries, assessments and / or interventions.

Interviews with the child, if appropriate, should take place in a safe environment. All interviews with the child and family members should be undertaken in their preferred language and where appropriate for some people by using non-verbal communication methods.

The Children's Social Care manager should be informed by a social worker of any referrals where there is reasonable cause to consider Section 47 Enquiries and authorise the decision to initiate action. If the child and / or family are known to professional agencies or the facts clearly indicate that a Section 47 Enquiry is required, then Children's social care should initiate a strategy meeting/discussion immediately, and together with other agencies determine how to proceed. If you are invited to attend a strategy meeting at the MASH offices, this must be prioritised.

The Police must be informed at the earliest opportunity if a crime may have been committed. The police should assist other agencies to carry out their responsibilities, where there are concerns about the child's welfare, whether or not a crime has been committed.

**Potential outcomes from a referral into Children’s Social Care**

Referral outcomes about a child, where there may be concerns, typically fall in to four categories and pathways:

* No further action, which may include information to signpost to other agencies;
* Early help - referrals for intervention and prevention services within the Early Help services range of provision;
* Child in Need services - assessment to be undertaken by Children's Social Care (Section 17 CA 1989);
* Child protection services - assessment and child protection enquiries to be undertaken by Children's Social Care (Section 47 CA 1989) with active involvement of other agencies such as the police.

If the referrer disagrees with the decisions made by Children's social care about the outcome of the referral, they may consider making a complaint under the local complaint procedure or raise the matter under the local Professional Disagreement protocol (Appendix 13 Escalation Policy).

**Resolving professional conflict and escalating concerns**

When working with practitioners from other agencies there will at times be differences of opinion or concerns about professional practice in relation to a child, young person or family. Throughout our work the safety and wellbeing of the child or young person is the primary concern, and professional disagreements must not obstruct this.

If you feel that a practitioner or an agency is not acting in the best interests of the child, young person or family, you have a responsibility to respectfully challenge the practitioner or agency, and escalate that concern if resolution is not achieved. You do this via the Escalation Policy, there are links to this Policy available in the appendices. (**Appendix 13)**.

Difference of opinion or concerns about practice between practitioners and agencies can arise at any stage in the safeguarding process and between any of the agencies involved. This procedure is to ensure all agencies have a quick and straightforward means of resolving any concerns, in order to safeguard the welfare of children and young people.

Effective working together depends on resolving different professional perspectives to the satisfaction of workers and agencies, and a belief in a genuine partnership and joint working to safeguard children. Problem resolution is an integral part of professional cooperation and joint working to safeguard children. Professional challenge can be positive, it demonstrates that professionals are willing to consider different perspectives and escalate matters that they do not feel will result in positive outcomes for the child or young person. It is only dysfunctional if not resolved in a constructive and timely fashion.

**Record Keeping and Confidentiality**

Good, up to date record keeping of concerns and action taken is essential for two main reasons:

* It helps schools and academies identify causes for concern at an early stage. Often it is only when a number of seemingly minor issues are considered as a holistic picture, that a safeguarding or child protection concern becomes clear;
* It helps schools monitor, quality assure and manage its safeguarding practices. Furthermore, in any inspection it will be important to provide evidence of robust and effective safeguarding policy and practice

A record of concern, suspicion or allegation should be made at the time or as soon as possible after the event. It is not usually advisable to make a written record whilst a child is disclosing abuse, as it may deter the child from speaking. However, it is important that events are recorded in the child’s own words and as soon as possible, to ensure absolute accuracy.

Records should be factual, using the child’s own words in cases where a disclosure is made. Professional opinion can be given, but needs to be supported by stating the facts and observations upon which the opinions are based. It is important to remember that what is recorded can be shared with all appropriate agencies and potentially the child’s parents. (Except where doing so, would place a child at risk of significant harm in the case of parents (See DES circular 17/89)).

Expressing an opinion as to whether the child is telling the truth is not helpful and can prejudice how a case proceeds. All records should be dated and signed with the name of the signatory clearly printed and filed in chronological order. Concerns should be logged contemporaneously and in chronological order. It is advisable that each child’s file has a running chronology that is kept up to date.

All recorded child protection concerns must be passed to the DSL following completion of a log on CPOMS. The DSL will need to make a professional judgement about what action needs to be taken.

All records of child protection concerns, disclosures or allegations are to be treated as sensitive information and should be kept together securely and separately from the child’s general school records and stored until the child’s 25th birthday. Schools should comply with their own ‘Retention of records policy’ which has been updated to comply with GDPR (May 2018).

As a guide, the pupil’s child protection or early help file should contain:

* Any concerns recorded by staff.
* Any child protection information received from previous schools or other agencies.
* Copy of any internal or external referrals and correspondence.
* Copies of any referrals from the DSL to Children’s Social Care.
* In the case of a child subject to a Child Protection Plan, notes of any Child Protection case conference or Core Group meetings etc.
* Where a case is ongoing, keep a record of any actions and discussions etc. which will form a ‘running chronology’ for future reference.

If any information is removed from a file for any reason, a dated note must be placed in the file indicating who has taken it, why and when.

When a child changes school/academy, a copy of the child protection file should be sent to the new school/academy, under separate cover, directed to the receiving school/academy’s DSL. Best practice would recommend a handover meeting to ensure that all relevant information is shared. Primary schools must ensure that they gain a receipt to evidence this transfer of confidential and sensitive information.

**Section Two: The key procedures and responding to concerns about a child**

This section will make clear the procedure that all staff should follow, should you have concerns about a child. It will also explore what abuse is in detail and define some of the signs and symptoms. It is important that staff read through this section and familiarise themselves with the potential warning signs that a child is at risk.

**Practice Reminder:** The action that ALL staff and volunteers should take, if there are concerns about a child is to follow the procedure written in this policy, which is to pass the concerns to the DSL and make a written record of the concern on CPOMS.

**Early Help for Children and their Families**

Providing early help is more effective in promoting the welfare of children than reacting later when situations can be more complex. Early help means providing support as soon as a problem emerges, at any point in a child’s life. Part of a School and academies safeguarding procedures should include effective ways to identify emerging problems and potential unmet needs for individual children and families.

This requires all professionals, including those in schools and academies to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment.

School can develop an ‘early help plan’ for children and their families, by working closely with parents and in some cases other agencies to identify any support needs that a child or family may have.

Effective early help relies upon local agencies working together to:

* Identify children and families who would benefit from early help;
* Undertake an assessment of the need for early help (E.g. CAF, TAF or ECAF); and
* Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Schools and academies should, in particular, be alert to the potential need for early help for a child who:

* Is disabled and has specific additional needs;
* Has special educational needs;
* Is a young carer;
* Is showing signs of engaging in anti-social or criminal behaviour;
* Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence; and/or
* Is showing early signs of abuse and/or neglect.

All professionals working in educational establishments have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children and young people with the help they need. **All concerns should be shared with the DSL and a record of the concern logged on CPOMS.**

The Designated Safeguarding Lead (DSL) and safeguarding team members should be trained in ‘early help’ and be confident in taking on the Lead Professional role, which includes completing an ‘early help assessment’ and coordinating a Family Support Plan where appropriate.

**Working with Parents and Carers**

In general, the DSL will discuss any child protection concerns with parents / carers

before approaching other agencies, and will seek their consent to making a referral

to another agency e.g. Children’s Social Care. The exception to this principle is when the concern is either of a physical or sexual nature and implicates a family member or if doing so would place the child at risk of significant harm.

In addition, parents / carers will be informed about our safeguarding policy through the school website and newsletters.

**What is Abuse?**

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children. Abuse has significant impact on a child’s physical and emotional health and development. All staff need to understand what the categories of abuse are and how to spot the signs and symptoms of abuse in a child so that action can be taken to protect and safeguard the child.

**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); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

The following may be indicators of neglect (this is not designed to be used as a checklist):

* Constant hunger;
* Smelly (through poor hygiene or clothing)
* Stealing, scavenging and/or hoarding food;
* Frequent tiredness or listlessness;
* Frequently dirty or unkempt;
* Often poorly or inappropriately dressed for the weather;
* Poor school attendance or often late for school;
* Poor concentration;
* Affection or attention seeking behaviour;
* Illnesses or injuries that are left untreated;
* Failure to achieve developmental milestones, for example growth, weight;
* Failure to develop intellectually or socially;
* Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
* The child is regularly not collected or received from school; or
* The child is left at home alone or with inappropriate carers

**Emotional Abuse** is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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, although it may occur alone.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

* The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
* Quiet, withdrawn and nervous
* Over-reaction to mistakes;
* Delayed physical, mental or emotional development;
* Sudden speech or sensory disorders;
* Inappropriate emotional responses, fantasies;
* Neurotic behaviour: rocking, banging head, regression, tics and twitches;
* Self-harming, drug or solvent abuse;
* Fear of parents being contacted;
* Running away;
* Compulsive stealing;
* Appetite disorders - anorexia nervosa, bulimia; or
* Soiling, smearing faeces, enuresis.

N.B.: Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

**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 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.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

* Sexually explicit play or behaviour or age-inappropriate knowledge;
* Anal or vaginal discharge, soreness or scratching;
* Reluctance to go home;
* Inability to concentrate, tiredness;
* Refusal to communicate;
* Thrush, persistent complaints of stomach disorders or pains;
* Eating disorders, for example anorexia nervosa and bulimia;
* Attention seeking behaviour, self-mutilation, substance abuse;
* Aggressive behaviour including sexual harassment or molestation;
* Unusual compliance;
* Regressive behaviour, enuresis, soiling;
* Frequent or open masturbation, touching others inappropriately;
* Depression, withdrawal, isolation from peer group;
* Reluctance to undress for PE or swimming; or
* Bruises or scratches in the genital area.

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

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

* Multiple bruises in clusters, or of uniform shape;
* Bruises that carry an imprint, such as a hand or a belt;
* Bite marks;
* Round burn marks;
* Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
* An injury that is not consistent with the account given;
* Changing or different accounts of how an injury occurred;
* Bald patches;
* Symptoms of drug or alcohol intoxication or poisoning;
* Unaccountable covering of limbs, even in hot weather;
* Fear of going home or parents being contacted;
* Fear of medical help;
* Fear of changing for PE;
* Inexplicable fear of adults or over-compliance;
* Violence or aggression towards others including bullying; or
* Isolation from peers.

**Practice Reminder:** The action that ALL staff and volunteers should take, if there are concerns about a child is to follow the procedure written in this policy, which is to pass the concerns to the DSL and make a written record on CPOMS.

**Mental Health**

All staff at Green Lane School are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Staff are not expected or trained to diagnose mental health conditions or issues, but may notice behaviours that may be of concern.

Where staff have mental health concern about a child that may also be a safeguarding concern, they should raise the issue by informing the DSL or a member of the Safeguarding Team.

**Pupils with a social worker**

At Green Lane School we recognise that when a child has a social worker, it is an indicator that the child is more at risk than most pupils.

This may mean that they are more vulnerable to further harm, as well as facing educational barriers to attendance, learning, behaviour and poor mental health.

We take these needs into account when making plans to support pupils who have social workers.

**Parenting Capacity: When there are concerns**

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

* Delay in seeking treatment that is obviously needed;
* Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
* Inconsistent explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
* Reluctance to give information or failure to mention other known relevant injuries;
* Frequent presentation of minor injuries;
* A persistently negative attitude towards the child;
* Unrealistic expectations or constant complaints about the child;
* Alcohol misuse or other drug/substance misuse;
* Parents request removal of the child from home; or
* Mental health issues which prevent the parent from meeting the child’s basic needs
* Violence between adults in the household.
* Failure to protect the child from known ‘risky’ persons
* Failure to prioritise the child’s needs above that of their own.

**Bullying** is behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally. Bullying can take many forms (for instance, cyber-bullying via text messages or the internet), and is often motivated by prejudice against particular groups, for example on grounds of race, religion, gender, sexual orientation, or because a child is adopted or has caring responsibilities. It might be motivated by actual differences between children, or perceived differences. Stopping violence and ensuring immediate physical safety is obviously a school’s first priority but emotional bullying can be more damaging than physical. Staff should recognise this as a potential child protection issue and follow the schools **Anti Bullying Policy.**

Under the Children Act 1989 a bullying incident should be addressed as a child protection concern when there is ‘reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm’. Where this is the case, the school staff should report their concerns to their local authority children’s social care. Even where safeguarding is not considered to be an issue, schools may need to draw on a range of external services to support the pupil who is experiencing bullying, or to tackle any underlying issue which has contributed to a child engaging in bullying.

**Keeping children safe online**

As schools increasingly work online, it is essential that children are safeguarded from potentially harmful and inappropriate online material. As such, governing bodies and proprietors should ensure appropriate filters and appropriate monitoring systems are in place. The schools approach to keeping children safe from abuse and harm online is set out in the **E Safety Policy**, which should be read in conjunction with this policy.

The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation: technology often provides the platform that facilitates harm. An effective approach to online safety empowers a school to protect and educate the whole school community in their use of technology and establishes mechanisms to identify, intervene in and escalate any incident where appropriate.

