

# St Helens Alternative Provision Service

## Child Protection & Safeguarding Policy and Procedures 2023

### LAUNCHPAD:

PRU KS3 BASE; PRU KS4 BASE; PRU TUITION BASE;  
PRU DAY6 BASE; PRU ALTERNATIVE EDUCATION PROVIDERS

### PACE :

PRU KS1 / KS2 BASE

In this policy, a 'child' means all children and young people below 18 years of age.

#### A Vision for the St Helens Alternative Provision Service

A positive and inclusive community where young people are encouraged to achieve high standards of progress and succeed in a supported, safe environment.

#### Our Mission at the St Helens Alternative Service

To provide the highest quality, personalised educational experience, that meets the needs of our pupils, and INSPIRES them to strive for success.

#### We will achieve our mission by:

1. **I**ndividual aspirations being raised by providing challenge and support that grows each pupil's self-esteem and resilience.
2. **N**ew experiences being offered to refresh our pupil's motivation to learn.
3. **S**afety and Support being in place at all times because these factors create an environment within which pupils will try their best.
4. **P**ersonalised programmes of study so that individual needs are understood and met and their personal ambition and aspiration are built on.
5. **I**ndividuals feeling valued because we recognise and celebrate each step that is taken in making progress by each pupil.
6. **R**espect being shown to all and for all, no matter what their background, culture, or any aspect of their persona.
7. **E**xcellence in Learning being what we want to achieve for all.

- ✓ This policy is updated Annually and provided to ALL staff.
- ✓ This policy is uploaded for All staff to read and sign on HAYS online training.
- ✓ This is tracked through SMT meetings and Provision Team Meetings with each DSL/ Teacher in Charge.
- ✓ A copy of this policy is also kept in the CPOMS library.

<b>Approved by:</b>	PRU Management Committee	<b>Date:</b> 16 <sup>th</sup> October 2023
<b>Last reviewed on:</b>	17 <sup>th</sup> October 2022	
<b>Next review due by:</b>	November 2024	

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## Key Contacts for Safeguarding and Child Protection

### Interim Head Teacher - Alternative Education L3 DSL TRAINED

<b>Giora Berman:</b>	<a href="mailto:GioraBerman@sthelens.gov.uk"><u>GioraBerman@sthelens.gov.uk</u></a>
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### Deputy Head of School – Alternative Education L3 DSL TRAINED

<b>Andrew Ford</b>	<a href="mailto:Andrew.ford@sthelens.org.uk"><u>Andrew.ford@sthelens.org.uk</u></a> Tel: 01744 677175
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### SENDCO- Alternative Education L3 DSL TRAINED

<b>Clare Dawson</b>	<a href="mailto:Clare.Dawson@sthelens.org.uk"><u>Clare.Dawson@sthelens.org.uk</u></a>
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### Safeguarding & Pastoral Manager /Designated Safeguarding Lead L3 DSL TRAINED

<b>Katherine Crook: L3 DSL TRAINED</b>	<a href="mailto:Katherinacrook@sthelens.gov.uk"><u>Katherinacrook@sthelens.gov.uk</u></a> Tel: Work Mobile 07748112722
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### Nominated Governor for Safeguarding Vacant

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### Local Authority Designated Officer (LADO)

<b>Katherine Appleton</b>	<a href="mailto:Sthelenslado@sthelens.gov.uk"><u>Sthelenslado@sthelens.gov.uk</u></a> Tel: LADO Secretary 01744 671265
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### Designated Looked After Children Lead L3 DSL TRAINED

<b>Robert Vaughan:</b>	<a href="mailto:robertvaughan@sthelens.gov.uk"><u>robertvaughan@sthelens.gov.uk</u></a> Tel: 01744 677522
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### Teacher in Charge for each site / Designated Safeguarding Leads L3 DSL TRAINED

<b>Stuart Toole: PACE KS1&amp; KS2</b>	<a href="mailto:stuarttoole@sthelens.gov.uk"><u>stuarttoole@sthelens.gov.uk</u></a> Tel: 01744 677175
<b>Andrew Ford: KS3 / Day6</b>	<a href="mailto:Andrew.ford@sthelens.org.uk"><u>Andrew.ford@sthelens.org.uk</u></a> Tel: 01744 677175
<b>Tracey Harvey: KS4 &amp; Alt Education</b>	<a href="mailto:traceyharvey@sthelens.gov.uk"><u>traceyharvey@sthelens.gov.uk</u></a> Tel: 01744 673351
<b>Robert Vaughan : Tuition Services</b>	<a href="mailto:robertvaughan@sthelens.gov.uk"><u>robertvaughan@sthelens.gov.uk</u></a> Tel: 01744 677252

### Deputy Teacher in Charge / Deputy DSL L3 DSL TRAINED

<b>Donna Norton – PACE</b>	<a href="mailto:Donna.norton@sthelens.org.uk"><u>Donna.norton@sthelens.org.uk</u></a>
<b>Donna Melling – Tuition</b>	<a href="mailto:Donna.melling@sthelens.org.uk"><u>Donna.melling@sthelens.org.uk</u></a>
<b>James McNamee – KS4</b>	<a href="mailto:James.mcnamee@sthelens.org.uk"><u>James.mcnamee@sthelens.org.uk</u></a>

### Other staff trained to Level 3 who can advise staff trained at Level 2

<b>Steven Hill: Alternative Education</b>	<a href="mailto:stevenhill@sthelens.gov.uk"><u>stevenhill@sthelens.gov.uk</u></a>
<b>Nicola Smith: Alternative Education</b>	<a href="mailto:nicolasmith@shtelens.gov.uk"><u>nicolasmith@shtelens.gov.uk</u></a>

### Outreach Support Manager (TESSA)

<b>Helen Boardman</b>	<a href="mailto:helenboardman@sthelens.gov.uk"><u>helenboardman@sthelens.gov.uk</u></a> Tel: 01744 676692
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## Local Authority Safeguarding Contact Numbers and Emails

**Multi – Agency Safeguarding Hub:  
(MASH – receiving referrals through the Contact Cares Team)**

<b>During office hours Contact Cares</b>	
<b>Telephone</b>	<b>01744 676767</b>

### **Emergency Duty Team (EDT)**

<b>Out of office hours:</b> <b>Monday to Thursday:</b> 5:00pm to 9:00am <b>Friday:</b> 4:30pm to 9:00am <b>Saturday, Sunday and Bank Holidays:</b> 9:00am to 9:00am (24 hours)	
<b>Telephone</b>	<a href="mailto:EDT@halton.gov.uk">EDT@halton.gov.uk</a> <b>0345 0500 148</b>

### **Merseyside Police**

<b>Telephone</b>	<a href="http://www.merseyside.police.uk">www.merseyside.police.uk</a> <b>0151 709 6010</b>
<b>Emergency &amp; Non-Emergency</b>	<b>In case of an emergency dial 999</b> <b>If you want to talk to your local police officer, get crime prevention advice or report a crime that does not need an emergency response call 101</b>

**PREVENT** – (see Section 34 for more information)

If you are concerned that a child is showing signs and indicators that they may be exposed to extremism or being drawn into terrorist activity:

Phone **Contact Cares**, speak to a duty social worker and follow their advice **Tel: 01744 676767**

### **When to call the police**

Any report to the police will generally be in parallel with a referral to the Local Authority Children’s Social Care. The police will take a welfare rather than a criminal justice approach.

Type into your web browser : **When to call the police**

This will help you decide when to engage the police and what to expect of them when you do.

## Section 1

### Purpose of Policy

Alternative Education fully recognises its responsibilities for safeguarding children. Our children's' welfare and safety is at the heart of everything that we do.

In this policy, a 'child' means all children and young people below **18 years of age**.

Safeguarding and promoting the welfare of children is everyone's responsibility, and is applicable to the whole service, whether they are a fulltime member of staff or a supply teacher or volunteer in the service.

#### **Everyone has a role to play in child protection and safeguarding children.**

All staff, supply teachers and volunteers will ensure that their approach and actions are child centred. This means they will consider, always what is in the best interests of the child and everyone that works within the service will undertake a safeguarding Induction outlining their role and responsibilities.

We believe it is better to help young people as early as possible.

**Everyone** has a role to play in identifying concerns, sharing information, and taking prompt action where it is likely that issues will impact negatively on children's outcomes.

Fears about sharing information must not get in the way of the need to safeguard and protect children.

Children and families are best supported and protected when there is a co-ordinated response from all relevant agencies involved.

Alternative Education plays a crucial role in preventative education.