School staff will consult the non-statutory guidance, ‘***Teaching online safety in school ‘Guidance supporting schools to teach their pupils how to stay safe online within new and existing school subjects*’ (June 2019)**. Children also need to be supported with the skills to keep themselves safe online, as they increasingly live their lives in a digital world. Useful information can be found in ‘***Education for a connected world framework: A framework to equip young people for digital life* (UKCCIS, 2018).** This guidance offers specific advice about the online knowledge and skills that pupils should have the opportunity to develop at different stages of their lives.

The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:

• Content: being exposed to illegal, inappropriate or harmful material;

• Contact: being subjected to harmful online interaction with other users; and

• Conduct: personal online behaviour that increases the likelihood of, or causes, harm.

School will ensure that appropriate filters and monitoring systems are in place to keep children safe online in line with Keeping Children Safe in Education (2020). Keeping children safe online is a priority for the school who work in partnership with NSPCC and use their resources for children and parents e.g. the Netaware App.

There is a recognition that children may access the internet via their own personal mobile phones through the 3G or 4G network, and therefore our E Safety Policy also provides guidance for children accessing the internet whilst they are in school. For further information please see the school and NSPCC website and the schools online/E safety Policy.

See **Appendix 5** for links to additional information in respect of preventing and responding to bullying and cyberbullying.

**Child Sexual Exploitation** **(CSE)** is a form of child abuse and sexual abuse which involves children and young people (male and female, of a range of ethnic origins and ages, in some cases as young as 10) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) in exchange for sexual activity. Sexual exploitation can take many forms ranging from the seemingly ‘consensual’ relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. Perpetrators of child sexual exploitation are found in all parts of the country and are not restricted to particular ethnic groups.

What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Key indicators of children being sexually exploited can include:

* going missing for periods of time or regularly coming home late;
* regularly missing school or education or not taking part in education;
* appearing with unexplained gifts or new possessions;
* associating with other young people involved in exploitation;
* older boyfriends or girlfriends;
* suffering from sexually transmitted infections;
* mood swings or changes in emotional wellbeing;
* drug and alcohol misuse; and
* Displaying inappropriate sexualised behaviour.
* Excessive receipt of texts/phonecalls.
* Evidence of/suspicion of physical or sexual assault.

Education staff should be aware that children and young people are more vulnerable to abuse through sexual exploitation if they have experience of:

* Violence/Domestic Abuse
* Children and Young People ‘Looked After’
* refugee/asylum seeker
* Pattern of street homeless
* Substance misuse by parent/carer/child
* Learning disabilities, special needs or mental health issues
* Homophobia
* Estranged from family
* Death or illness of a significant person in the child’s life
* Financially unsupported

Practitioners should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Return interviews for young runaways can help in establishing why a young person ran away and the subsequent support that may be required, as well as preventing repeat incidents. The information gathered from return interviews can be used to inform the identification, referral and assessment of any child sexual exploitation cases.

In assessing whether a child or young person is a victim of sexual exploitation, or at risk of becoming a victim, careful consideration should be given to the issue of consent. It is important to bear in mind that:

* a child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching;
* sexual activity with a child under 16 is also an offence;
* it is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them;
* where sexual activity with a 16 or 17 year old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered;
* non consensual sex is rape whatever the age of the victim; and
* If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore offences may have been committed.

**Practice Reminder:** The action that ALL staff and volunteers should take, if there are concerns about a child is to follow the procedure written in this policy, which is to pass the concerns to the DSP and make a written record on CPOMS.

Please see **Appendix 4** for links to additional information on CSE. Please see **Appendix 5** for the CSE Risk Assessment and screening tool.

**Sexually Harmful Behaviour**

Harmful sexual behaviour involves one or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults (Rich; 2011).

Sexually harmful behaviour occurs when a young person (below the age of eighteen years) engages in any form of sexual activity with another individual over whom they have power by virtue of age, emotional maturity, gender, physical strength or intellect and where the victim in this relationship suffers sexual exploitation and betrayal of trust.

Sexual activity includes sexual intercourse (oral, anal or vaginal), sexual touching, exposure of sexual organs, showing pornographic material, exhibitionism, voyeurism, obscene communication, frottage, fetishism and talking in a sexualised way. We should also include any form of sexual activity with an animal and where a young person sexually abuses an adult.

**Source: This definition is taken from: CALDER, M et al; Juveniles and children who sexually abuse; p5.**

Incidents of sexually harmful behaviour come to light, either through discovery or disclosure, which may be third-party or second-hand information. The details provided should be carefully recorded by the person receiving the initial account on CPOMS.

Children’s sexual behaviour exists on a wide continuum, from normal and developmentally expected to inappropriate, problematic, abusive and violent. Harmful sexual behaviour is a useful umbrella term, which has been widely adopted in child protection.

Harmful sexual behaviour can occur online and/ or offline and can also occur simultaneously between the two. Harmful sexual behaviour should be considered in a child protection context. The DSL will make a referral to Social Care and or the Police if appropriate (NB an automatic referral to the Police should be made where there are allegations of Rape or Sexual Assault).

**Sexual violence and sexual harassment between children in schools**

The Department for Education has published detailed advice on sexual violence and sexual harassment between children in schools and colleges. Below is a summary of that advice.

Context: Sexual violence and sexual harassment can occur between two children of any sex. They can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support. Schools and colleges should consider the following:

It is more likely that girls will be the victims of sexual violence and more likely that sexual harassment will be perpetrated by boys.

Schools and colleges should be aware of the importance of:

Making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;

not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and

Challenging behaviours (which are potentially criminal in nature), such as grabbing bottoms, breasts, vaginas and penises. Dismissing or tolerating such behaviours risks normalising them.

**What do we mean by sexual violence and sexual harassment between children?**

The departmental advice, when referring to sexual violence refers to sexual offences as described under the Sexual Offences Act 2003. This includes: rape, assault by penetration and sexual assault. The advice sets out that sexual harassment is ‘unwanted conduct of a sexual nature’ that can occur online and offline. It is likely to violate a child’s dignity, and/or makes them feel intimidated, degraded or humiliated and/or creates a hostile, offensive or sexualised environment. Schools should record such incidents appropriately and make clear how the incidents have been dealt with, including any referrals to the Police and Social Care.

Schools should be aware of their obligations under the Human Rights Act 1998 (HRA):

* It is unlawful for schools to act in a way that is incompatible with the European Convention of Human Rights. These rights include:
* Article 3: the right to be freedom from inhumane and degrading treatment (an absolute right)
* Article 8: the right to respect for private and family life (a qualified right) includes a duty to protect individuals’ physical and psychological integrity;
* Article 14: requires that all of the rights and freedoms set out in the Act must be protected and applied without discrimination; and
* Protocol 1, Article 2: protects the right to an effective education.

Being subject to sexual violence or sexual harassment may breach any or all of these rights, depending on the nature of the conduct and the circumstances.

Staff need to be aware of changes to the Voyeurism (Offences) Act 2019 which criminalises the act of ‘**upskirting**’.

‘**Upskirting**’ refers to the action of placing equipment such as a camera or mobile phone beneath a person’s clothing to take voyeuristic photograph without their consent. Applies to both men and women.

**Peer on Peer Abuse**

**What is it?**

Children can abuse other children. This is generally referred to as peer on peer abuse. Peer on peer abuse can take many forms. This can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

All staff should recognise that children are capable of abusing their peers and all incidents should be recorded appropriately- as peer on peer abuse- not just a behaviour incident.

Please see the schools Behaviour Policy for further information about:

• Procedures to minimise the risk of peer on peer abuse;

• How allegations of peer on peer abuse will be investigated and dealt with;

• Clear processes as to how victims, perpetrators and any other child affected by peer on peer abuse will be supported;

• A clear statement that abuse is abuse and should never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”;

• Recognition of the gendered nature of peer on peer abuse (i.e. that it is more likely that girls will be victims and boys perpetrators), but that all peer on peer abuse is unacceptable and will be taken seriously; and

• The different forms peer on peer abuse can take, such as:

• Sexual violence and sexual harassment

• Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;

• Sexting: (The UK Council for Child Internet Safety (UKCCIS) Education Group has recently published sexting advice for schools and colleges); and

• Initiating/hazing type violence and rituals.

**Domestic Violence and Abuse**

**What is the definition of domestic violence?**

Domestic violence is characterised by inter-personal violence and with effect from March 2013 it was defined by the Home Office as:

Domestic violence and abuse is any incident, or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

* Psychological
* Physical
* Sexual
* Financial
* Emotional

This definition includes 'honour’ based violence, female genital mutilation (FGM) and forced marriage and is clear that victims are not confined to one gender or ethnic group. The definition does not cover violence by an under 16 year old against another family member.

Where the perpetrator is over 18 and the victim under 18, this is regarded as child abuse. If both perpetrator and victim are under 18 years, consideration of the need for a child protection investigation to be undertaken would still be required, but the national definition allows any abuse between 16 -17 year olds to be considered as domestic abuse.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and/or violence can have a serious, long-lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result (See KCSIE (2020) page 86)

**Controlling behaviour** is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

**Coercive behaviour** is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

**Facts and stats about domestic violence**

Official statistics show the amount of domestic violence recorded by the authorities every year. But the problem is much bigger than shown in official statistics, as many victims and children don’t tell anyone about the abuse, and they are not recorded as crimes. SafeLives (National Charity <http://www.safelives.org.uk>) also uses data from an Insights database – the largest national database of domestic violence cases in the UK, with more than 35,000 records from 2009 to date.

**Children affected by domestic abuse**

* 140,000 children live in households where there is high-risk domestic abuse.
* 64% of high and medium risk victims have children, on average two each.
* A quarter (25%) of children in high-risk domestic abuse households are under three years old. On average, high-risk abuse has been going on for 2.6 years, meaning these children are living with abuse for most of their life.
* 62% of children living in domestic abuse households are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others.

‘The harm or risk of harm to the child includes any impairment to the child's health or development as a result of witnessing the ill treatment of another person’. (Adoption and Children Act 2002).

National charity, **Safelives**, states that there are 130,000 children in the UK living in homes with domestic abuse where there’s a high risk of murder or serious injury. Thousands more live with less serious domestic violence every day. Seeing or hearing domestic abuse [has a serious impact on children, on their health and wellbeing.](http://www.safelives.org.uk/sites/default/files/resources/Final%20policy%20report%20In%20plain%20sight%20-%20effective%20help%20for%20children%20exposed%20to%20domestic%20abuse.pdf)

* Nearly 2 in 3 children (62%) exposed to domestic violence were also directly harmed.
* Children suffer multiple physical and mental health consequences because of living with domestic violence.
* Only half of the children were previously known to children’s social services. But 80% were known to at least one public agency.

If you have concerns of this nature, ensure that you share this with the DSL and complete a record on CPOMS.

**Teenage Intimate Relationship Abuse** By [**Andrew Hall**](http://www.safeguardinginschools.co.uk/author/stoke/) on June 14, 2013in [**Child Protection**](http://www.safeguardinginschools.co.uk/category/child-protection/), [**Safeguarding**](http://www.safeguardinginschools.co.uk/category/safeguarding/)Since March 2013, the Home Office definition of domestic violence now includes 16 – 18 year olds. However, this type of abuse can occur in any relationship. Teenage Intimate relationship abuse may include the following features:

|  |  |  |  |
| --- | --- | --- | --- |
| Emotional Abuse | Physical Abuse | Sexual Abuse | Financial Abuse |
| Constant insults and name calling;  Isolation from friends and family;  Checking up on partners all the time (Inc. checking emails, texts, social networking sites etc.)  Making the person feel responsible for the abuse;  Controlling what someone wears or where they go | Hitting, punching, pushing, biting, kicking, using weapons etc. | Forcing someone to have sex  Unwanted kissing or touching  Being made to watch pornography without consent  Pressure not to use contraception | Taking/controlling money  Forcing people to buy them things  Forcing partners to work or not to work |

**Warning Signs of Relationship Abuse might include**

* Physical signs of injury / illness
* Truancy, failing grades
* Withdrawal, passivity, being compliant
* Changes in mood and personality
* Isolation from family and friends
* Frequent texts and calls from boyfriend / girlfriend
* Inappropriate sexual behaviour /language / attitudes
* Depression
* Pregnancy
* Use of drugs / alcohol (where there was no prior use)
* Self-harm
* Eating disorders or problems sleeping
* Symptoms of post-traumatic stress
* Bullying / being bullied

**Signs of Relationship Abuse to look out for**

* Being late for school / not attending (especially if abuser attends same school)
* Arriving early / staying late to avoid abuser
* Not focused in lessons as s/he is preoccupied and worried
* Very gendered expectations of career and achievement
* Feeling unsafe as afraid of being traced by abuser via school
* Disturbed sleep affecting concentration
* Appearing isolated and removed
* Worried that everyone at school knows what is happening

**Practice Reminder:** The action that ALL staff and volunteers should take, if there are concerns about a child is to follow the procedure written in this policy, which is to pass the concerns to the DSL and complete a written record on CPOMS.

Specific training is available for all staff through the Warrington Safeguarding Children’s Board, e.g. the Victims Journey. The DSL will be trained to complete the DASH risk assessment **(Appendix 9)**.

**Honour Based Abuse and Violence (HBV)**

**Useful Definitions**

|  |  |
| --- | --- |
| FORCED MARRIAGE | A marriage that takes place without the full and free consent of both parties. Forced can include physical forced, in addition to emotional pressure/duress. |
| ARRANGED MARRIAGE | A marriage in which families take a leading role, but the parties have the free will and choice to accept or decline the arrangement. |
| HONOUR BASED ABUSE | An incident or crime which has or may have been committed to protect or defend the honour of the family and or community. |
| SHAME | Noun 1: a feeling of humiliation or distress caused by awareness or foolish behaviour. 2: a loss of respect or esteem. (Oxford Dictionary) |
| KISMET | Noun 1: Fate; destiny. (Oxford Dictionary) |
| BLACK MAGIC | Belief in superstition. Sometimes linked to belief that a person/family has been cursed by an evil spirit. |
| LOVE MARRIAGE | A marriage of personal choice and out of love. |
| BESTI | To cause shame / embarrassment. |
| IZZAT | A sense of pride and great respect. Is closely linked to honour and shame. Can be used as a mechanism of power and control. |
| SHARAF | Used to denote a man’s sense of honour and self-worth. If he fails to control the behaviour of his female relatives, his sharaf may be damaged. (Arab World). |
| HONOUR KILLING | Homicide of a member of a family or social group by other members, due to the belief of the perpetrators that the victim has brought dishonour or shame upon the family or community. |
| KARMA NIRVANA | National charity support all victims and survivors of forced marriage. Provides a national helpline. Is a resource to professionals supporting victims of forced marriage and honour based abuse. |
|  | |

**Honour Based Abuse**

Honour based Abuse is defined as:

**“An incident or crime which has or may have been committed to protect or defend the honour of the family and or community” NPCC**

It can be distinguished from other forms of abuse, as it is often committed with some degree of approval and or collusion from family and/or community members. Victims will have multiple perpetrators not only in UK but can also be abroad, HBV can be trigger for a FM. The aggravating element of perceived ‘honour’ shapes the context of the abuse, compounding risk to victims with multiple perpetrators.

The terms “honour crime” or “honour-based violence” or “izzat” embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the “shame” or “dishonour” of the family. It can be distinguished from other forms of abuse, as it is often committed with some degree of approval and/or collusion from family and/ community members. Victims will have multiple perpetrators not only in the UK; HBV can be a trigger for a forced marriage.

**Forced Marriage and Arranged Marriage**

There is a clear distinction between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage, but the choice of whether or not to accept the arrangement still remains with the prospective spouses. However, in forced marriage, one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent, coercion is not required for a marriage to be forced. The provision of consent is essential within all marriages – only the spouses themselves will know if they their consent is provided freely.

**Capacity to consent to marriage**

If a person does not consent or lacks capacity to consent to a marriage, that marriage must be viewed as a forced marriage whatever the reason for the marriage taking place. Capacity to consent can be assessed and tested but is time and decision-specific.

**The Mental Capacity Act 2005**

The Mental Capacity Act 2005 aims to empower people to make decisions about their own lives where possible and protects those who lack capacity. It provides a statutory framework both for people who lack capacity to make decisions for themselves and for those who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

**Forced Marriage**

A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent, coercion is not required for a marriage to be forced.

In law both parties to a marriage must validly consent to the marriage, the minimum age a person is able to consent to a marriage is 16. A Force Marriage Protection Order can be obtained from a Family Court in order to protect victims, both adults and children from a potential forced marriage or people who are already in a forced marriage.

The Anti-social Behaviour, Crime and Policing Act (2014) make it a criminal offence to force someone to marry. This includes:

* Taking someone overseas to force them to marry (whether or not the forced marriage takes place)
* Marrying someone who lacks the mental capacity to consent to the marriage (whether they’re pressured to or not)
* Breaching a Forced Marriage Protection Order is also a criminal offence

Young people, especially girls who are forced to marry, or those who fear they may be forced to marry, are frequently withdrawn from education, restricting their educational and personal development. They may feel unable to go against the wishes of their parents and consequently may suffer emotionally, often leading to depression and self-harm. These factors can contribute to impaired social development, limited career and educational opportunities, financial dependence and lifestyle restrictions.

Staff may become aware of a pupil because they appear anxious, depressed and emotionally withdrawn with low self-esteem. They may have mental health issues and display behaviours such as self-harming, self-cutting or anorexia. Sometimes they may come to the attention of the police having been discovered shoplifting or taking drugs or alcohol. Often pupil’s symptoms can be exacerbated in the periods leading up to the holiday season. Education staff may wish to be particularly vigilant in that period.

It may be the case that a pupil may present with a sudden decline in their attendance, performance, aspirations or motivation. Some female pupils may feel studying at school is pointless if they are going to be forced to marry and therefore be unable to continue with their education.

**Potential Warning signs or indicators that a child is at risk of Forced Marriage**

(Not an exhaustive list)

* Absence and persistent absence.
* Request for extended leave of absence and failure to return from visits to country of origin.
* Fear about forthcoming school holidays (PARTICUALRY SUMMER)
* Surveillance by siblings or cousins at school.
* Decline in behaviour, engagement, performance or punctuality.
* Poor exam results.
* Being withdrawn from school by those with parental responsibility.
* Removal from a day centre of a person with a physical or learning disability
* Not allowed to attend extra-curricular activities
* Sudden announcement of engagement to a stranger
* Prevented from going on to further/higher education.

**Motives Prompting Forced Marriage**

Perpetrators who force their children or other family members into marriage often justify their behaviour as protecting their children, building stronger families and preserving ‘so-called’ cultural or religious beliefs. When challenged on this practice, they often do not see anything wrong in their approach. The act of forcing another person into marriage cannot be justified on religious grounds; every major faith condemns it and crucially, freely given consent is a prerequisite of all religions. Often perpetrators are convinced that they are upholding the cultural traditions of their home country, when in fact these practices and values may have in fact changed. There are also others who are placed under significant pressure from their extended family to ensure their children or other family members are married. In some instances, an agreement may have even been made about marriage when a child is in its infancy. Many young people will then be living through their entire childhoods with the expectation that they will marry someone of their parents or other family members choosing. What needs to be communicated to all of those at risk is that forced marriage is a CRIME and that they have a fundamental human right to be able to choose their future spouse.

**Some of the key motives that have been identified are:**

* Controlling unwanted sexuality (including perceived promiscuity, or being lesbian, gay, bisexual or transgender) - particularly the behaviour and sexuality of women.
* Controlling unwanted behaviour, for example, alcohol and drug use, wearing make-up or behaving in, what is perceived to be, a “westernised manner”.
* Preventing "unsuitable" relationships, e.g. outside the ethnic, cultural, religious or caste group.
* Protecting “family honour” or “izzat”.
* Responding to peer group or family pressure.
* Attempting to strengthen family links.
* Achieving financial gain.
* Ensuring land, property and wealth remain within the family.
* Protecting perceived cultural ideals.
* Protecting perceived religious ideals which are misguided.
* Ensuring care for a child or adult with special needs when parents or existing carers are unable to fulfil that role.
* Assisting claims for UK residence and citizenship.
* Long-standing family commitments.

**The ‘One Chance’ rule**

All professionals working with suspected or actual victims of forced marriage and honour-based violence need to be aware of the “one chance” rule. That is, they may only have one opportunity to speak to a victims or potential victim and may possibly only have **one chance** to save a life. As a result, all professionals working within statutory agencies need to be aware of their responsibilities and obligations when they are faced with forced marriage cases. If the victim is allowed to leave without the appropriate support and advice being offered, that one chance might be wasted.

**What to do if you have concerns**

Forced Marriage is an offence and if this is also happening to a child under the age of 18 it is considered to be child abuse. If you suspect that a child may be forced to marry then you must share your concerns with the Designated Safeguarding Lead (DSL) who will make appropriate contact with Children’s Social care or the Police. The Forced Marriage Unit can also be contacted for advice and help in making the referral.

**KEY PRINCIPLES**

If families have to resort to violence or coercion alluded to above to make someone marry, that person’s consent has not been given freely and it is therefore considered a forced marriage.

Where a person lacks the capacity to consent, an offence is also capable of being committed by any conduct carried out with the purpose of causing the victim to marry, whether or not it amounts to violence threats or any other form of coercion.

**Practice Guidance: Immediate first steps in all cases**

**DO** Speak to the individual on his/her own immediately in a secure and private place. Do see them on their own even when they attend with others. Parties must be separated despite cultural issues.

**DO** Explain all the options to them. Make contact with Karma Nirvana for advice and support. Obtain full details to pass on to a trained specialist.

**DO** Be clear about steps in the case of child protection and liaison with Social Care and the Police.

**DO** Be clear with all professionals about the need not to share information with the victim’s family.

**DO** Establish a way of contacting them discretely in the future.

**DO** maintain the victim’s confidence. Do not approach family without expressed permission – consider risk.

**DO** Consider the need for immediate protection and placement away from the family.

**DO** reassure that they are not going against their religion and/or culture

**DO** Contact a trained specialist in cases of Forced Marriage.

**DO** Communicate with new force areas – victims take risk with them!

**DO** Contact Karma Nirvana for advice via the hotline for professionals on 08005999247

Remember the **ONE CHANCE RULE**!

**MUST NOT:**

Use a relative, friend, community leader or neighbour as an interpreter.

Tell them that there isn’t much that you can do help and send them home.

Attempt to be a mediator or encourage mediation, reconciliation and/or arbitration.

Approach parents and attempt to mediate

Try to talk to her siblings to get a better idea of the situation.

Disclose information of risk, including ‘perceived’ risk that is deemed shameful by victim

If you have concerns of this nature, ensure that you share this with the DSL immediately and make a written record on CPOMS.

**KEY PRINCIPLES**

**Forced marriage is a CRIME. It is a form of violence against women and men, and a serious abuse of human rights, and where a minor is involved, child abuse.**

**While it is important to have an understanding of the motives that drive parents to force their children to marry, these motives should not be accepted as justification for denying them the right to choose a marriage partner and enter freely into marriage.**

**A person’s capacity to consent can change. With the right support and knowledge, a person with a learning disability may move from a position of lacking capacity to consent to marriage, to having capacity. However, some children and adults with learning disabilities are given no choice and/or do not have the capacity to give informed consent to marriage and all it entails.**

**Practice Reminder:** The action that ALL staff and volunteers should take, if there are concerns about a child is to follow the procedure written in this policy, which is to pass the concerns to the DSL and complete a written record on CPOMS.

**Substance Misuse**

Pupils affected by their own or other's drug misuse should have early access to support through the school or academy’s ‘early help’ offer and through referral to local drug and alcohol services.

As part of the statutory duty on schools to promote pupils’ wellbeing, schools have a clear role to play in preventing drug misuse as part of their pastoral responsibilities. Schools can have a key role in identifying pupils at risk of drug or alcohol misuse. The process of identifying needs should aim to distinguish between pupils who require general information and education, those who could benefit from targeted prevention, and those who require a detailed needs assessment and more intensive support.

* Schools and Academies should provide accurate information on drugs and alcohol through education and targeted information, including via the FRANK service;
* Tackle problem behaviour in schools, with wider powers of search and confiscation;
* Work with local voluntary organisations, health partners, the police and others to prevent drug or alcohol misuse.
* To include this support for children as part of the ‘early help’ offer from the school or academy.

**Faith Abuse**

Faith abuse is where certain kinds of child abuse are linked to faith or belief. This includes: belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

Child abuse can also occur in culture or faith contexts in general, this can include female genital mutilation, forced marriage, excessive physical punishment or abuse relating to gender, sexuality, ethnicity, nationality, disability or other differences recognised within social or cultural beliefs. Abuse in any culture or faith context is not acceptable and is child abuse. Academy and school staff should follow the procedures and share any concerns with DSL and complete a written record on CPOMS, if it is suspected that a child is at risk of this type of abuse.

**Female Genital Mutilation (FGM)**

Female Genital Mutilation occurs mainly in Africa and to a lesser extent, in the Middle East and Asia. Although it is believed by many to be a religious issue, it is a cultural practice. There are no health benefits. Communities particularly affected by FGM in the UK include girls from: Somalia, Kenya, Ethiopia, Sierra Leone, Sudan, Egypt, Nigeria, Eritrea, Yemen, Indonesia and Afghanistan. In the UK, FGM tends to occur in areas with larger populations of communities who practice FGM, such as first-generation immigrants, refugees and asylum seekers. These areas include: London, Cardiff, Manchester, Sheffield, Northampton, Birmingham, Oxford, Crawley, Reading, Slough and Milton Keynes.