We take a whole school approach to preparing pupils for life in modern Britain and a culture of zero tolerance of racial discrimination, sexism, misogyny/ misandry, homophobic, biphobia, transphobia, and sexual violence and harassment.

Our efforts to protect and safeguard children is underpinned by our:

- Behaviour policy
- CPOMS system

Our planned programmes of PSHE and RSHE are inclusive and delivered to teach our children:

- how to keep themselves safe from all forms of abuse and harm both online and offline
- how to develop resilience so they know how, when and who to ask for help, safe in the knowledge that they will be listened to and actions will be taken to keep them safe from further harm.

We have in place senior members of staff and others who offer in their role as Designated Safeguarding Leads and Deputy Safeguarding Leads, someone for staff (and the pupils themselves) to go to as soon as an issue that might or might not be about safeguarding and or child protection emerges.

We provide effective, relevant, and ongoing training and development for all staff.

This is to ensure that all staff can act swiftly and effectively ensuring referrals are completed and sent to other agencies in a timely manner, to safeguard and promote children's welfare.

We support all pupils who are subject to child protection plans, child in need plans, Level 2 family action meetings, by providing reports, ensuring attendance, and contributing to the implementation and monitoring of the plan.

We ensure the suitability of all staff through safer recruitment practice with members of the senior leadership team and interviewing panel being fully trained. The Safeguarding Manager maintains an accurate and up to date training record and Single Central Register. This is a live document that is monitored weekly and reviewed each term with the Teachers in Charge. The Head Teacher is fully informed and updated about the content and in particular when it changes.

Some Volunteers will not need a DBS check, but to always ensure the safety of all children, these volunteers will be always supervised by someone who is engaged in 'regulated activity'. We require proof of identity for all volunteers.

We ensure that parents and carers also understand the responsibility placed on Alternative Education and its staff for safeguarding and child protection. This starts at the admission meeting for a young person into our school and includes regular newsletters. We have regular meetings with parents as soon as issues start to emerge.

We have appropriate safeguarding arrangements in place to respond to children who are absent from education particularly on repeat occasions and /or for prolonged periods and work closely with our Education Welfare Service and partner agencies. *(For more information see section 19)*

## Section 2

### Legislation and Guidance

This policy is based on:

The Department for Education's (DfE's) statutory guidance **Keeping Children Safe in Education (2023)**  
**Working Together to Safeguard Children (2018)**  
**Governance Handbook.**

We comply with this guidance and the arrangements agreed and published by our Children's Safeguarding Partnership.

Section 175 of the **Education Act 2002**, which places a duty on schools and local authorities to safeguard and promote the welfare of pupils.

**The School Staffing (England) Regulations 2009** which set out what must be recorded on the Single Central Register and the requirement for at least one person conducting an interview to be trained in safer recruitment techniques. Alternative Education Safeguarding Policy reflects these requirements.

The following legislation is also incorporated into this policy:

**The Children Act 1989 (and 2004 amendment)**, which provides a framework for the care and protection of children.

**Female Genital Mutilation Act 2003 S 5B(11)**, as inserted by section 74 of the **Serious Crime Act 2015**, places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18.

**Statutory guidance on FGM** set out responsibilities for safeguarding and supporting girls affected by FGM.

**The Rehabilitation of Offenders Act 1974** which outlines when people with criminal convictions can work with children.

**Schedule 4 of the Safeguarding Vulnerable Groups Act 2006** which defines what 'regulated activity' is in relation to children.

**Statutory guidance on the Prevent duty** which explains schools 'duties' under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism can be found in: Statutory guidance on the Prevent duty

**The Human Rights Act 1998**, which explains that being subjected to harassment, violence and / or abuse, including that of a sexual nature, may breach any or all of the rights which apply to individuals under the **European Convention on Human Rights (ECHR)**

**The Public Sector Equality Duty (PESD)** which explains that we must have due regard to eliminating unlawful discrimination, harassment and victimisation. The PESD helps us to focus on key issues of concern and how to improve pupil outcomes. Some pupils may be more at risk of harm from issues such as sexual violence, homophobic, biphobic, or transphobic bullying or racial discrimination.

The **Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendment) Regulations 2018** (referred to in this policy as the



“2018 Childcare Disqualification Regulations”) and **Childcare Act 2006** which set out who is disqualified from working with children.

## The Equality Act 2010

Some children have an increased risk of abuse both online and offline and additional barriers can exist for some children with respect to recognising or disclosing abuse. We are committed to anti-discriminatory practice and recognise children’s diverse circumstances. We ensure that all our children have the same protection, regardless of any barriers they may face. We will take positive action to support girls where there is evidence that they are being disproportionately subjected to sexual violence or harassment. We want all children to feel accepted and included and give special consideration to children who:

- Have special educational needs and / or disabilities (SEND) or health conditions (see *sections 12 and 31*)
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Are previously looked after.
- Are known to live in difficult situations for example temporary accommodation or where there are issues such as substance abuse or domestic violence.
- Are asylum seekers.
- Are at risk of FGM, sexual exploitation, forced marriage or radicalisation.
- Have English as an additional language.
- Are at risk due to their own family or a family member’s mental health needs.
- Are missing from education for prolonged periods and / or repeat occasions.
- Whose parent / carer have expressed an intention to remove them from school to be home educated.

Where a child has an Education Health and Care Plan, and a parent has expressed their intention to remove a child from school with a view to educating them at home the local authority will need to review the plan and work closely with the parent and carers.

## Related policies

Safeguarding covers more than the contribution made to child protection in relation to individual young people. It also encompasses issues such as: staff conduct, health and safety, bullying, online safety, arrangements for meeting medical needs, providing first aid and/or intimate care, drugs and substance misuse, positive behaviour management, and the use of physical intervention and restraint.

This document must therefore be read, used, and applied alongside the school policies and procedures referred to below:

- Anti bullying & Behaviour Policy
- Staff Code of Conduct
- Complaints
- Health and Safety
- Attendance Policy
- Online Safety
- PSH & RSHE policy
- First Aid
- Curriculum
- Privacy Notices

- Confidential Reporting Policy
- Mobile phone policy
- Council Policy for Managing Allegations against people who work with Children

## Definitions – Safeguarding Children

The Alternative Provision Service recognises that safeguarding and promoting the welfare of children means:

- Protecting children from maltreatment
- Preventing impairment of children’s mental and physical health and /or development.
- Ensuring children are growing up in circumstances consistent with the provision of safe and effective care.
- All children have the right to live a life free from fear abuse or neglect.
- Everyone understanding their role to take action in a timely manner to enable children to have the best outcomes.

**Child protection** is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

**Abuse** is a form of maltreatment of a child and may involve inflicting harm or failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing the ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of Domestic Abuse. *(Appendix 1 explains the different types of abuse)*

**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. *(Appendix 1 defines neglect in more detail)*

**Consensual and non-consensual sharing of nudes and semi-nude images** (also known as sexting or youth produced sexual imagery) is where children share nude or semi-nude images, videos, or live streams.

**Victim** is a widely understood and recognised term, but we understand that not everyone who has been subjected to abuse considers themselves a victim or would want to be **described that way**. *When managing an incident, we will be prepared to use any term that the child involved feels most comfortable with.*

**Child that has harmed** is a term used by Alternative Provision Service instead of **Alleged Perpetrator(s) and Perpetrator(s)** which are widely used and recognised terms. This is because we think carefully about the terminology we use (especially in front of children) as in some cases, the child that has harmed may also be harmed by abusive behaviour from someone else.

The following safeguarding partners are identified in Keeping Children Safe in Education (and defined in the Children’s Act 2004, as amended by Section 2 of the Children and Social Work Act 2017). They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs:

- The Local Authority
- Integrated care boards (previously known as clinical commissioning groups) for an area within the LA.
- The chief officer of police for a police area in the LA area (In St Helen’s this also includes education)

## Section 3

### All Staff

**All staff** within the service who work directly with children have an obligation to read and understand Part 1 and Annex B of the Department for Education's statutory Safeguarding guidance Keeping Children Safe in Education (**KCSIE 2023**) and review this guidance at least annually.

Staff understanding is further evidenced annually by staff completing the KCSIE Checklist on the Safeguarding Network.

All staff Sign a KCSIE Part 1 signing sheet within their teams, at the beginning of each academic year to say that they have reviewed the guidance.

We reinforce the importance of online safety when communicating with parents and carers. This includes making parents and carers aware of what we ask children to do online, for example sites they need to visit or who they will be interacting with online.

We provide a safe space for students who are LGBTQ+ to speak out and share their concerns.