**Key Points**

* It is NOT a religious practice
* Occurs mostly to girls aged from 5 – 8 years old; but up to around 15
* Criminal offence in UK since 1985
* Offence since 2003 to take girls abroad
* Criminal penalties include up to 14 years in prison

**Reasons for this cultural practice include**

* Cultural identity – An initiation into womanhood
* Gender Identity – Moving from girl to woman – enhancing femininity
* Sexual control – reduce the woman’s desire for sex
* Hygiene/cleanliness – unmutilated women are regarded as unclean

**Risk Factors include**

* low level of integration into UK society
* mother or sister who has undergone FGM
* girls who are withdrawn from PSHE
* a visiting female elder from the country of origin
* being taken on a long holiday to the family’s country of origin
* talk about a ‘special’ event or procedure to ‘become a woman’

**High Risk Time: Be aware**

This procedure often takes place in the summer, as the recovery period after FGM can be 6 to 9 weeks. Schools should be alert to the possibility of FGM as a reason why a girl in a high risk group is absent from school or where the family request an ‘authorised absence’ for just before or just after the summer school holidays. Although, it is difficult to identify girls before FGM takes place, where girls from these high risk groups return from a long period of absence with symptoms of FGM, advice should be sought from the police or social services.

**Post-FGM Symptoms include**

* difficulty walking, sitting or standing
* spend longer than normal in the bathroom or toilet
* unusual behaviour after a lengthy absence
* reluctance to undergo normal medical examinations
* Asking for help, but may not be explicit about the problem due to embarrassment or fear.

**Longer Term problems include**

* difficulties urinating or incontinence
* frequent or chronic vaginal, pelvic or urinary infections
* menstrual problems
* kidney damage and possible failure
* cysts and abscesses
* pain when having sex
* infertility
* complications during pregnancy and childbirth
* emotional and mental health problems

**Duty to notify police of female genital mutilation**

Female Genital Mutilation (FGM) is illegal in England and Wales under the Female Genital Mutilation Act 2003. It is a form of child abuse and violence against women.

Section 74 of the Serious Crime Act 2015 has amended Section 5 of the Female Genital Mutilation Act 2003 by introducing a **mandatory reporting duty** (Section 5B) which requires regulated health and social care professionals and teachers in England and Wales to report ‘known’ cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty applies from 31 October 2015 onwards. All teachers can be supported by the DSL to report their concerns, but the mandatory responsibility is non-transferable.

The Home Office has published a guidance document about the new duty; *Mandatory Reporting of Female Genital Mutilation – procedural information*. This document can be accessed via the link below:

[**Reporting of Female Genital Mutilation – procedural information**](http://warringtonlscb.org/wp-content/uploads/2015/10/FGM-Mandatory-Reporting-procedural-info-FINAL.pdf)

**NSPCC Female Genital Mutilation (FGM) helpline: 0800 028 3550**

The NSPCC has set up a 24-hour FGM helpline offering advice, information and support to anyone concerned that a child’s welfare is at risk because of female genital mutilation.

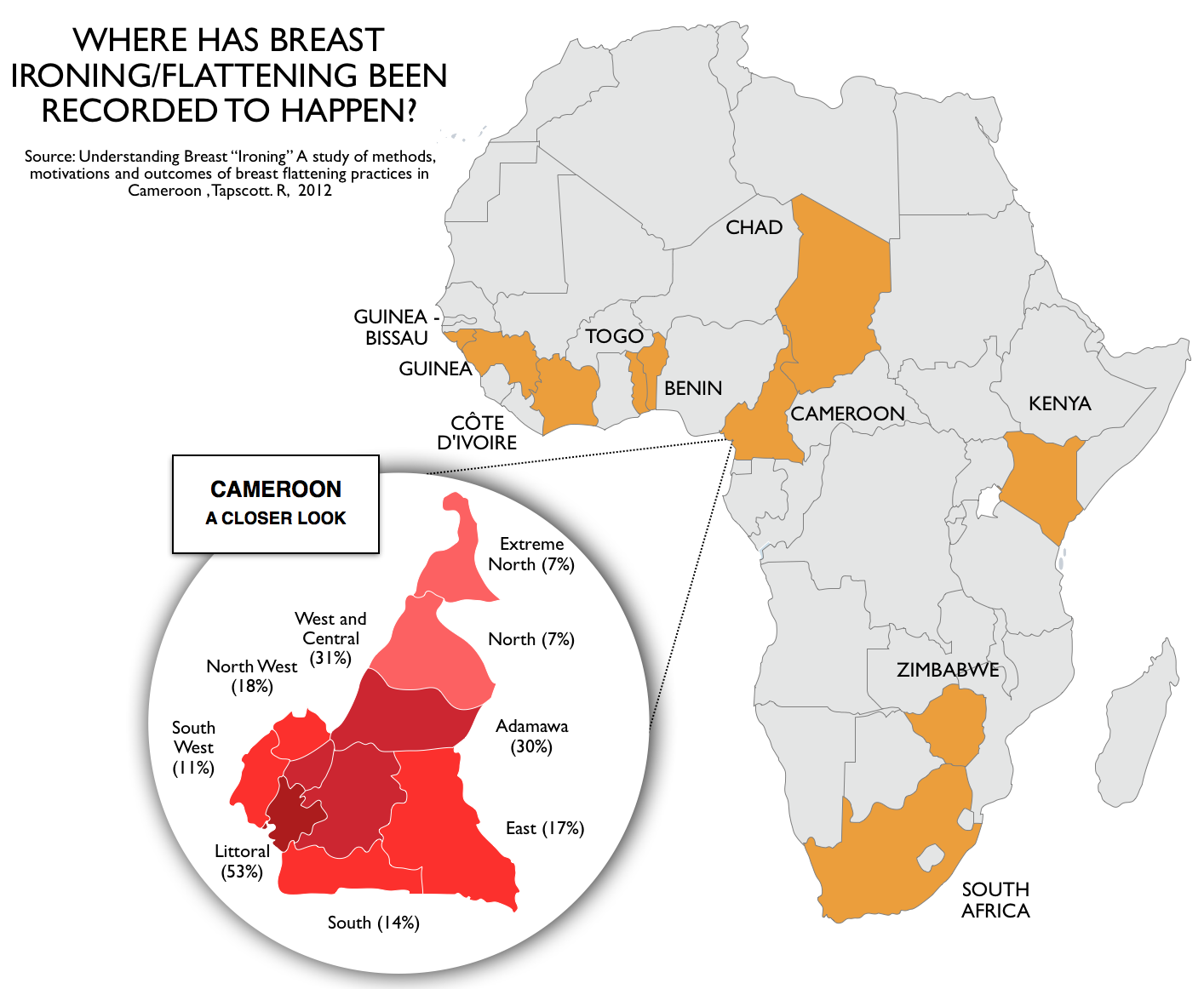
**Practice Reminder:** The action that ALL staff and volunteers should take, if there are concerns about a child is to follow the procedure written in this policy, which is to pass the concerns to the DSL and complete a written record on CPOMS.

**Breast Ironing or Breast Flattening**

Is the process during which young pubescent girls’ breasts are ironed, massaged, flattened and/or pounded down over a period of time (sometimes years) in order for the breasts to disappear or delay the development of the breasts entirely. In some families, large stones, a hammer or spatula that have been heated over scorching coals can be used to compress the breast tissue. Other families may opt to use an elastic belt or binder to press the breasts so as to prevent them from growing.

Breast flattening usually starts with the first signs of puberty, which can be as young as nine years old and is usually carried out by female relatives. It should also be acknowledged that some adolescent girls and boys may choose to bind their breast using constrictive material due to gender transformation or identity, and this may also cause health problems.

Breast Flattening can happen anywhere in the world, the map below represents the countries **where research has been carried out.** Just because a country is not highlighted, doesn’t mean it does not happen, it means there is no research in that area.



**Source: National FGM Centre: Developing excellence in response to FGM and other harmful practices (July 2019).**

Breast Ironing is practiced in some African countries, notably Cameroon. Girls aged between 9 and 15 have hot pestles, stones or other implements rubbed on their developing breast to stop them growing further. In the vast majority of cases breast ironing is carried out by mothers or grandmothers and the men in the family are unaware. Estimates range between 25% and 50% of girls in Cameroon are affected by breast ironing, affecting up to 3.8 million women across Africa.

**Why does breast ironing happen?**

The practice of breast ironing is seen as a protection to girls by making them seem ‘child-like’ for longer and reduce the likelihood of pregnancy. Once girls’ breasts have developed, they are at risk of sexual harassment, rape, forced marriage and kidnapping; consequently, breast ironing is more prevalent in cities. Cameroon has one of the highest rates of literacy in Africa and ensuring that girls remain in education is seen as an important outcome of breast ironing.

**Breast ironing is physical abuse**

Breast ironing is a form of physical abuse that has been condemned by the United Nations and identified as Gender-based Violence. Although, countries where breast ironing is prevalent have ratified the African Charter on Human Rights to prevent harmful traditional practices, it is not against the law.

Breast ironing does not stop the breasts from growing, but development can be slowed down. Damage caused by the ‘ironing’ can leave women with malformed breasts, difficulty breastfeeding or producing milk, severe chest pains, infections and abscesses. In some cases, it may be related to the onset of breast cancer.

**Breast Ironing in the UK**

Concerns have been raised that breast ironing is also to be found amongst African communities in the UK, with as many as a 1,000 girls at risk. Keeping Children Safe in Education (2020) mentions breast ironing as part of the section on so-called ‘Honour Violence’. Staff worried about the risk of breast ironing in their school should speak to the DSL as soon as possible. Schools need to know the risk level within their communities and tackle the risk as appropriate

**Radicalisation and Violent Extremism**

Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

**Important contact information**

* The Local Police Prevent Officer is *Brendan McKrilly* (Prevent Coordinator) and can be contacted on **01606362147.** Referrals should be sent by e mail to [prevent@cheshire.pnn.police.uk](mailto:prevent@cheshire.pnn.police.uk) or contact the Prevent Team on 01606362147 for any advice and support.
* The Warrington contact is **DC 4326 McIntyre, CT Case Officer, NW CTP Prevent – Cheshire & Merseyside, Mobile** 0777 551 6940, **Office**   01606 36 5239



The Local Authority Single Point of Contact for Prevent is Michelle Heritage, who can be contacted on **01925 442928 or mheritage@warrington.gov.uk.**

Our primary school, like all others, is required to identify a Prevent Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism: this will normally be the Designated Safeguarding Lead (DSL).

The Single Point of Contact (SPOC) for Green Lane School is Mr Paul King and can be contacted on 01925 811617. Please see explanatory notes about the role of the SPOC in Appendix 3.

Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity. The channel contact for Cheshire Police is **Lesley Price**, who can be contacted on **01606 365986** E-mail: [Lesley.Price@cheshire.pnn.police.uk](mailto:Lesley.Price@cheshire.pnn.police.uk)

**Useful Definitions**

**Radicalisation** refers to the process by which a person comes to support terrorism

and or extremism leading to terrorism.

**Extremism** is defined by the Government in the Prevent Strategy (2010) as:

Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Extremism is defined by the Crown Prosecution Service as:

The demonstration of unacceptable behaviour by using any means or medium to express views which:

* Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
* Seek to provoke others to terrorist acts;
* Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
* Foster hatred which might lead to inter-community violence in the UK.

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 known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school and academy staff are able to recognise those vulnerabilities.

**Indicators of vulnerability 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; and 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 – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
* Special Educational Need – the pupil may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

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.

**More critical risk factors could include**

* Being in contact with extremist recruiters;
* Accessing violent extremist websites, especially those with a social networking element;
* Possessing or accessing violent extremist literature;
* Using extremist narratives and a global ideology to explain personal disadvantage;
* Justifying the use of violence to solve societal issues;
* Joining or seeking to join extremist organisations; and
* Significant changes to appearance and / or behaviour;
* Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

**What action should be taken if there are concerns?**

* Pass concerns to the DSL/ Deputy DSL in school and complete an Initial Concern Form.
* The DSL/SPOC will make contact with the PREVENT Officer and will complete a PREVENT referral form as appropriate. (Appendix 4)

**Sexting**

In the latest advice for schools and colleges (UKCCIS, 2016), sexting is defined as the production and/or sharing of sexual photos and videos of and by young people who are under the age of 18. It includes nude or nearly nude images and/or sexual acts. It is also referred to as ‘youth produced sexual imagery’. Practically it is when someone sends or receives a sexually explicit text, image or video on their mobile phone, usually in a text message.

‘Sexting’ does not include the sharing of sexual photos and videos of under-18 year olds with or by adults. This is a form of child sexual abuse and must be referred to the police.

When people talk about sexting, they usually refer to sending and receiving:

* naked pictures or 'nudes'
* 'underwear shots'
* sexual or 'dirty pics'
* Explicit ‘rude’ text messages or videos.

If pupils are ‘sexting’ indecent images of someone under the age of 18, they may be committing a criminal offence under Section 1 of the Protection of Children Act 1978 and Section 160 Criminal Justice Act 1988. This means, it is a crime to:

* Take an indecent photograph or allow an indecent photograph to be taken;
* To make an indecent photograph (and this includes downloading or opening an image that has been sent);
* To distribute or show such an image;
* To possess with the intention of distributing images;
* To possess such images.

Whether someone is charged is decided by the Crown Prosecution Service.  Generally, children are not prosecuted.  HOWEVER children and young people need to be aware that they may be breaking the law. Although unlikely to be prosecuted, children and young people who send or possess the images may be visited by Police and on some occasions media equipment e.g. computers and mobile phones could be removed.

The key factor to highlight is that the real harm in relation to ‘sexting’ is that those in the photographs may become victims should the images be shown to others.

Further information can be found in the Appendices with also link to Child Exploitation Online Protection Service. (CEOPS)

**Practice Reminder:** The action that ALL staff and volunteers should take, if there are concerns about a child is to follow the procedure written in this policy, which is to pass the concerns to the DSP and complete a written record on CPOMS.

**Practice Reminders with sexting incidents**

Report it to your Designated Safeguarding Lead (DSL) immediately.

Never view, download or share the imagery yourself, or ask a child to share or download – this is illegal.

If you have already viewed the imagery by accident (e.g. if a young person has showed it to you before you could ask them not to), report this to the DSL.

Do not delete the imagery or ask the young person to delete it.

Do not ask the young person(s) who are involved in the incident to disclose information regarding the imagery. This is the responsibility of the DSL.

Do not share information about the incident to other members of staff, the young person(s) it involves or their, or other, parents and/or carers.

Do not say or do anything to blame or shame any young people involved.

Do explain to them that you need to report it and reassure them that they will receive support and help from the DSL.

For further information Download the full guidance Sexting in Schools and Colleges: Responding to Incidents and Safeguarding Young People (UKCCIS, 2016) at [www.gov.uk/government/groups/uk-council-for-child-internet-safety-ukccis](http://www.gov.uk/government/groups/uk-council-for-child-internet-safety-ukccis).

**Private Fostering**

A private fostering arrangement is when a child under the age of 16 (18 if they have a disability) goes to live with someone who is not a close relative for 28 days or more. This is a private agreement between a parent and another adult and private foster carers may be from the extended family such as a cousin or great aunt, a friend of the family, the parent of a friend of the child or someone previously unknown to the child's family. It is not private fostering when a child is living with a close relative such as a parent, grandparent, brother, sister, uncle or aunt (whether blood related or through marriage).

Privately fostered children could include:

* Children or young people who are sent to this country for education, health care by their birth parents from overseas.
* Teenagers living with a friend's family because they do not get on with their own family.
* Children living with a friend's family because their parents study or work involves unsociable hours, which makes it difficult to use ordinary day care or after school care.
* Children staying with another family because their parents have divorced or separated.
* A child from overseas staying with a host family while attending school or overseas students at boarding school who stay with a host family during the holidays.

All professionals have a duty to notify the Local Authority of a private fostering arrangement that comes to their attention, where they are not satisfied that the Local Authority has been or will be notified of the arrangement by the parent or carer. Some of these arrangements may be recent; some may have been in existence for some time as the parent and carer may not be aware that it is a private fostering arrangement, and so not aware of the need to inform the local authority.

Such arrangements may come to the attention of school staff through the normal course of their interaction, and promotion of learning activities, with children. Where a member of staff or volunteer at a school or college identifies that a private fostering arrangement is planned, or is in place, this should be raised with the designated safeguarding lead (or deputy). The school should then notify the local authority to allow the local authority to check the arrangement is suitable and safe for the child.

**Practice Reminder:** The action that ALL staff and volunteers should take, if there are concerns about a child is to follow the procedure written in this policy, which is to pass the concerns to the DSL and complete a written record on CPOMS.

**Children Missing from Education**

All children, regardless of their circumstances, are entitled to an efficient, full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Children missing education are children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school.

Children missing education are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life. Effective information sharing between parents, schools and local authorities is critical to ensuring that all children of compulsory school age are safe and receiving suitable education

The Local Authority officer responsible for CME is David Sampson, who can be contacted on 01925 442928.

A child going missing from education is a potential indicator of abuse or neglect. School and academy staff members should follow the procedures for dealing with children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse or exploitation and to help prevent the risks of their going missing in future. However, if a child as in immediate danger or at risk of harm, a referral should be made immediately to children’s social care (and the police if appropriate). Local authority officers responsible for CME should check that a referral has been made and, if not, they should alert children’s social care.

**Requirement for schools (From September 2016) in line with statutory *guidance ‘Children Missing Education: Statutory guidance for Local Authorities’ (2016).***

All schools (including academies and independent schools) must notify their local authority when they are about to remove a pupil’s name from the school admission register under any of the fifteen grounds listed in the regulations1 **(Appendix 8)**. This duty does not apply when a pupil’s name is removed from the admission register at standard transition points – when the pupil has completed the final year of education normally provided by that school – unless the local authority requests that such returns are to be made.

When removing a pupil’s name, the notification to the local authority must include:

(a) The full name of the pupil,

(b) The full name and address of any parent with whom the pupil normally resides,

(c) At least one telephone number of the parent,

(d) The pupil’s future address and destination school, if applicable, and

(e) The ground in regulation 8 under which the pupil’s name is to be removed from the admission register **(see Appendix 8).**

Schools must make reasonable enquiries to establish the whereabouts of the child jointly with the local authority, before deleting the pupil’s name from the register if the deletion is under regulation 8(1), sub-paragraphs (f) (iii) and (h) (iii) **(see Appendix 8).**

All schools must also notify the local authority within five days of adding a pupil’s name to the admission register at a non-standard transition point. The notification must include all the details contained in the admission register for the new pupil.

This duty does not apply when a pupil’s name is entered in the admission register at a standard transition point – at the start of the first year of education normally provided by that school – unless the local authority requests that such returns are to be made. When adding a pupil’s name, the notification to the local authority must include all the details contained in the admission register for the new pupil.

**Children who abscond or are missing from school site**

There should be clear procedures in school around who to notify and what to do should a child be missing from school. This includes completing a full ‘sweep’ of the area and checking that the child is not hiding from sight. The Headteacher should be notified of any instance of a missing child without delay.

Children who go missing are particularly vulnerable to all sorts of risk. Where a child has gone missing a report should immediately be made to Cheshire Police via 999. Reports of missing people are taken very seriously by Cheshire Police and considerable amount of time and resources are devoted to finding the child or young person. The Cheshire Constabulary’s priority is always to locate the missing child or young person and make sure they are **safe and well**.

There is a national definition of what constitutes a missing person (including a child):

“Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be subject of crime or at risk of harm to themselves or another”.

It should be stressed that most missing children are found very quickly and safely returned to school or home. However, should you suspect that a child has been taken from school (abducted) you should make this clear in your contact with Cheshire Police, including any eye witness information.

Communication with the child’s parent or guardian is important and should be done as soon as possible by the Safeguarding Team. The Headteacher will also follow the ‘LA Critical Incidents’ protocol and consider if a referral to OFSTED is appropriate (e.g. following the criteria of a serious incident).

**Modern Slavery**

Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking. Traffickers and slave drivers coerce, deceive and force individuals against their will into a life of abuse, servitude and inhumane treatment. A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators.

Modern Slavery is the term used within the UK and is defined within the Modern Slavery Act 2015. The Act categorises offences of:

* Slavery,
* Servitude and Forced or Compulsory Labour
* Servitude
* Human Trafficking

(The use of which comes from the Palermo Protocol 2000).

**Slavery** is: ‘the status or condition of a person over whom any or all of the powers attaching to the right of ownership are exercised’. (Convention to Suppress the Slave Trade and Slavery 1926)

**Forced or Compulsory Labour** is: ‘all work or service which is exacted from any person under the menace of any penalty and for which the said person has not offered himself voluntarily’ (Convention Concerning Forced or Compulsory Labour, 1930 (No.29)) Labour is the provision of any service, not just manual labour.

**Servitude** is: ‘an obligation to provide a service that is imposed by the use of coercion’.

**Human Trafficking**: ‘The trafficking of human beings involves the movement of a person from one place to another for the purpose of exploiting them using deception, coercion, the abuse of power or the abuse of someone’s vulnerability. People can be trafficked in order to exploit them for sexual purposes, forced labour, domestic servitude or organ harvesting.

Although many people think of human trafficking as only affecting adults it affects children as well. Child trafficking is child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold. They are often subject to multiple forms of exploitation. It is also not just about trafficking adults and children across national borders, human trafficking can take place anywhere.

**Practice Reminder:** The action that ALL staff and volunteers should take, if there are concerns about a child is to follow the procedure written in this policy, which is to pass the concerns to the DSL and complete a written record on CPOMS.

**Types of Human Trafficking**

There are several broad categories of exploitation linked to human trafficking, including:

* Sexual exploitation
* Forced labour
* Domestic servitude
* Organ harvesting
* Child related crimes such as child sexual exploitation, forced begging, illegal drug cultivation, organised theft, related benefit frauds etc.
* Forced marriage and illegal adoption (if other constituent elements are present)

There are several broad categories of exploitation linked to modern slavery:

**Sexual Exploitation**

Sexual exploitation involves any non-consensual or abusive sexual acts performed without a victim’s permission. This includes prostitution, escort work and pornography. Women, men and children of both sexes can be victims. Many will have been deceived with promises of a better life and then controlled through violence and abuse. It is also possible to exploit a person who consensually engages in providing sexual services.

**Forced Labour**

Forced/ compulsory labour involves victims being compelled to work very long hours, often in hard conditions without relevant training and equipment, ­and to hand over the majority if not all of their wages to their traffickers. The types of work and working environment can often be described as ‘dirty, demeaning or dangerous’. Forced labour crucially implies the use of coercion and lack of freedom of choice for the victim. In many cases victims are subjected to verbal threats or violence to achieve compliance.

Manufacturing, entertainment, travel, farming and construction industries have been found to use forced labour by victims of human trafficking in various extents. There has been a marked increase in reported numbers in recent years. Often large numbers of people are housed in single dwellings and there is evidence of ‘hot bunking’, where a returning shift takes up the sleeping accommodation of those starting the next shift.

The International Labour Organisation [ILO] has identified six elements which individually or collectively can indicate forced labour. These are:

* Threats or actual physical harm
* Restriction of movement and confinement to the workplace or to a limited area
* Debt-bondage
* Withholding of wages or excessive wage reductions that violate previously made agreements
* Retention of passports and identity documents (the workers can neither leave nor prove their identity status)
* Threat of denunciation to the authorities regardless of whether the worker holds legal status in the UK or not.

**Domestic Servitude**

Domestic servitude involves the victim being forced to work in private households. Their movement will often be restricted and they will be forced to perform household tasks such as child care and house-keeping over long hours and for little if any pay. Victims will lead very isolated lives and have little or no unsupervised freedom. Their own privacy and comfort will be minimal, often sleeping on a mattress on the floor in an open part of the house. In rare circumstances where victims receive a wage it will be heavily reduced, as they are charged for food and accommodation.

**Organ Harvesting**

Organ harvesting involves trafficking people in order to use their internal organs for transplant. The illegal trade is dominated by demand for kidneys. These are the only major organs that can be wholly transplanted with relatively few risks to the life of the donor.

**What can we do if we suspect a child has been trafficked?**

Children trafficked into the country may be registered at a school for a term or longer, before being moved to another part of the UK or abroad. This pattern of registration and de-registration may be an indicator that a child has been trafficked. It has been identified as a particular concern in schools which are situated near ports of entry, but professionals should be alert to this possibility in all schools.

However, professionals should always bear in mind that not all children who go missing from education have been victims of trafficking. For example, there may be instances of children from communities that move around – Gypsy, Roma, traveller or migrant families – who collectively go missing from school rolls for other reasons that are not cause for concern.

If a member of the school staff suspects that a child may have been trafficked they should act immediately to inform the Designated Safeguarding Lead who will then make contact Cheshire Police and the Warrington MASH (Multi Agency Safeguarding Hub) to ensure that children are appropriately protected.

**Practice Reminder:** The action that ALL staff and volunteers should take, if there are concerns about a child is to follow the procedure written in this policy, which is to pass the concerns to the DSL and complete a written record on CPOMS.

**Who can I contact to report my concerns?**

If you feel a vulnerable adult is unable to make decisions for themselves and is likely to remain at risk of abuse, or you yourself are being abused, you should call:

* **Access Social Care Team -**Tel: (01925) 444239 or in emergencies, outside of office hours tel: (01925) 444400
* **The Police** - Tel: 101 or in emergencies outside of office hours tel: (01925) 652222
* **Serious situations where someone is in immediate danger or at risk of harm**- report the matter to the police by dialling 999.

Please remember professionals have a duty to report any suspected abuse of a vulnerable adult.

In the first instance the point of contact for all modern slavery crimes should be Cheshire Police. If you have information about modern slavery crimes – those who are committing such crimes or where victims are at risk that requires an immediate response dial 999.

If you hold information that could lead to the identification, discovery and recovery of victims in the UK, you can contact the Modern Slavery Helpline 08000 121 700.

For more information visit [www.unseenuk.org](http://www.unseenuk.org/)

Alternatively you can make calls anonymously to Crime stoppers on 0800 555 111

**What can I do to stop abuse from happening?**

If you witness, suspect or have concerns that a vulnerable person is being abused it is your responsibility to report it.

**What happens next?**

The Access Social Care team will take all of the relevant information and contact the appropriate service team. A safeguarding meeting may be arranged if abuse is suspected and relevant professionals will be asked to attend. The vulnerable adult (and if necessary their family) will be kept informed and involved in the process. The meeting may make recommendations to investigate the issues, support and protect the individual/s in order to resolve the situation.