All staff in day-to-day contact with students, will have an awareness of the safeguarding issues that can put children at risk of harm:

- drug taking and / or alcohol misuse, deliberately missing education;
- serious violence, (including links to county lines)
- radicalisation
- consensual and non-consensual sharing of indecent images and / or videos

These all are signs that children are at risk.

***(Additional information can be found within this policy and in appendix 1)***

All staff, school supply staff and volunteers have a safeguarding induction at the point of joining the service with either the Safeguarding Manager or DSL. This is to ensure that everyone understands their responsibilities about safeguarding and child protection and know what to look out for to identify children who need help or protection and know to report any concerning behaviour they see from staff to the DSL or Head of School.

All staff are aware of:

- the early help assessment process and their role in to identifying and reporting emerging problems to the DSL and recording onto CPOMS their concerns.
- the process for making referrals to Local Authority Children's Social Care and for statutory assessments that may follow a service request form being submitted, including the role they are likely to play.
- the signs of different types of abuse and neglect (***see Appendix 1***)
- specific safeguarding issues, such as child-on-child abuse, child sexual exploitation (CCE) Child criminal exploitation (CCE)
- indicators of being at risk from or involved with serious violent crime, FGM, radicalisation and serious violence (including that linked to county lines)

- The requirement the Alternative Provision Service makes of its staff that any child who reports any form of abuse or sexual violence or sexual harassment will always be taken seriously and supported
- **never** being prejudiced, judgmental, dismissive, or irresponsible with the sensitive matters we need to deal with
- **how** working with our young people in this way will reassure them that they are being listened to, they have done the right thing, they are not to blame and most importantly that they feel safe and supported within our settings by everyone.
- the fact that children can be at risk of harm inside and outside of the home, in and out of school and when online.
- the fact that children who are (or who are perceived to be) lesbian, gay, bi or trans (LGBTQ+ can be targeted by other children.
- The fact that that children may not feel ready or know how to tell someone they are being abused, exploited, or neglected and may not recognise their experiences as harmful. Children might feel embarrassed. Humiliated or being threatened. This could be due to their vulnerability. Disability and/or sexual orientation or language barriers.

All staff are expected to know how to deal with a disclosure (**see also Section 27**)

Any instances or suspected child abuse or neglect should be reported to the Designated Safeguarding Lead, or in their absence, the Deputy, in line with Child Protection Procedures and a **legal duty for reporting FGM** as set out in this policy (**see Section 44**)

**All staff including temporary staff are required to attend all relevant INSET training and development provided and be aware of their responsibilities in line with KCSIE 2023**

## Expected Code of Conduct

Everyone that works with children is acting in a position of authority and responsibility.

Staff and volunteers are seen as role models, so it is essential that everyone behaves in an appropriate way and can recognise and report any behaviour that causes concern.

All staff are expected to understand and know what to do in the event of an allegation being made against someone working with children (**see Appendix 3 and Section 12**)

All staff will be aware of the systems which support safeguarding, including this child protection and safeguarding policy, the staff behaviour policy, the role of the designated safeguarding lead (DSL) and deputies. The behaviour policy, online policy, and the safeguarding response to children who are absent for prolonged or repeated amounts of time or go missing from education.

Staff should not assume that somebody else will take action/ share information that might be critical in keeping a child/children safe and must always follow up with the Teacher in Charge

## Section 4

### The Roles and Responsibilities of the PRU Management Committee

#### The PRU Management Committee will:

- approve this policy at each review and hold the Head of School to account for its implementation.
- be aware of its obligations under the Human Rights Act 1988 and Equality Act 2010 (including the Public Sector Equality Duty) and local multi agency safeguarding arrangements.
- will nominate a named Governor (The Approved Governor) to support the Safeguarding systems at PACE and Launchpad.

#### The Approved Governor will monitor the effectiveness of this policy in conjunction with the full PRU Management Committee to ensure:

- that across Alternative Provision Service there is a culture where:
  - Children feel confident to speak out if they have a concern about their own or another child's safety.
  - All staff feel confident about how to respond.
- that the Safeguarding Policy and procedures for keeping children safe are robust, up to date and include:
  - A definition of all forms of abuse
  - Information about the signs and indicators of abuse
  - What staff and volunteers should do if they have a concern about a child
- all staff read, understand, and follow the Safeguarding Policy and procedures and staff code of conduct.
- online safety is a running interrelated theme with the whole school approach to safeguarding and related policies.
- the school bases (KS1/2, KS3, KS4, TUITION BASE, DAY6, ALTERNATIVE EDUCATION PROVIDER, are safe and secure.
- healthy relationships are promoted throughout the whole service.
- systems are in place for children who have experienced abuse.
- the service has appropriate filtering and monitoring systems in place and review their effectiveness.
- there has been a review of the DfE's filtering and monitoring standards and that the safeguarding manager has met with the IT service to ensure that the school is meeting these standards.
- the Safeguarding Manager / DSL take lead responsibility for understanding the filtering and monitoring systems in place as part of their role.
- that all staff undergo safeguarding and child protection training including online safety and that such training is regularly updated in line with advice from the safeguarding partners.
- the leadership team and relevant staff are aware of and understand the IT filters and monitoring systems in place, know their roles and responsibilities around filtering and monitoring as part of safeguarding training.
- none of the buildings within Alternative Provision Service are hired or rented out to run community or extra-curricular activities. If this was to change in the future the PRU Management would seek assurance that the provider hiring has appropriate safeguarding and child protection procedures in place.
- the Alternative Provision Service has procedures in place to manage any safeguarding concerns (no matter how small) or allegations that do not meet the harm threshold (low level concerns) about staff members (including supply staff, volunteers, and contractors) **(See Appendix 3 and Section 12)**

- that this policy reflects the needs of those children with SEND, or certain medical or physical health conditions, can face additional barriers to any abuse or neglect being recognised.
- sources of help such as Childline and Kooth (Mental Health Support for C&YP 11 – 25), are promoted around the service so children know where they can go to for help if they don't feel able to talk to a trusted adult.
- all children know they can approach any member of staff or volunteer if they have a problem and that they will be listened to and taken seriously.
- policies and procedures are reviewed in the light of any lessons learned from a child protection incident.
- the chair of the PRU Management Group will act as the 'case manager' if an allegation of abuse is made against the head of school (**See appendix 3 and section 12**)
- all Governors and members of the Senior Leadership Team of Alternative Education read the full version **Keeping Children Safe in Education 2023**

## Section 5

### The role of the Head Teacher

**The headteacher is responsible for the implementation of the policy including:**

- Ensuring that staff including supply staff and volunteers
  - Are informed of our systems which support safeguarding, including this policy as part of their induction.
  - Understand and follow the procedures included in this policy particularly those concerning referrals of cases of suspected abuse and neglect.
- Communicating this policy to parents / carers when the child joins the school and via the school website.
- Ensuring that the DSL has appropriate time, funding training and resources and that there is always cover if the DSL is absent.
- Acting as the case manager in the event of an allegation of abuse made against another member of staff or volunteer where appropriate (see Appendix 3 and Section 12)
- Making decisions about all low-level concerns, though they may wish to collaborate with the Safeguarding Manager / DSL on this.
- Ensuring the relevant staffing ratios are met where applicable.
- Overseeing the safe use of technology, mobile phones, and cameras in the setting.

## Section 6

### The roles and responsibilities of the Safeguarding & Pastoral Manager / Deputy DSL

**(When the Safeguarding & Pastoral Manager is absent, the relevant Teacher in Charge or Head of School will act as cover.)**

**The Safeguarding Manager (or the cover person) will:**

- be available during school hours and out of school hours for staff to discuss any safeguarding concerns.
- during school holidays be the duty manager and first point of contact for safeguarding
- take lead responsibility for understanding the schools filtering and monitoring system by meeting with IT annually to ensure we have robust processes in place to protect children, staff and governors and to ensure that we can still educate whilst protecting our school community, so children have a safe environment in which to learn.
- make sure all staff as part of their induction have training on safe internet use and online safeguarding issues and ensure they know their responsibilities around filtering and monitoring.
- ensure all staff will receive refresher training as required and at least each academic year.
- take joint lead responsibility for child protection and wider safeguarding within the service with the Teacher in Charge

**In addition, the Safeguarding Manager is the Practice Lead for:**

- Signs of Safety, Operation Encompass, MARAC, GDPR, and Level 2 ensuring good relationships with partner agencies
- Completing safeguarding checks for new referrals received from TESSA
- Ensuring the Vulnerability Matrix is kept updated following weekly meetings with the TIC
- Ensuring the Staff Training Matrix up to date
- Supporting the Head of School at Secondary Fair Access Panel / Strategic Panel
- Ensuring case transfer of pupil records are returned to the Mainstream school as requested via CPOMS.
- Auditing CPOMS to ensure users have the correct access and add / remove documents to the CPOMS library to ensure staff are kept up to date with national and local policies and procedures, procedures and new referral documents / recording and categories are being used correctly.
- auditing the National College online training provision we buy into to ensure all staff have relevant and up to date safeguarding training.
- ensuring the SCR and the supply staff / volunteers register is up to date.
- attending meetings at Level 3 and Level 4, MARMM meetings, CE2 Meetings and be the point of contact for MARAC.
- ensuring all new staff and volunteers have had a safeguarding induction
- being responsible for ensuring all SMT and staff have up to date safeguarding training in line with the requirements of the head of School and St Helen's Safeguarding Children Partnership
- providing the Head of School and PRU Management Committee with a termly report on safeguarding and staff training that has taken place across the service.
- monitoring the working of this policy and will report as required to the Head of school and PRU Management Committee. This policy will be reviewed annually in line with best practice and guidance.