**Appendices**

**Contents:**

|  |  |  |
| --- | --- | --- |
| **Description** | **Appendix Number** | **Page Number** |
| Record of concern form | 1 | 65 |
| Preventing Violent Extremism- Roles and responsibilities of the single point of contact (SPOC) | **3** | **67** |
| Prevent and Channel Referral Form | **4** | **69** |
| Child Sexual Exploitation (CSE) additional information | **5** | **73** |
| CSE risk assessment and screening tool | **6** | **74** |
| MCSETTO Referral Form | **7** | **81** |
| Bullying and Cyberbullying Information and links | **8** | **84** |
| DASH Risk Assessment Tool | **9** | **85** |
| IDVA Service Referral Form | **10** | **90** |
| Non accidental Injury guidance | **11** | **92** |
| Children Missing Education: statutory guidance for removing pupils from the register | **12** | **94** |
| WSCB Escalation Policy | **13** | **96** |
| Protocol for Hosting Speakers on School Premises | **14** | **97** |
| LADO Consultation Form | **15** | **99** |
| Child-on-child sexual abuse: what to do if a child makes a disclosure | **16** | **104** |

**Please note the MARS form (for referrals into Children’s Social Care) is available online at** [www.warrington.gov.uk](http://www.warrington.gov.uk)**.**

**Appendix 1: Initial Concern Forms (This is an example; please insert your own)**

**(Red = high risk; Amber = medium risk; Green = low risk**

To be completed by all staff and handed to the Designated Safeguarding Leads (DSL) (Insert your DSLs name) or a member of the safeguarding team.

**Safeguarding Concern Record**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Pupil(s) involved: | |  | | | | |
| Member of staff reporting concern: | |  | | | | |
| Date of concern: | |  | | | | |
| Time of incident: | |  | | | | |
| Nature of concern:  (tick all that apply) | | Disclosure | Unexplained injury | Conversation | General concern | Specific incident |
|  |  |  |  |  |
| Reported to: | |  | | | | |
| Details:  http://upload.wikimedia.org/wikipedia/en/archive/a/ab/20071116234631!Outline-body-aura.png  http://tritontrouperscircus.com/docs/Triton_Troupers_Circus-Face_Makeup_Worksheet.jpg | | | | | | |
| Signature: |  | | | | | |
| Date: |  | | | | | |
| Please indicate if you would like the opportunity to talk through the issues concerned – e.g. if you have found the matter distressing  (Supervision) |  | | | | | |
| Signature of DSL: |  | | | | | |
| Date: |  | | | | | |
| Actions taken as a result: |  | | | | | |

**Appendix 3: Preventing Violent Extremism- Roles and responsibilities of the single point of contact (SPOC)**

The SPOC for Green Lane School is Mr Paul King who is responsible for:

* Ensuring that staff of the school are aware that you are the SPOC in relation to protecting pupils from radicalisation and involvement in terrorism;
* Maintaining and applying a good understanding of the relevant guidance in relation to preventing pupils from becoming involved in terrorism, and protecting them from radicalisation by those who support terrorism or forms of extremism which lead to terrorism;
* Raising awareness about the role and responsibilities of staff at Green Lane School in relation to protecting pupils from radicalisation and involvement in terrorism;
* Monitoring the effect in practice of the school’s RE curriculum and assembly policy to ensure that they are used to promote community cohesion and tolerance of different faiths and beliefs;
* Raising awareness within the school about the safeguarding processes relating to protecting pupils from radicalisation and involvement in terrorism;
* Acting as the first point of contact within the school for case discussions relating to pupils who may be at risk of radicalisation or involved in terrorism;
* Collating relevant information from in relation to referrals of vulnerable students pupils into the Channel\* process;
* attending Channel\* meetings as necessary and carrying out any actions as agreed;
* Reporting progress on actions to the Channel\* Co-ordinator; and
* Sharing any relevant additional information in a timely manner.

\* Channel is a multi-agency approach to provide support to individuals who are at risk

Of being drawn into terrorist related activity. It is led by Cheshire Police Counter

Terrorism Unit, and it aims to:

* establish an effective multi-agency referral and intervention process to identify vulnerable pupils;
* safeguard pupils who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist-related activity;
* and Provide early intervention to protect and divert pupils away from the risks they face and reduce vulnerability.

**Appendix 4: Prevent and Channel Referral Form**

Upon completion please send to [CTPNW.Merseyside@Merseyside.pnn.police.uk](mailto:CTPNW.Merseyside@Merseyside.pnn.police.uk)

Telephone - Cheshire 01606 365 986 / Merseyside 0151 777 8125

**Prevent Referral and Assessment Form**

Person Referring Name / Organisation:

Contact number:

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject’s**  **Surname** |  | **Forename(s)** |  |
| **D.O.B**  **Place of birth**  **Ethnicity** |  | **Male/Female** |  |
| **Address** |  | | |
| **Tel No(s)**  **Mobile** |  | **Email** |  |
| **School or**  **Employment** |  | | |
| **Social media** |  | | |

|  |
| --- |
| **Reason for referral** |
|  |

**Household composition / Parent / Guardian Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **D.O.B** | **Gender** | **Relationship to subject** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **PREVENT USE ONLY \*Notes for FIMU\*** |
|  |

**Appendix 5**

**Child Sexual Exploitation (CSE) additional information**

Multi Agency Safeguarding Procedures <http://www.online-procedures.co.uk/pancheshire>

http://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited

What to do if you suspect a child is being sexually exploited Ref: DFE-57517-2012

(Statutory Guidance 2012)

Safeguarding children and young people from sexual exploitation

(Statutory Guidance 2009)

<http://www.online-procedures.co.uk/wp-content/uploads/2014/09/LSCB-Child-Sex>

Exploitation-Protocol-November-2013-Generic.pdf

**Appendix 6: CSE risk assessment and screening tool**

**RESTRICTED**

 **

## CHILD SEXUAL EXPLOITATION RISK ASSESSMENT

This screening tool should be used by all professionals working with children aged 10+. Professionals may also decide it is appropriate to use the tool to screen younger children as nationally children as young as 8 years old have been found to be abused in this way. Boys as well as girls are abused through CSE.

This screening tool will help you focus on the specific indicators of sexual exploitation and determine whether further investigations are needed. The tool could be used in supervision, in discussions with parents and carers, with other professionals and with the child.

Many of the indicators of child sexual exploitation are also part of normal teenage behaviours and it is the presence of higher risk factors or multiple other factors which may be indications of child sexual exploitation. **Where a child is aged 13 years old or younger the presence of any one high risk factor must be seen as a potential indicator of sexual exploitation.**

Professionals need to exercise their own judgement when completing the tool.

This includes capturing concerns about which they have some evidence **AND** concerns based on their “gut feelings”. Staff should differentiate between the two and explain this in the notes section.

Where child sexual exploitation is suspected the worker should discuss their concerns with their manager and should also inform their agency’s lead professional who will be monitoring the bigger picture for any emerging patterns.

Professionals should feel free to use the tool creatively, including as part of awareness raising work with children or in engaging parents and carers in understanding the issues.

Once completed if it confirms concerns you **MUST** make a referral to your local **CSE Operational Group** (using your local area referral form) and should include a copy of the completed screening tool. If the screening tool identifies **High Risk**, you must make a referral to Children Social Care using the standard child protection referral process. (Contacts on back page)

|  |  |  |  |
| --- | --- | --- | --- |
| **Version Number** | **Date** | **Owner** | **Review Date** |
| V2 | February 2014 | Ruth Atherton | August 2014 |

|  |  |
| --- | --- |
| **Child’s Surname:** | **Child’s forenames:** |
| **Dob:** | **Date completed:** |
| **Name and job title of person completing:** | **Organisation**: |
| **E-mail:** | **Telephone:** |

When completing the screening tool you must use your own judgement as factors such as the child’s age, any additional vulnerabilities, their history, etc., may mean that what for another child would be low level, for that child is high level. Workers should feel free to amend the suggested level using that judgement.

You can either indicate the level of risk using High/medium/low or simply tick the box if the risk element is present (you may wish to use more ticks where the risk is higher.

Remember, this tool is to help you make a professional assessment and you should not feel constrained by the format. Record your rationale in the notes boxes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Health Domain** | **Yes**  **No**  **Possible** |  | **Yes**  **No**  **Possible** |
| Physical injuries such as bruising, suggesting of either physical or sexual assault |  | Change in appearance, including losing weight, putting on weight |  |
| A sexually transmitted infection (STI), particularly if it is recurring or there are multiple STI’s |  | Evidence of misuse of drugs / alcohol, including associated health problems |  |
| Pregnancy and / or seeking an abortion |  | Thoughts of or attempted suicide |  |
| Sexually risky behaviour |  | Eating disorder |  |
| Self-harming |  | Learning Disability |  |
| Notes | | | |
| **Behaviour Domain** | **Yes**  **No**  **Possible** |  | **Yes**  **No**  **Possible** |
| Sexually offending behaviour |  | Hostility in relationship with parents / carers and other family members |  |
| Truancy/disengagement with education or considerable change in performance at school |  | Volatile behaviour, exhibiting extreme array of mood swings or abusive language which is unusual for the child |  |
| Aggressive or violent, including to pets/animals |  | Detachment from age-appropriate activities |  |
| Becoming angry/ hostile if any suspicions or concerns about their activities are expressed |  | Physical aggression towards parents, siblings, pets, teachers or peers |  |
| Physical aggression towards parents, siblings, pets, teachers or peers |  | Secretive behaviour |  |
| Known to be sexually active |  | Low self-image, low self-esteem |  |
| Young offender or anti-social behaviour |  | Sexualised language |  |
| Getting involved in petty crime such as shoplifting or stealing |  |  |  |
| Notes | | | |
| **Grooming Domain** | **Yes**  **No**  **Possible** |  | **Yes**  **No**  **Possible** |
| Entering or leaving vehicles driven by unknown adults |  | Excessive use of mobile phones, including receiving calls late at night |  |
| Reports that the child/young person has been seen in places known to be used for sexual exploitation |  | Associating with other young people who are known to be sexually exploited, including in school |  |
| Unexplained relationships with older adults |  | Sexual relationship with a significantly older person |  |
| Phone calls, texts or letters from unknown adults |  | Mobile phone being answered by unknown adult |  |
| Inappropriate use of the Internet and forming relationships, particularly with adults, via the Internet. Note: adults may pose as peers to entrap the child |  | Having new mobile phone, several mobile phones and/or SIM cards, especially Blackberry or iPhone (because messages cannot be traced). Always have credit on their mobile phones, despite having no access to money or having no credit so phone can only be used for incoming calls |  |
| Accounts of social activities with no plausible explanation of the source of necessary funding |  | Acquisition of expensive or sexual clothes, mobile phone or other possession without plausible explanation |  |
| Having keys to premises other than those they should have |  | Possession of money with no plausible explanation |  |
| Recruiting others into sexual exploitation |  | Seen at public toilets known for cottaging or adult venues (pubs and clubs) |  |
| Adults loitering outside the child/young person’s usual place of residence or school |  | Leaving home/care setting in clothing unusual for the individual child (inappropriate for age, borrowing clothes from older young people) |  |
| Wearing an unusual amount of clothing (due to hiding more sexualised clothing underneath or hiding their body)` |  | Persistently missing, staying out overnight or returning late with no plausible explanation |  |
| Returning after having been missing, looking well cared for in spite of having no known home base |  | Returning after having been missing looking dirty, dishevelled, tired, hungry, thirsty |  |
| Missing for long periods with no known home base and / or homeless |  | Possession of excessive numbers of condoms |  |
| New contacts with people outside of town |  |  |  |
| Notes | | | |
| **Family and Social Domain** | **Yes**  **No**  **Possible** |  | **Yes**  **No**  **Possible** |
| A family member or known associate working in the adult sex trade |  | Unsure about their sexual orientation or unable to disclose sexual orientation to their family |  |
| History of physical, sexual and/or emotional abuse; neglect |  | Witness to domestic violence at home |  |
| Parental difficulties; drug and alcohol misuse; mental health problems; physical or learning difficulty. Being a young carer |  | Conflict at home around boundaries, including staying out late |  |
| Living in hostel, B&B or Foyer accommodation |  | Pattern of street homelessness or sofa surfing |  |
| Recent bereavement or loss |  | Gang association either through relatives, peers or intimate relationships |  |
| Lacking friends their own age |  | Living in a gang neighbourhood |  |
| Notes | | | |
| **E Safety Domain** | **Yes**  **No**  **Possible** |  | **Yes**  **No**  **Possible** |
| Evidence of sexual bullying and/or vulnerability through Internet or social networking sites |  | Concern that inappropriate images of a young person are being circulated via the Internet/phones |  |
| Exchanging inappropriate images for cash, credits or other items |  | Receiving gifts through the post from someone the young person does not known |  |
| Concern that a young person is being coerced to provide sexually explicit images |  | Concern that a young person is being bribed by someone for their inappropriate online activity |  |
| Concern that a young person is selling sexual services via the Internet |  | Accessing dating agencies via mobile phones (e.g. 2 flirt line) |  |
| Unexplained increased mobile phone / gaming credits |  | Going online during the night |  |
| Being secretive, using mobile phone for accessing websites, etc., more than computers |  | Unwilling to share / show online or phone contacts |  |
| Concerns that a young person’s online friendship has developed into an offline relationship |  | Concern that a young person is having an online relationship |  |
| Sharing of inappropriate images amongst friends |  | New contacts with people outside of town |  |
| Spending increasing amount of time on social networking sites including Facebook or on shared gaming sites |  | Spending increasing amount of time with online friends and less time with friends from school or neighbourhood |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Increased time on webcam, especially if in bedroom |  |  |  |
| Notes | | | |
| **Looked After Children Domain** | **Yes**  **No**  **Possible** |  | **Yes**  **No**  **Possible** |
| Living in residential care |  | Frequently missing from placement |  |
| Multiple placement breakdown |  | Going missing with other children |  |
| Notes | | | |
| **What is the level of risk for this child?** | **High** | | |
| **Medium** | | |
| **Low** | | |

This should be read in conjunction with the guidance on the front of the risk assessment tool.