## Single Central Record

Holding a single central record (SCR) is a statutory requirement.

The SCR includes all staff, supply staff, regular visiting staff such as peripatetic teachers and regular volunteers.

The SCR is overseen by the Head Teacher and PRU Management Committee

The SCR is in a tabular form and includes.

- Names and addresses and dates of birth.
- Evidence that all teachers have been checked against the children's barred list.
- Evidence that all staff employed who have regular contact with children have a DBS check.
- Evidence that supply teachers who work at the school regularly have been checked against children's barred list and have a recent DBS check
- Further checks on people who have lived or worked outside of the UK
- Evidence that volunteers, including Governors who have regular contact with children have DBS checks.
- The dates these checks were carried out.
- Evidence that all teachers have qualified teacher status.
- Evidence of permission to work in the UK.

## Section 7

### The role and responsibility of the Teachers in Charge / Designated Safeguarding Lead (DSL)

During term time the TIC/ DSL will be available during school hours for staff to discuss any safeguarding concerns

The relevant Teacher in Charge is contactable out of school hours by work mobile phone for children on out of school / overnight activities.

The TIC / DSL will

- attempt to build strong relationships with parents and children to help understand the barriers to non-attendance and work with children and parents to remove these.
- make sure any child with a social worker is informed if the child is absent from school.
- be the point of contact to safeguard and protect children alongside the Safeguarding Manager/ DSL.
- be the first point of contact with partner agencies during term time.
- keep the head teacher informed of any issues including discussion around suspensions.
- have a good understanding of the filtering and monitoring systems in school.
- liaise with the local authority and safeguarding manager for child protection concerns.
- be aware that children must have an 'appropriate adult' to support and help them in the case of a police investigation or search.
- have a good understanding of harmful sexual behaviour.
- contribute to the assessment of children.
- refer suspected cases, as appropriate to the relevant body (local authority children's social care, Channel Programme, and police
- involve parents and keep them fully informed of any referrals made to social care unless doing so would put the child at further risk of harm.
- ensure that parents are fully aware of the school policies and procedures and are kept informed and involved.
- make sure the child understands what actions are being taken and why and keep the child fully informed of what will be happening next to reduce their anxieties and worries.
- be confident that they know what local specialist support is available to support all children involved including victims and children that have harmed in sexual violence and sexual harassment and be confident how to access this support.
- report termly information to the Head of School and PRU Management Committee
- meet regularly with the safeguarding manager to ensure safeguarding and child protection is being managed appropriately across the setting.
- attend Designated Safeguarding Lead training to enable them to respond effectively to safeguarding concerns
- attend Local Authority training on contextual safeguarding topics.
- read and understand local and national guidance about abuse.
- raise awareness of all forms of abuse / safeguarding news with staff and volunteers through staff briefings, team meetings etc
- support staff and volunteers who raise concerns about abuse or neglect.
- report to the head teacher as soon as they become aware of safeguarding concerns from another member of staff within the school.
- inform the head teacher if a parent has expressed their intention to remove a child from school with a view to educating them at home. Where a child has an EHCP plan local authorities will need to review the plan and work closely with parents
- make sure their staff are recording clear robust records on CPOMS, to include the impact on the child and actions taken. If the DSL has any concerns about staff recording, they can address this via a team meeting or speak to the individual.

- ensure that appropriate training is attended by all staff as agreed with the Head Teacher
- be aware of children who are or who may be living in private fostering arrangements.

## **Roles and Responsibilities of the Deputy Safeguarding Leads**

In the absence of the Teacher in Charge/ DSL the Deputy Teacher in Charge will fulfil all the above duties and staff should report to the Deputy TIC / DSL with any safeguarding concerns

## **Service Request Forms**

Contact Cares is the single point of access for all referrals. It is a multi-disciplinary team who will coordinate and carry out assessments from referral request.

The assessment will determine the most appropriate services to meet the presenting need and activate services. If services are not required, Contact Cares will provide signposting, advice, and guidance to assist you.

## **Methods of referral are:**

Telephone the MASH Team through Contact Cares on 01744 676767 and ask for the duty social worker.

## **What is a contact?**

A contact is information sent to Children's social care requesting services for a child. The information is normally received by a Contact Cares Advisor or directly by the MASH Team. It is recorded electronically and sent to a manager to decide about what should happen next.

## **What is a referral?**

Where a manager decides further information and action is required the contact will progress to a 'referral'. An Assessment must then be undertaken before a service can be provided. The assessment establishes whether the child is in need of social care services.

## **A Service Request form should include:**

- Full names (including aliases and spelling variations), date of birth and gender identity 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 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 of historical events/ incidents in a child's or family life
- Cause of 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
- Information regarding parental knowledge of, and agreement to, the referral
- The child's views and wishes, if known

The parent's permission should be sought before discussing a referral about them with other agencies unless permission seeking may itself place the child at risk of significant harm.

Where a professional decides not to seek parental permission before making a referral to social care, the decision must be recorded with reasons.

All referrals should be confirmed in writing, by the referrer, within 48 hours. If the referrer has not received acknowledgement within three working days, they should contact the MASH Team.

## **Emergency Duty Team (EDT) (Out of Hours Service)**

### **When to call EDT**

The Emergency Duty Team will respond to Safeguarding concerns and risk of significant harm. Should a child be in immediate danger this should be reported without delay to the police service on 999

### **When not to call EDT**

Do not call EDT for any issues that can be addressed and resolved during daytime hours.

EDT are operational from

- Monday to Thursday 17:00 hours to 21:00 hours
- Friday 16:30 hours to 9:00 am
- Saturday, Sunday and Bank Holidays 9:00 am to 9:00 am (24 hours)

Emergency Duty Team Contact Details

- Via Contact Cares 01744 676767 from 9:00 am to 21:00 hours ( option 1 for contact cares option 2 for EDT)
- Direct Line 0345 0500 148

## Section 8 - Fraser Guidelines and Gillick Competency

Fraser Guidelines and Gillick competency help people who work with children to balance the need to listen to children's wishes and feelings with the responsibility to keep them safe.

Both Gillick competency and Fraser Guidelines refer to a legal case from the 1980's which looked at whether doctors should be able to give contraceptive advice or treatment to children under 16 years of age without parental consent.

Fraser Guidelines apply to advice and treatment relating to contraception and sexual health. Gillick competency is often used in a wider context to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

### Using Fraser guidelines

The child cannot be persuaded to inform their parents or carers that they are seeking advice or treatment (or allow the practitioner to inform their parents or carers)

The child understands the advice being given.

The child's physical or mental health or both are likely to suffer unless they receive the advice or treatment.

It is in the child's best interests to receive the advice, treatment, or both without their parents / carers consent.

The child is very likely to continue having sex with or without contraceptive treatment.

### Child protection concerns

When using Fraser guidelines for issues relating to sexual health, you should always consider any potential child protection concerns:

Underage sexual activity is a possible indicator of child sexual exploitation and children who have been groomed may not realise they are being abused.

If a child presents repeatedly about sexually transmitted infections or the termination of pregnancy this may be an indicator of child sexual abuse or exploitation

You should always consider any previous concerns that may have been raised about a child and explore whether there are any factors that may present a risk to their safety and well-being.

You will have to share any child protection concerns with social care even if the child asks you not to

## Section 9

### Looked- after and previously looked-after children

At the Alternative Provision Service, we will ensure that staff have the skills, knowledge and understanding to keep looked after children and previously looked-after children safe. We understand and know that a previously looked after child remains vulnerable.