Low - Presenting some vulnerability factors but appear to relate to 'normal teenage' behaviour.  No statutory intervention required but may benefit from low level monitoring, awareness raising.

Medium - Presenting numerous vulnerability factors but not at immediate risk.  Some protective factors present.  Would benefit from professional intervention, awareness and prevention work.

High - Child is presenting high number of vulnerability factors, is known to have been exploited and/or groomed.  Regularly goes missing and concerns in relation to drugs/alcohol and inappropriate adult associates.  Child has disclosed exploitation.  Requires statutory intervention to protect.

Submit to the PPU in the relevant area:

[northern.ppu@cheshire.pnn.police.uk](mailto:northern.ppu@cheshire.pnn.police.uk)

[western.ppu@cheshire.pnn.police.uk](mailto:western.ppu@cheshire.pnn.police.uk)

[eastern.ppu@cheshire.pnn.police.uk](mailto:eastern.ppu@cheshire.pnn.police.uk)

**western.ppu@cheshire.pnn.police.uk**

**Appendix 7: MCSETTO Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MCSETO REFERRAL FORM**  **Missing Children / Children at Risk of Sexual Exploitation and Trafficked Children Operational Group** | | | | | | | | | | | | | | | | | | | | | |
| This form is for use by professionals to refer a child for discussion to the Missing / Children at Risk of Sexual Exploitation and Trafficked Children Operational (MCSETO) Group.  If this referral relates to the child being at risk of Sexual Exploitation, you must also complete and submit the Pan-Cheshire CSE Screening Tool with this referral form.  If this referral relates solely to concerns about a child being reported as missing or absent, a suspected perpetrator/ adult of concern or location, then the CSE Screening Tool is not required.  **PLEASE COMPLETE AT LEAST ONE IN SECTION “1” AND ALL OTHER SECTIONS** | | | | | | | | | | | | | | | | | | | | | |
| **1A** | | | **Information about the child.** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Name** | |  | | | | | | | **Date of Birth** | |  | | | **Alias** |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Address** | |  | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Gender** | |  | | | | | **Ethnicity** | |  | | | | **School** |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Parents / Guardian Name(s)** | |  | | | | | | **Have parents / Guardian been informed?**  **Yes / No** | |  | | **If No,**  **please explain why?** | |  | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **1B** | | | | **Information about a suspected Perpetrator** | | | | | | | | | | | | | | | | | |
|  | | | | **Name (include any known Alias):** | | |  | | | | | | | | | | | | | |  |
|  | | | | **Age or Date of Birth:** | | |  | | | | | | | | | | | | | |  |
|  | | | | **Address:** | | |  | | | | | | | | | | | | | |  |
|  | | | | **Source of Information:** | | |  | | | | | | | | | | | | | |  |
|  | | | | **Associates:** | | |  | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| **1C** | | | | **Information about a Location of Concern** | | | | | | | | | | | | | | | | | |
|  | | | | **Name of venue:** | | |  | | | | | | | | | | | | | |  |
|  | | | | **Type of Location:** | | |  | | | | | | | | | | | | | |  |
|  | | | | **Address:** | | |  | | | | | | | | | | | | | |  |
|  | | | | **Owner of location:** | | |  | | | | | | | | | | | | | |  |
|  | | | | **Associated venues:** | | |  | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| **2** | **Summary of Referral – Must be accompanied by a completed CSE Screening Tool when in relation to CSE.** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | **Brief description of your**  **involvement**  **With the child.** | | | | | | |  | | | | | | | | | | | |  | |
|  | **Source of the Information:** | | | | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | **Description of concerns including analysis of risks:** | | | | | | | |  | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | **Action taken by you / your agency:** | | | | | | |  | | | | | | | | | | | | |  |
| **3.** | | **Referrers details:** | | | | | | | | | | | | | | | | | | | |
|  | | **Referrers Name:** | | | |  | | | | | | | | | | | | | | |  |
|  | | **Telephone Number:** | | | |  | | | | | | | | | | | | | | |  |
|  | | **Email Address:** | | | |  | | | | | | | | | | | | | | |  |
|  | | **Agency:** | | | |  | | | | | | | | | | | | | | |  |
|  | | **Date of Referral:** | | | |  | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |

**Referral Pathway**

**Referral relates to a child at risk of CSE without an allocated social worker:** Complete CSE Screening Tool and MCSETO Referral Form and email to: [chi-childreferral@warrington.gov.uk](mailto:chi-childreferral@warrington.gov.uk)

**Referral relates to a child at risk of CSE with an allocated social worker:** Complete CSE Screening Tool and MCSETO Referral Form and email to: [csemfhoperationalgroup@warrington.gcsx.gov.uk](mailto:csemfhoperationalgroup@warrington.gcsx.gov.uk)

**Referral relates to concerns about a child being missing or absent without an allocated social worker:** Complete MCSETO Referral Form and email to: [chi-childreferral@warrington.gov.uk](mailto:chi-childreferral@warrington.gov.uk)

**Referral relates to concerns about a child being missing or absent with an allocated social worker:** Complete MCSETO Referral Form and email to: [csemfhoperationalgroup@warrington.gcsx.gov.uk](mailto:csemfhoperationalgroup@warrington.gcsx.gov.uk)

**Referral relates to a perpetrator, individual/ adult of concern or location:**  Complete MCSETO Referral Form and email to: [csemfhoperationalgroup@warrington.gcsx.gov.uk](mailto:csemfhoperationalgroup@warrington.gcsx.gov.uk) & northern.ppu@cheshire.pnn.police.uk

**Appendix 8**

**Bullying and Cyberbullying**

Additional information can be found at

<https://www.gov.uk/government/publications/preventing-and-tackling-bullying>

You will find the following useful publications:

Preventing and tackling bullying

REF: DFE-00292-2013

Supporting Children and young people who are bullied: advice for schools

REF:DFE-00094-2014

Cyberbullying: Advice for Headteachers and school staff

REF:DFE-00652-2014

**Appendix 9**

**Domestic Violence and Abuse:**

Additional information can be found at

<https://www.gov.uk/domestic-violence-and-abuse>

**DASH RISK ASSESSMENT**

DASH 2009 RISK MODEL

(Domestic Abuse, Stalking and Harassment and ‘Honour Based Violence’)

**This Risk Assessment forms a baseline assessment only. It is a guide to practitioners to indicate appropriate referral to MARAC and a tool to identify service intervention requirements. Risk assessment is a dynamic process and practitioners should be alert to sudden changes in circumstances which impact on Risk Levels**

**IF YOUR CONCERNS RELATE TO AN IMMINENT SERIOUS RISK OR THREAT TO YOUR CLIENT OR FAMILY MEMBERS INFORM THE POLICE WITHOUT DELAY**

**(Emergency 999 or Non Emergency 0845 4580000)**

**Name of Client … ………………………………………………………………**

|  |  |  |
| --- | --- | --- |
| **CURRENT SITUATION**  The context and detail of what is happening is very important. The questions highlighted in **bold** are high risk factors. Tick the relevant box and **add comments** where necessary to expand. | **Yes** | **No** |
| 1. Has the current incident resulted in injury?  (Please state what and whether this is the first injury)   |  | | --- | |  | |  |  |
| **2. Are you very frightened?**   |  | | --- | | Comment: | |  |  |
| 3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)..…) might do and to whom)  Kill:Self ChildrenOther (please specifiy)  Further injury  or Violence Self  Children  Other (please specifiy)   |  | | --- | |  |     Other  (please clarify): Self  Children  Other (please specifiy)     |  | | --- | |  | |  |  |
| **4. Do you feel isolated from family/ friends i.e. does (……) try to stop you from seeing friends/family/Dr or others?** |  |  |
| 5. Are you feeling depressed or having suicidal thoughts? |  |  |
| **6. Have you separated or tried to separate from (……) within the past year?** |  |  |
| **7. Is there conflict over child contact?** (Please state what)   |  | | --- | |  | |  |  |
| **8. Does (..…) constantly text, call, contact, follow, stalk or harass you?** (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider: Harassment History. Criminal Damage. Following the victim/ loitering/ turning up unannounced. Aggression, Violence, Harassment or use of any third party).   |  | | --- | |  | |  |  |
| **9. Are you pregnant or have you recently had a baby (within 18 months)?** |  |  |
| **CHILDREN/DEPENDENTS** (If no children/dependents, please go to next section) | **Yes** | **No** |
| 10. Are there any children, step-children that aren’t (…) in the household? Or are there other dependents in the household (i.e.older relative)? |  |  |
| **11. Has (…) ever hurt the children/dependents?** |  |  |
| 12. Has (…) ever threatened to hurt or kill the children/dependents? |  |  |
| **DOMESTIC VIOLENCE HISTORY** | **Yes** | **No** |
| **13. Is the abuse happening more often?** |  |  |
| **14. Is the abuse getting worse?** |  |  |
| **15. Does (…) try to control everything you do and/or are they excessively jealous**? (In terms of relationships, who you see, being ‘policed at home’, telling you what to wear for example. Consider honour based violence and stalking and specify the behaviour)   |  | | --- | |  | |  |  |
| **16. Has (…) ever used weapons or objects to hurt you?** |  |  |
| **17. Has (…) ever threatened to kill you or someone else and you believed them?** |  |  |
| **18. Has (…) ever attempted to strangle/choke/suffocate/drown you?** |  |  |
| **19. Does (…) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else?** (Please specify who and what)   |  | | --- | |  | |  |  |
| **20. Is there any other person that has threatened you or that you are afraid of?** (If yes, consider extended family if honour based violence. Please specify who)   |  | | --- | |  | |  |  |
| 21. Do you know if (…) has hurt anyone else? (Children/siblings/elderly relative/stranger. For example. Consider HBV. Please specify who and what)  Children  Another family member  Someone from previous relationship  Other (please specify)   |  | | --- | |  | |  |  |
| **22. Has (…) ever mistreated an animal or the family pet?** |  |  |
| **ABUSER(S)** | **Yes** | **No** |
| 23. Are there any financial issues? For example, are you dependent on (…) for money/have they recently lost their job/other financial issues? |  |  |
| **24.Has (…) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?** (Please specify what)  Drugs  Alcohol  Mental Health |  |  |
| **25. Has (…) ever threatened or attempted suicide?** |  |  |
| 26. Has (…) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify)  Bail conditionsNon Molestation/ Occupation Order  Child contact Arrangements  Forced Marriage Protection Order  Other |  |  |
| 27. Do you know if (…) has ever been in trouble with the police or has a criminal history? (If yes, please specify)  DV  Sexual Violence  Other violence  Other |  |  |
| Other relevant information (from victim) which may alter risk levels. Describe: (consider for example victim’s vulnerability – disability, mental health, alcohol/substance misuse and/or the abuser’s occupation/interests – does this give unique access to weapons i.e. ex-military, police, pest control) | | |
| Is there anything else you would like to add to this? | | |
| In **all** cases an initial risk classification is required:  **28. RISK TO VICTIM:**  **STANDARD**  **MEDIUM**  **HIGH**  **If your client is at HIGH RISK i.e.**  **14+ ticks relating to questions 1 – 9 and 13 – 27. 0R**  **3 or more Domestic Abuse Incidents in the last 12 months. OR**  **Professional concern (noted above) Refer to local referral pathway**  **Medium and Standard Risk are identified according to professional judgement in each individual case.** | | |

Client Consent Signature: ……………………………….. Date: …………………………

Practitioner Signature: …………………………………… Date: ………………………….

**Referring Practitioner Details:**

Name of Referring Practitioner & Agency …………………………….