We will ensure that:

- Appropriate staff have relevant information about children looked after legal status, contact arrangements with birth parents or those with parental responsibility, and care arrangements.
- The DSL has details of the children's social workers and relevant virtual school heads.
- We have appointed a **designated teacher: Robert Vaughan**; who is responsible for promoting the educational achievement of looked-after children and previously looked-after children.
- The designated teacher is appropriately trained and has the relevant qualifications and experience to perform the role. As part of their role, the designated teacher will:
  - Work closely with the Head of School and Safeguarding Manager to ensure that any safeguarding concerns regarding looked-after and previously looked-after children are quickly and effectively responded to.
  - Work with the virtual school heads to promote the educational achievement of looked-after and previously looked-after children, including discussing how pupil premium plus funding can be best used to support looked-after children and meet the needs identified in their personal education plans (PEP)
- The virtual head for St Helen's is Heather Addison

## Section 10

### Working with parents / Carers

The Alternative Provision Service recognises the importance of working in partnership with parents and carers to ensure the welfare and safety of all our children.

#### **We will:**

- Ensure that at the point of referral to our service parents' permission has been sought and parents, worries, wishes and feelings and hopes for their child are clearly recorded.
- Make parents aware of the school's statutory role in safeguarding and promoting the welfare of children, including the duty to refer children on where necessary and making all our policies available on the website and on request.
- Work with our parents to support the needs of their child.
- Always consider the safety of the child should a concern arise; the Designated Safeguarding Lead (DSL) has the responsibility to seek advice prior to contacting parents.
- Aim to help parents understand that we have a responsibility for the welfare of all children and a safeguarding duty to refer cases to the Local Authority in the interests of the child as appropriate.
- If we believe that notifying the parents or carers would increase the risk to the child, discuss this with the local authority children's social care before doing so.
- In the case of allegations of abuse made against other children, normally notify the parents or carers of all the children involved. We will think carefully about what information we provide about the other child involved and when. Police and local authority children's social care notified although this will be decided on a case-by-case basis.
- Meet with the victim's parents or carers, with the victim, to discuss what's being put into place to safeguard them and understand their wishes in terms of what support they may need and how things will be progressed.
- Meet with the alleged child that has harmed parents or carers to discuss support for them, what is being put in place that will impact them, example moving them out of the same class as the victim and the reason(s) behind any decision(s)
- Ensure a robust complaints system is in place to deal with issues raised by parents and carers.
- Provide advice and signpost parents and carers to other services where children need extra support.

#### **Parental Responsibility**

A mother automatically has parental responsibility for her child from birth.

A father usually has parental responsibility if he is either:

- Married to the child's mother.
- Listed on the birth certificate.

You can apply for parental responsibility if you do not automatically have it.

#### **Births registered in England and Wales**

If the parents of a child are married when the child is born, or if they've jointly adopted a child, both have parental responsibility.

They both keep parental responsibility if they later divorce.

## **Unmarried parents**

An unmarried father can get parental responsibility for his child in 1 of 3 ways.

- Jointly registering the birth of the child with the mother (from 2003)
- Getting parental responsibility agreement with the mother
- Getting a parental responsibility order from court

## **Parental Responsibility Order**

Under the Children Act 1989 when unmarried fathers can apply for parental responsibility when the mother refuses the father to be registered or re-registered on the birth certificate, or refuses to sign a Parental Agreement with him



## Section 11

### Contextual Safeguarding

The Alternative Provision Service understands the responsibility for all our children who are at risk of significant harm beyond their families, by working closely with our partner agencies and voluntary sector, to have a deeper understanding of the communities where our children live.

We recognise as children grow and develop, they are influenced by a whole range of environments and people outside of their family. For example, in school or in their local communities, with their friends or online. Children may encounter risk in any of these environments. Sometimes the different contexts are inter-related and can mean children can be vulnerable to multiple harms including harm both inside and outside of their home sexual exploitation, criminal exploitation, and serious youth crime.

**All** staff, but especially the Teachers in Charge / DSL and their deputies will consider the context in which such incidents and / or behaviours occur and whether wider environmental factors are present in a child's life are a threat to their safety and / or welfare.

This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and / or welfare.

#### What can I do?

- Keep the child at the centre of what you are concerned about
- Ask yourself
  - What do you know about the child?
  - What do you know about the child's home life and family?
  - What do you know about who the child associates with in school and out of school?
  - What do you know about the child within their neighbourhood and community?

It is important that you provide as much information as possible on your Service Request Form.

#### We need to use the Signs of Safety (SOS) framework:

- What is working Well?
- What are you worried about?
- What needs to happen?

**Using the Children's Framework from Working Together 2018** will help you, alongside **The Description of Need**, to allow your assessment to consider all the available evidence and the full context of the daily lived experience of the child.

## Section 12

### Complaints and concerns about another staff member who may pose a risk to children (see also appendix 3)

All staff, supply staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's safeguarding regime knowing that such concerns will be taken seriously by the senior leadership team.

#### Concerns about a staff member, supply staff member, Volunteer or Contractor

If you have concerns about a member of staff, supply staff, volunteer, or Contractor speak to the Teacher in Charge who will then inform the Head Teacher. If you have concerns about the Head Teacher, speak to the chair of governors.

You can also discuss any concerns about any staff member, supply staff, volunteer, or contractor with the Teacher in Charge / DSL. The Head Teacher /chair of governors / DSL will then follow the procedures set out in **Appendix 3**, if appropriate.

#### Complaints against staff

Complaints against staff that are likely to require a child protection investigation will be handled in accordance with our procedures for dealing with allegations of abuse made against staff (see **Appendix 3**).

#### Role of the LADO (LOCAL AREA DESIGNATED OFFICER)

The LADO works within Children's Safeguarding Unit and should be alerted to all cases if we are in doubt as to whether a concern meets the harm threshold or where it is alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed, a child.
- Possibly committed a criminal offence against children, or related to a child
- Behaved towards a child or children in a way that indicates she/he may pose a risk of harm to children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children

This is to take account of situations where a person's behavior outside school may suggest 'transferable risk' For example where a member of staff or volunteer is involved in an incident outside school which did not involve children but could have an impact on their suitability to work with children. For example, a teacher or member of staff is involved in domestic violence at home. No children were involved, we will need to consider what triggered these actions and could a child in school trigger the same reaction, therefore be put at risk (**KCSIE 2023**)

The LADO role applies to paid, unpaid, volunteer, casual, agency and self-employed workers. They capture concerns, allegations or offences emanating from outside of work. The LADO is involved from the initial phase of the allegation through to the conclusion of the case.

They will provide advice, guidance and help to determine whether the allegation sits within the scope of the procedures.

The LADO helps co-ordinate information sharing with the right people and will also monitor and track any investigation, with the aim to resolve it as quickly as possible.

The Designated Safeguarding Lead after consultation with the Head Teacher should report the allegation to the LADO within 24 hours using the LADO referral form.

### **Suspension of the accused until the case is resolved**

Suspension of the accused will not be the default position and will only be considered in cases where there is reason to suspect that a child or other children is /are at risk of harm, or the case is so serious that there may be grounds for dismissal, or having the person on site carries a risk of being detrimental to an investigation.

In such cases, we will only suspend an individual if we have considered all other options available and there is no reasonable alternative.

Based on an assessment of risk, we will consider alternatives such as:

Redeployment within the school so that the individual does not have direct contact with the child or children concerned;

- Providing an assistant to be present when the individual has contact with children;
- Redeploying the individual to alternative work in the school so that they do not have unsupervised access to children;
- Temporarily redeploying the individual to another role in a different location, for example to an alternative part of the service or other work for the local authority

If in doubt, the Head of School will seek views from the Designated Safeguarding Governor, and designated officer at the local authority

Referrals should not be delayed in order to gather information and a failure to report an allegation or concern in accordance with procedures is a disciplinary matter

If the allegations require immediate attention and is outside of normal office hours then the DSL should contact the Emergency Duty Team.

Statements from any witnesses should be obtained to support the investigation

### **Concerns that do not meet the harm threshold**

A low-level concern is any concern that an adult has acted in a way that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work.

The importance of sharing low-level concerns is to create a culture of openness and transparency in which Alternative Provision Service's values and expected behaviour as outlined in the Staff Code of Conduct are the lived experience of all staff so that expectations are monitored and reinforced by everyone.

It is therefore important that all staff are clear what appropriate behaviour is and feel confident to discuss this with the DSL. This will help senior management to provide a responsive, sensitive and proportionate handling of such concerns when they are raised and help to identify any areas of weakness in our safeguarding system.

The term low-level does not mean insignificant. A low-level concern is **any** concern, no matter how small and even if it is no more than causing a sense of unease or a 'nagging doubt' that an adult working in or on behalf of the service may have acted in a way that:

- Is inconsistent with the staff code of conduct, which includes inappropriate conduct outside of work and

- Does not meet the allegations threshold or is not considered serious enough to refer to the LADO

### **Examples of low-level concerns could include:**

- Being over friendly with children
- Having favourites
- Taking photographs of children on their mobile phone
- Engaging with a child one to one in a secluded area or behind a closed door
- Using humiliating, intimidating, or offensive language

### **Sharing concerns**

Low-level concerns should be reported to the Teacher in Charge / DSL or their Deputy DSL

Staff should self-refer if they have found themselves in a situation that might be misinterpreted, or they have behaved in a way that falls below professional standards.

### **Recording Concerns**

Records will be held securely and confidentially by the safeguarding manager and comply with the Data Protection Act 2018 and the UK General Protection Regulation (GDPR)

Records will be reviewed with the Head Teacher, Safeguarding Manager and TIC / DSL so that potential problematic or inappropriate behaviour can be identified. This may result in disciplinary procedures or where patterns of concern start to emerge a referral to LADO.

## Section 13

### Resolution Procedure

Occasionally, situations arise when workers within one agency feel that the decision or practice made by another agency or worker, is either not safe or not in the best interests of the child. This may relate to professional involvement at a universal level, Early Help services, Child in Child, Child Protection or Children We Look After.

Effective joint working depends on an open approach and honest relationships between agencies. Problem resolution is an integral part of professional co-operation, joint working to protect children and robust and effective safeguarding systems.

Ensuring the safety of individual children is the paramount consideration in resolving any professional disagreement.

As professionals, we should always be curious about why decisions are made and question if we do not feel this is right. Whatever agency we are from, we should feel confident and able to challenge decision making. We have a professional responsibility to promote the best multi-agency safeguarding practice and therefore, raising such concerns in an entirely legitimate and essential activity.

Professionals should also feel confident to challenge drift and delay that can feature in some cases, as well as key safeguarding practices between agencies. Resolution is fundamental in challenging key safeguarding procedures, as well as decision making.

If we are on the receiving end of a professional challenge, we should see this as an opportunity to reflect on our decision-making and procedures, in order to improve and strengthen practice moving forward.

The St Helens Safeguarding Children Partnership (SCP) Multi Agency Resolution Policy provides workers with the means to raise any concerns they have towards other professionals or agencies by:

- Encouraging professional curiosity
- Avoiding professional disputes that put the child at risk or obscure the focus on the child
- Resolving any difficulties within and between agencies quickly and openly
- Identifying problem areas in working together where there is a lack of clarity and to promote the resolution via amendment to protocols and procedures.

Resolution of the issues raised should be sought within the shortest possible timescale to ensure the child's safety and best interests are safeguarded.

However, if a child is thought to be at risk of immediate harm, discretion should be used as to which stage is initiated.

Issues relating to Looked After Children should be taken up with the Independent Reviewing Officer (IRO), who has a role in overseeing services for Looked After Children. For Child Protection Conferences, the Child Protection Chairs should be utilised.

## The Resolution Procedure

### Stage 1

- Initial attempts should be taken to resolve the problem.
- This should be between the practitioner raising the Resolution and the practitioner with whom the issue relates to.
- The relevant practitioner should be contacted, either by phone or email, informing them that the Resolution Procedure is being invoked and detailing what the issues are.
- A resolution should be reached within **1 day**.
- You should evidence the Stage 1 Resolution within your own recording systems.
- The Orange Stage 1 Notification Form should be completed and sent in to [scpescalations@sthelens.gov.uk](mailto:scpescalations@sthelens.gov.uk)
- The Resolution should be discussed with your Line Manager.

### Stage 2

- If the issue remains unresolved, the problem should be referred to the practitioner's own line manager or their organisation's safeguarding children lead.
- The line manager will discuss this with their equivalent in the other agency (first tier line manager to first tier line manager).
- At this stage, it may be useful for the line managers to agree a meeting between themselves and the concerned practitioners to assist with the exploration of the problem.
- Some organisations may not have a defined line management structure and in these circumstances, the practitioner with the concerns about an unresolved issue should take responsibility for raising their concerns through the line management structure in the other agency.
- A resolution should be reached within **2 days**.
- You should evidence the Stage 2 Resolution within your own recording systems.
- The Green Stage 2 Notification Form should be completed and sent in to [scpescalations@sthelens.gov.uk](mailto:scpescalations@sthelens.gov.uk)
- You may wish to discuss the resolution with senior management.

### Stage 3

- If the problem remains unresolved, the line managers will refer to their line managers for consideration.
- In the rare circumstances where the problem cannot be resolved through management arrangements, the matter will be referred to the relevant Head of Service or 2<sup>nd</sup> Tier Line Manager equivalent (2<sup>nd</sup> Tier Line Manager to 2<sup>nd</sup> Tier Line Manager).
- A resolution should be reached within **5 days**.
- You should evidence the Stage 3 Resolution within your own recording systems.
- The Blue Stage 3 Notification form should be completed and sent in to [scpescalations@sthelens.gov.uk](mailto:scpescalations@sthelens.gov.uk)

### Stage 4

- If the issue is still unresolved, the Chair of the Safeguarding Children Partnership (SCP) Board or one of the key partners will make the final decision on the issue.
- A resolution should be reached within **3 days**.
- You should evidence the Stage 4 Resolution within your own recording systems.
- The Pink Stage 4 Notification form should be completed and sent in to [scpescalations@sthelens.gov.uk](mailto:scpescalations@sthelens.gov.uk)

## **Resolution**

Once an agreement has been reached, regardless of the stage at which it was resolved, the Purple Resolution Outcome Form should be completed and sent in to [scpescalations@sthelens.gov.uk](mailto:scpescalations@sthelens.gov.uk)

This provides the partnership with opportunities to reflect on professional resolutions, identify key themes or trends and adapt policy and procedures to improve safeguarding practice in the future.

## Section 14

### Whistle – Blowing

See Council Confidential Reporting Policy and Procedures or visit the Safeguarding Children Partnership for further guidance about your rights and responsibilities in this situation.

Where a staff member feels they are unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels maybe open to them.

The NSPCC's *what you can do to report abuse dedicated helpline* is available as an alternative route for staff who do not feel able to raise concerns regarding child protection failures internally or have concerns about the way a concern is being handled by their school or college. Staff can call 0800 028 0285 – line is available from 8.00 AM to 8.00 PM Monday to Friday and email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)



## **Section 15**

### **Safer recruitment practices**

#### **Safe Recruiting and Vetting**

Checks on staff who work with children are an essential part of creating a safe environment for our children.

We will ensure that staff and volunteers working within the service are suitable to do so and therefore do not pose any kind of risk to our children.

We have members of SLT that have completed Safer Recruitment Training, to ensure that at least one panel member on every interview panel is trained in 'Safer Recruitment'.

We have a robust Single Central Register (SCR) of full checks on staff.

#### **Disclosure and Barring Scheme (DBS)**

All staff have an Enhanced DBS– A check of PNC as above, plus other information held by the police that is considered relevant.

#### **Potential Prohibition Orders on SCR and Disqualification by Association**

All new staff employed by the Alternative Provision Service undergo a prohibition order check. This is done as part of the pre-employment checking process and a record is kept on the Single Central Register (SCR)

## Section 16

### Record Keeping / CPOMS

#### Record-keeping

Any member of staff working with or alongside a child with a 'Cause for Concern' must record this onto CPOMS as soon as possible and alert the DSL/Safeguarding and Safeguarding Manager.

It is especially important to record everything factual about the child on the CPOMS chronology to tell the story of the child whilst they are in our care.

It is important to record any concerns about a child onto CPOMS, to build up an overview of the child's lived experience, so patterns of potentially abusive behaviour, can be identified.

Child Protection information must be sent via CPOMS to the new school whilst the child is still under 18. Where a child is removed from roll to be educated at home, the file should be copied to the Local Education Authority.

#### Why is Recording important?

It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and serious case reviews have repeatedly shown the dangers of failing to take effective action.

Examples of poor practice include:

- Failing to act on and refer the early signs of abuse or neglect.
- Poor record keeping
- Failing to listen to the views of the child.
- Failing to re-assess concerns when situations do not improve.
- Not sharing information
- Sharing information too slowly and lack of challenge to those who appear not to be taking action.