Telephone

Mobile

Email Address

**Appendix 10: Referral form to Independent Domestic Violence Advocate (IDVA) Service in Warrington.**

****

**REFUGE – Warrington Independent Domestic Violence and Abuse Service**

**Referral Form**

**Please send to** [**WarringtonIDVAservice@refuge.org.uk**](mailto:WarringtonIDVAservice@refuge.org.uk) **01925 243359**

**REFERRAL DETAILS**

**Date\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_**

** New Referral Repeat Referral**

|  |  |  |  |
| --- | --- | --- | --- |
| **REFERRING AGENCY** |  | | |
| **REFERRER’S NAME** |  | **CONTACT NUMBER** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLIENT’S NAME** |  | | |  |  | **DOB/**  **AGE** |  | |
| **CLIENT CONTACT PHONE NUMBER** | (Is it safe to leave a voicemail at this number? Is there an agreed code word or strategy for contact?) | | | | | | | |
| **ADDRESS** |  | | | | | | | |
| **Any risk issues staff should be aware of regarding the client** |  | | | | | | | |
| **Perpetrator Details (Name, DOB and Address)** |  | | | | | | | |
| **DANGEROUS AREAS** |  | | | | | | | |
| **ETHNICITY** |  | | | | | | | |
| **MAIN LANGUAGES SPOKEN** |  | | | | | | | |
| **WORKPLACE NAME, ADDRESS, TEL NO. (IF APPLICABLE)** |  | | | | | | | |
| **CHILDRENS/ DEPENDENTS NAMES** | **D.O.B / AGE**  **\*Include pregnancy and due date when appropriate** | **M/F** | **WHERE THE CHILDREN CURRENTLY LIVE** | | **SPECIFIC NEEDS** | | | **IS CHILD SUBJECT TO A CHILD PROTECTION PLAN?** |
|  |  |  |  | |  | | |  |
|  |  |  |  | |  | | |  |
|  |  |  |  | |  | | |  |
|  |  |  |  | |  | | |  |

**Brief description of presenting concerns related to domestic violence (ensure you have noted the client’s relationship to the abuser and the most recent incident of significant concern):**

Please return the completed referral form via the secure email which is [warrington.idvaservice@refuge.cjsm.net](https://rmt.warrington.gov.uk/owa/,DanaInfo=V28WCNEXCH01.wcn.local,SSL+redir.aspx?C=XzaWnp_dgo218HBzzNeoaUjbcTKlySB_NkEbIz-lGSW2ru2t2PXUCA..&URL=mailto%3awarrington.idvaservice%40refuge.cjsm.net).

You can contact refuge for advice and guidance on [warringtonIDVAservice@refuge.org.uk](https://rmt.warrington.gov.uk/owa/,DanaInfo=V28WCNEXCH01.wcn.local,SSL+redir.aspx?C=r23iYipAlXbJyUmRraK7LTaxmRR2Zm5Wk78n0LG0mQG2ru2t2PXUCA..&URL=mailto%3awarringtonIDVAservice%40refuge.org.uk).

**Appendix 11**

**Additional information in relation to accidental and non-accidental**

**Injury**

**Bruising**

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

* Any bruising to a pre-crawling or pre-walking baby
* Bruising in or around the mouth, particularly in small babies which may indicate force feeding
* Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
* Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
* Variation in colour possibly indicating injuries caused at different times
* The outline of an object used e.g. belt marks, hand prints or a hair brush
* Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
* Bruising around the face
* Grasp marks on small children
* Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

**Bite Marks**

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child. A medical opinion should be sought where there is any doubt over the origin of the bite.

**Burns & Scalds**

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

* Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
* Linear burns from hot metal rods or electrical fire elements
* Burns of uniform depth over a large area
* Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation
* Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

**Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

* The history provided is vague, non-existent or inconsistent with the fracture type
* There are associated old fractures
* Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
* There is an unexplained fracture in the first year of life

**Scars**

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

**Appendix 12**: **Grounds for deleting a pupil from the school admission register Grounds for deleting a pupil of compulsory school age from the school admission register set out in the Education (Pupil Registration) (England) Regulations 2006, as amended 1 8(1)**

(Source: Children Missing Education: statutory guidance for local authorities September 2016)

(a) - where the pupil is registered at the school in accordance with the requirements of a school attendance order, that another school is substituted by the local authority for that named in the order or the order is revoked by the local authority on the ground that arrangements have been made for the child to receive efficient full-time education suitable to his age, ability and aptitude otherwise than at school. 2 8(1)

(b) - except where it has been agreed by the proprietor that the pupil should be registered at more than one school, in a case not falling within sub-paragraph (a) or regulation 9, that he has been registered as a pupil at another school. 3 8(1)

(c) - where a pupil is registered at more than one school, and in a case not falling within sub-paragraph (j) or (m) or regulation 9, that he has ceased to attend the school and the proprietor of any other school at which he is registered has given consent to the deletion. 4 8(1)

(d) - in a case not falling within sub-paragraph (a) of this paragraph, that he has ceased to attend the school and the proprietor has received written notification from the parent that the pupil is receiving education otherwise than at school. 5 8(1)

(e) - except in the case of a boarder, that he has ceased to attend the school and no longer ordinarily resides at a place which is a reasonable distance from the school at which he is registered. 6 8(1)

(f) - in the case of a pupil granted leave of absence in accordance with regulation 7(1A), that — (i) the pupil has failed to attend the school within the ten school days immediately following the expiry of the period for which such leave was granted; (ii) the proprietor does not have reasonable grounds to believe that the pupil is unable to attend the school by reason of sickness or any unavoidable cause; and (iii) the proprietor and the local authority have failed, after jointly making reasonable enquiries, to ascertain where the pupil is. 7 8(1)

(g) - that he is certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he nor his parent has indicated to the school the intention to continue to attend the school after ceasing to be of compulsory school age. 8 8(1)

(h) - that he has been continuously absent from the school for a period of not less than twenty school days and — 21 Grounds for deleting a pupil of compulsory school age from the school admission register set out in the Education (Pupil Registration) (England) Regulations 2006, as amended (i) at no time was his absence during that period authorised by the proprietor in accordance with regulation 6(2); (ii) the proprietor does not have reasonable grounds to believe that the pupil is unable to attend the school by reason of sickness or any unavoidable cause; and (iii) the proprietor of the school and the local authority have failed, after jointly making reasonable enquiries, to ascertain where the pupil is. 9 8(1)

(i) - that he is detained in pursuance of a final order made by a court or of an order of recall made by a court or the Secretary of State, that order being for a period of not less than four months, and the proprietor does not have reasonable grounds to believe that the pupil will return to the school at the end of that period. 10 8(1)

(j) - that the pupil has died. 11 8(1)

(k) - that the pupil will cease to be of compulsory school age before the school next meets and— (i) the relevant person has indicated that the pupil will cease to attend the school; or (ii) the pupil does not meet the academic entry requirements for admission to the school’s sixth form. 12 8(1)

(l) - in the case of a pupil at a school other than a maintained school, an Academy, a city technology college or a city college for the technology of the arts, that he has ceased to be a pupil of the school. 13 8(1)

(m) - that he has been permanently excluded from the school. 14 8(1)

(n) - where the pupil has been admitted to the school to receive nursery education, that he has not on completing such education transferred to a reception, or higher, class at the school. 15 8(1)(o) where— (i) the pupil is a boarder at a maintained school or an Academy; (ii) charges for board and lodging are payable by the parent of the pupil; and (iii) those charges remain unpaid by the pupil’s parent at the end of the school term to which they relate.

**Appendix 13: Safeguarding Partnership Escalation Policy**

**Please go to** <http://www.proceduresonline.com/pancheshire/warrington/p_escalation_pol.html> **and click on the following links to access the Escalation Policy.**

<http://www.proceduresonline.com/LimitedCMS_centrally_managed_content/pancheshire/shared_files/escalation_policy.pdf>

<http://www.proceduresonline.com/LimitedCMS_centrally_managed_content/pancheshire/shared_files/esalation_policy_app_a.docx>

**Appendix 14: Protocol for Hosting Speakers on School Premises**

Through hosting external speakers, schools provide a safe space for pupils to engage with a variety of issues and hear and debate different perspectives. Schools have a responsibility to ensure that the people they invite to speak are suitable and that all safeguarding procedures are followed. When inviting speakers, schools are reminded of the following:

Keeping Children Safe in Education (statutory guidance) that all schools must have regard to when carrying out their duties to safeguard and promote the welfare of children. When inviting speakers, schools should be conscious of the safeguarding requirements in the guidance and all appropriate vetting checks should be carried out prior to an arrangement.

The statutory guidance relating to the ‘Prevent’ duty makes clear that as part of their safeguarding policies, schools should ‘set out clear protocols for ensuring that any visiting speakers whether invited by staff or pupils themselves are suitable and appropriately supervised’.

The Department for Education has issued advice to independent schools (including academies and free schools) on improving the spiritual, moral, social and cultural (SMSC) development of pupils which states that: ‘schools should consider ‘vetting’ visiting speakers if they may hold views which are inconsistent with the requirements of any part of the SMSC standard, and if still used ensure that the content of their presentation is agreed beforehand’.

The Ofsted guidance for inspectors on safeguarding states that: ‘inspectors should also check the setting’s policy and procedures for ensuring that visitors to the school are suitable and checked and monitored as appropriate, for example, external speakers at school assemblies’.

All schools are subject to requirements to forbid political indoctrination and secure a balanced treatment of political issues. This extends to extra-curricular activities which are provided or organised for registered pupils at the school by or on behalf of the school.

Teaching misconduct guidance states that staff are ‘likely to face prohibition if they deliberately allow exposure of pupils to such actions that undermine fundamental British values including promoting political or religious extremism by inviting individuals to speak in schools’.

Schools play an important role within the community and will often let their premises to external organisations. This can also be a means of generating additional income for the benefit of the school. The following principles apply in relation both to speakers visiting during normal school hours and to organisations and individuals using the premises outside school hours.

Schools that are under a duty to promote community cohesion must be satisfied that any speakers they invite will not undermine that duty.

Schools must ensure, in making any decisions about whether to host an external speaker, that they comply with the public sector equality duty and that they are not discriminating by reference to protected characteristics

**Practical Guidance:**

When hosting a speaker (either during or outside of school hours), schools may wish to consider carrying out the following research before agreeing to host:

* The topic of the event (including the purpose of the speaker’s visit and the appropriateness for the audience).
* The speaker’s reputation and who may be prompted to attend, particularly whether the speaker or members from the organisation they represent have a reputation for causing disruption at venues.
* Any risks to the school’s reputation and ethos.
* The status of the speaker, including their previous comments, by carrying out checks on internet search engines and across social media sites. When carrying out internet searches, it is good practice to look beyond the first page of results.
* Whether you consider there to be potential for speakers to use language intended to stir up hatred or incite violence.
* The views of the community safety team/ local police/ LA Prevent Co-ordinator if you have any concerns.

Schools should consider these steps for every event that they host.

**Appendix 15**

|  |  |
| --- | --- |
| **LADO CONSULTATION FORM** | **crest logo colourPLEASE COMPLETE THIS FORM PRIOR TO SEEKING ADVICE FROM THE LADO. PLEASE KEEP INFORMATION CLEAR & CONCISE** |

|  |
| --- |
| To be completed and emailed to: [LADO@warrington.gov.uk](mailto:LADO@warrington.gov.uk) and followed by a telephone call to 01925 442079.  NB: Detailed guidance for agencies and employers dealing with allegations against people who work with children can be found in Working Together to Safeguard Children, Warrington Safeguarding Children Board procedures and in the Guidance for Safer Working Practice for Adults who work with children & young people. |

|  |  |
| --- | --- |
| **Date/Time of incident:** | **Name of referrer:** |
| **Position of referrer:** | |
| **Contact number:** | |
| **E Mail Address:** | |
| **Name & Address of establishment:** | |

|  |
| --- |
| **SUMMARY OF ALLEGATION / INCIDENT / ENQUIRY** |
|  |
| **CHILD’S ACCOUNT**  (Do not ask leading questions. Questions should be kept open and to a minimum, ie, what happened, who else was there?) |
|  |
| **PARENTS/CARERS VIEW**  (what was their response and what action would parents like to see taken) |
|  |
| **WITNESS ACCOUNT**  (Do not discuss what the child has said, ask only if they are aware of any incident that has occurred involving the child and ask that they make a note of their account, sign and date) |
|  |
| **IS THERE ANY CCTV FOOTAGE?**  (Please check this first and ensure a copy is kept) |
|  |
| **HAVE THERE BEEN ANY PREVIOUS ALLEGATIONS OR CONCERNS IN RELATIONS TO THE MEMBER OF STAFF.**  (dates, what the allegation was and outcome) |
|  |
| **HAVE THERE BEEN ANY PREVIOUS ALLEGATIONS MADE BY THE CHILD**  (dates and outcomes) |
|  |
| **LADO USE ONLY:** |
|  |
| **LADO ADVICE OR RESPONSE** |
|  |
| **DATE RETURNED:** |

**Appendix 16: Child-on-child sexual abuse: what to do if a child makes a disclosure**

Make sure you understand our child protection policy and safeguarding policy and follow the following steps for dealing with peer-on-peer abuse.

**DO:**

* Listen and reassure the child that they will be supported and kept safe.
* Make a written record as soon as possible, stating only the facts.
* Tell our DSL or a member of the safeguarding team as a matter of urgency.

**The following steps will be taken by the DSL or Safeguarding Team**

* If the child is in immediate danger or at risk of harm, a referral to children’s social care will be made.
* If an offence has been committed it will be reported to the police (even if the alleged perpetrator is under 10 – the current age of criminal responsibility.)

**DO NOT:**

* Dismiss the incident as ‘banter’, ‘part of growing up’ or ‘having a laugh.’
* Ask leading questions.
* Promise total confidentiality – explain who you will need to talk to and why.
* View photos or videos of a sexual nature.
* Take notes while the child is talking if at all possible.
* Tell anyone about the disclosure (unless they need to know) in order to progress it.