We will hold records in line with our records retention schedule.

Staff will be removed from the Single Central Record and staff records deleted when a staff member leaves.

HR continue to hold staff records for a further six years.

Safeguarding records relating to individual children will be retained for the date of birth of the pupil plus 25 years.

If a child moves to another school the Safeguarding Manager /DSL will ensure the CPOMS file is sent to the new school. The transfer of this safeguarding information is secure.

To allow the new school to have support in place when the child arrives, this should be within **5 days** for an in-year transfer or within **the first 5 days** of the new start of term

In addition, if the concerns are significant or complex, and/or social care are involved, the DSL will speak to the DSL of the receiving school and provide information to enable them to have time to make any necessary preparations to ensure the safety of the child.

Staff must always alert the TIC and Safeguarding Manager, who will consider all the available information and decide next steps this may include a Service Request Form (SRF) to the local authority children's social care is necessary.

Where a child is in immediate danger or at risk of harm, a telephone call to contact cares followed up with a completed SRF will be completed and submitted. Police may also need to be informed.

Anyone can make a referral.

## **CPOMS**

CPOMS is our software application for monitoring child protection, safeguarding and a range of pastoral and welfare issues. Safeguarding reports can be pulled from CPOMS to share with statutory agencies only.

All staff must keep meticulous, written records in a timely manner on CPOMS of concerns about pupils, referring to the child by their full name.

Linked students to the incident must be referred to by their full name.

Staff must not use abbreviations or acronyms when recording an incident or just initials of the linked student.

All incidents should have a clear and comprehensive summary of the concern. They should include the correct time and date, details of how the concern was followed up and resolved. A note of any actions taken, the people that have been informed, decisions reached and the outcome.

Every member of staff in school has an obligation to report any concerns they may have.

It is a mandatory requirement within the service for all referrals / reviews / reports to be uploaded to CPOMS and all documents are named properly.

It is a mandatory requirement if a child is absent from school arrives late or leaves early to record the time of day the child arrived or left and what actions were taken to ensure the child is safe and well.

It is the responsibility of each Base / Provider to track Day 1, Day 2, Day 3 absence so appropriate actions can be taken at each stage.

Staff who have Signs of Safety Training are encouraged to document incidents using the Signs of Safety Framework: What is working well? What are we worried about? What needs to happen?

Written records should be clear, concise, and read back to make sense before submitting.

All incidents must be recorded as if you were the reader for the first time. This enables the Safeguarding Team to build up a chronology of what is happening so that concerns are kept under constant review, prompting actions to be taken in a timely manner if the child's situation does not appear to be improving.

**It is important to remember that a child's record goes back to the mainstream school when they leave Alternative Education either by a Child Transfer Form, or CPOMS and that CPOMS records can be used as evidence in a court of law**

## Section 17 Training for Staff

We believe staff training is not a one-off event and the Safeguarding Manager will work with the Teacher's in Charge and their teams to look at "Policy into Practice" a quarterly action plan to embed this policy into practice. This will be audited annually from academic year 2022/23.

We provide staff training through a variety of external providers, local authority training and online training resources to ensure best practice.

Information is also shared with staff about the latest updates in Education and Safeguarding, disseminated to the DSLs through the Head of School and Safeguarding Manager

**All staff** are trained to Level 2 Safeguarding through online HAYS training. This is done annually at the start of each new academic year

**DSL training** is completed every three years in line with requirements from St Helen's Safeguarding Children's Partnership. All our DSLs are fully trained in line with requirements.

The Safeguarding Manager ensures all staff complete safeguarding and child protection training as part of their induction, including Whistle Blowing procedures and online safety to ensure they understand the school's safeguarding systems and their responsibilities and can identify signs of possible abuse or neglect.

We have a commitment to updating training for all staff each year.

Training will be integrated, aligned, and considered as part of the whole school safeguarding approach and wider staff training and curriculum planning.

Training is in line with advice from the safeguarding partnership and have regard to the Teachers' Standards to support the expectation that all teachers:

- Manage behaviour effectively to ensure a good and safe environment.
- Have a clear understanding of the needs of all pupils.

All staff will have training on the government's anti – radicalisation strategy (Prevent) to enable them to identify children at risk of being drawn into terrorism and to feel confident to challenge extremist ideas.

Staff will also receive regular safeguarding and child protection updates, including online safety through emails, e-bulletins, and policy into practice at staff meetings.

Contractors who are provided through a private finance initiative (PFI) or similar contract will also receive safeguarding training.

Volunteers will receive appropriate training, if applicable.

## Section 18

### Information Sharing/ GDPR

Sharing information between professionals and local agencies is essential to provide effective early help and to put in place child protection services. Serious Case Reviews have shown that poor information sharing has contributed to deaths or serious injuries of children.

Consent to sharing information should always be sought unless doing so is likely to place the child at significant risk of harm. Information can be shared without consent if it is to promote the welfare and protect the safety of children.

#### **Seven Golden Rules to sharing information**

1. (GDPR) The Data Protection Act 2018 and Human Rights Laws are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest. Make sure the person you're asking for consent understands what information will be shared and why. Explain who will see the information and what it will be used for. Make sure the person you are asking consent understands the consequences of their information being shared and seek their agreement unless it is unsafe or inappropriate to do so. Get the consent in writing in case there are any disputes in the future. If it is only given verbally then make a record of this.
3. Seek advice from other practitioners, or your Teacher in Charge / DSL if you are in doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent and where possible respect the wishes of those who do not consent to having their information shared. Under the GDPR Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base you information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions
6. Necessary, proportionate, relevant, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is only shared with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely
7. Record your decisions and the reasons for it onto CPOMS – whether it is to share information or not. If you decide to share, then you must record what you have shared, with whom and for what purpose

We also have a Data Protection Advisor who can be contacted for advice on [dpo@wearehy.com](mailto:dpo@wearehy.com) or telephone 0161 543 8884

**If you are sharing information without consent make sure you record on CPOMS the following:**

- What steps you took to get consent
- The person's reasons for not giving consent (if known)
- Why you felt it was necessary to share information without consent

Decide if the need to share the information is in the public interest and whether it outweighs the need to maintain confidentiality

Consider all the implications of sharing information, for example if you are sharing sensitive details about a person's life.

## Section 19

### Safeguarding Children with Special Educational Needs (SEND) disabilities or health issues

Further information can be found from specialist organisations such as SENDIAS, who offer advice and support for parents and carers of children with SEND.

For St Helens contact:  
Telephone 01744 673428 or email [IASS@sthelens.gov.uk](mailto:IASS@sthelens.gov.uk)

The reference for special educational need and disabilities (SEND) and health issues refers to all children that have additional needs and need additional support for learning.

Children with SEND and health issues may mean that they are three times more likely to be abused than their peers and / or less able to speak out if something isn't right. They can face additional safeguarding challenges both online and offline. Any reports of abuse will require close liaison with both the safeguarding manager and the SENDCO.

Some children may be vulnerable because they:

- Have additional communication needs
- They do not understand that what is happening to them is abuse
- They need intimate care or are isolated from others
- They are dependent on adults for care

Disabled children are at greater risk than those with behaviour or conduct disorders, other groups of children include:

- Children with speech and language difficulties
- Children with learning difficulties / disabilities
- Children with health-related conditions
- Deaf children

It can be difficult for any child who has experience abuse to get the support they need. Disabled children can be at greater risk of abuse because they experience extra barriers when it comes to sharing their worries and concerns

They are less likely to tell someone about experiencing abuse and more likely to delay telling someone.

**Disabled children may have less contact with people than non-disabled children because they have:**

- Fewer out of school opportunities than their peers
- Fewer opportunities for spontaneous fun with their friends
- Less access to transport
- Less provision for appropriate toilets and changing facilities
- Difficulty finding out about events

This means that they have fewer people to turn to if they need help or support

Children with disabilities may have regular contact with a wide network of carers and other adults for practical assistance in daily living including intimate care. This can increase the opportunity for an abusive adult to be alone with a child

If a child is abused by a carer they rely on, they may be more reluctant to disclose abuse for fear that the support service will stop

Caring for a child with little or no support can put families under stress. This can make it difficult for parents to provide the care their child needs and can lead to a child being abused or neglected

## **Listening to the child**

Make sure the child's voice is heard.

Where there are safeguarding concerns, speak to the child alone and don't use parents as interpreters.

If a child's disability means verbal communication is difficult or impossible, make every attempt to communicate by other means.

Consider how a child may communicate through their actions. Consider whether distressed or disruptive behaviour is due to the child's disability or if the child is upset for another reason.

Tailor tools and resources to the child's needs. Check that child has understood what you've told them and is able to apply it – **never** make assumptions about what the child has understood.

## **Information Sharing**

All Professionals involved with the child should have a shared understanding of the nature of the child's disability, the services the child and family are receiving and the risk of harm. This information should be used by all agencies to distinguish between disability and child protection issues.

## **Communication**

Every child and family is different and has their own complexities and needs. As part of any assessment, it is important to establish the child's preferred method of communication. They may use:

- Picture Exchange Communication System (PECS)
- Some signs with speech
- Makaton
- Speech, lip reading and gestures.
- British Sign Language (BSL)
- Widgit

It is equally important to establish how the child communicates with their family and others. Find out if there are any trusted adults that the child communicates directly with.

This could be:

- Another family member
- A teacher
- A youth engagement worker

## **What else can I do?**

You also need to consider whether the child would rather communicate with or without a third party in the room.

Reflect on your own language limitations and don't assume you can communicate "well enough".



Even when a child can use spoken language this may not be the method of communication, they are most comfortable with

Find out about parent's preferred communication method. Parents need to be given every opportunity to communicate in their own language.

Always prioritise the child's strengths, requirements and needs regardless of whether you are working with an interpreter or not.

Communication barriers may prevent adults fully understanding what the child is telling them.

### **What to watch out for**

It is not always easy to spot the signs of abuse. In some cases, adults may mistake the indicators of abuse for signs of the child's disability.

A child experiencing abuse or attempting to disclose may self-harm or display inappropriate sexual behaviour or other repetitive and challenging behaviours. If this is misinterpreted as part of a child's disability or health condition rather than an indicator of abuse, it can prevent adults from taking action

Injuries such as bruising may not raise the same level of concern as they would on a non-disabled child. Adults may assume that the bruising was self-inflicted or caused by disability equipment or problems with mobility

### **PHSE (RSE)**

Personal safety programmes and relationships and sex education (RSE) should be made accessible to deaf/ disabled children, for a number of reasons.

Children with disabilities have the same rights to be taught RSE as a non-disabled child. Children with disabilities have the same rights to relationships and sexual relationships.

If you need extra training on how to deliver RSE to children with disabilities, then speak to your Teacher in Charge / Manager

Sex and relationships need to be taught in a way that makes sense to children with learning disabilities otherwise the child may not know how to recognise abuse or who to tell

## Section 20

### Children absent and missing from Education.

Children who are absent from education for prolonged periods of time and / or on repeat occasions or arrive late and leave site early can act as vital warning signs to a range of safeguarding issues including neglect, child sexual and criminal exploitation, particularly county lines.

It is important that procedures are followed in the case of absent pupils to help prevent them becoming a child missing from education in the future.

All children regardless of their circumstances are entitled to a full-time education which is suitable for their age, ability, aptitude and any special educational needs and disabilities they have. Pupils need to attend school regularly to reach to their full potential, missing out on lessons leaves the child vulnerable to falling behind. It is a known fact that children with poor attendance achieve less in both primary and secondary school.

Children who are entitled to free school meals are also missing out on a meal each day and this could be putting additional stress on families who have been struggling through the cost-of-living crisis.

The Local Authority has a duty to establish as far as it is possible to do so, the identity of children of compulsory school age who are missing.

Children who are absent or miss education can be particularly vulnerable. It is important to establish the reasons for the child missing education at the earliest possible stage.

Children who remain disengaged from education are potentially exposed to higher degrees of risk such as anti-social behaviour and/or exploitation.

Schools should have at least two emergency contacts for every child in school.

When we are aware that a child has a social worker, the DSL will always ensure that they are informed when the child is absent from school or if they arrive or leave early where there are known safeguarding risks.

Children who are previously looked after remains a child that is vulnerable and so we will always take prompt action when this cohort of children do not attend school. We will seek advice if necessary, from the Virtual Head Teacher.

If a pupil goes missing throughout the school day, we follow our Attendance Procedure.

Children who are expelled from their school, are put onto Day 6 Base roll from day 6 and welfare checks will commence.

#### **Possible reasons that should be considered include:**

- Stopped attending, due to illegal exclusion, withdrawal by parent / carers or for example being young carers.
- Failure to complete transition between schools
- Cease to attend a school.
- Children who are victims of bullying or discrimination
- Children from new migrant families or refugee and asylum-seeking families.

- Children who are unaccompanied asylum seekers
- Children who are teenage parents
- Children from families who are highly mobile example Gypsy Roma Traveller families or children of service personnel.
- Children living in temporary accommodation or who are homeless.
- Children at risk of a forced marriage
- Children at risk of honour-based abuse.
- Children at risk of being trafficked.
- Children at risk of sexual exploitation
- Girls at risk of Female genital mutilation
- Children at risk of radicalisation
- Children supervised by the Youth Justice System
- Children affected by substance or alcohol abuse.
- Children experiencing neglect, including their lived experience if they see or live in an environment where there is domestic abuse.
- Children whose parents have mental health problems or learning difficulties.
- Children who go missing from home or care

### **Alternative Education is committed to:**

Promoting good attendance and reducing absence. we have a strong attendance tracking system that is overseen by a member of Senior Leadership Team in partnership with our SIMS Coordinator and Admin Team.

### **Parent / carers**

Parent / Carers have a duty to ensure that their children of compulsory school age are receiving suitable full-time education. Some parents may choose to educate their children at home and may withdraw them from school at any time to do so unless they are subject to a School Attendance Order. Where a parent notifies the school in writing that they are home educating the school must delete the child's name from the admission register and inform the local authority. If parents verbally indicate their intention to withdraw the child to home educate the school should consider notifying the local authority at the earliest opportunity.

Parents with children in Alternative Education must inform the base or provision that the child is attending on that day as soon as possible and by 9.30 am with an explanation of the absence.

### **Attendance Tracking**

The tracking and use of our first day response ensures that parent / carers are contacted if the child does not arrive to school on time at 9.00 a.m. by a telephone call shortly after the register closes.

This is a priority for all provisions.

If there are known risks for the child then the key worker, DSL, Safeguarding Manger will be alerted via CPOMS.

It is a requirement on our referral form to have two emergency contacts and one email address for the child. This provides us with additional options to contact another responsible adult in order to safeguard the child if they go missing from school. This information is stored in the contact section on the child's electronic CPOMS file.

## **Alternative Provision Attendance Action Plan**

### **Day 1**

FDR (First Day Response) telephone call – if no answer send a text/email.  
Log contact including reason for absence on CPOMS and code register accordingly.

If the child arrives late or leaves early, then the parent / carer will be informed.

### **Day 2**

As day 1 (unless safeguarding concerns\*)

Where we are aware that a pupil has a social worker, the DSL will always consider this fact to ensure any decisions are made in the best interest of the child's safety, welfare, and educational outcomes. Consideration of pastoral and / academic support and home visit.

### **Day 3**

If still no response to FDR, seek authorisation from TIC for a home visit. Leave **calling card** if no answer.

Log all activity on CPOMS including time and date of the visit) – email preferable.

Make every attempt to see the student, offer support to help attendance improve.

If the child is still absent, then the TIC will request a welfare visit from Hayley Hewitt the attached EWO to Alternative Education and continue to seek advice from EWS

If the child is dual registered formulate a plan with the mainstream school.

Welfare meeting with parents and child – relationships are key at this point as the family might be struggling financially. We can offer food bank vouchers and look at what other support the family might need.

Continue with daily welfare calls with the offer of speaking to the key worker, as the child may have taken on some young carer responsibilities.

Continue with home visits and do joint visits with any partner agencies to see if the child would like a Youth Engagement Worker.

The TIC will speak to the school SENDCO.

We will review any mental health and wellbeing support that the child might need.

### **We are committed to:**

Ensuring all children arrive punctually to school and to lessons.

Ensuring every child has access to or is working towards a full-time education to which they are entitled.

### **If a child goes missing during the school day?**

If a child goes missing during the school day, parents are informed and asked to contact the child to see where they are, who they are with and expected time of return.

Parents are expected to inform the police if their child does not return home at the expected time.

Parent / carer's are asked to let Alternative Education know if the child returns home during the school day.

A follow up call to the parents the next day is also expected good practice. All actions taken to be recorded on CPOMS and tracked by all involved.

### **Non-collection of children**

If a child is not collected in KS1 and KS2 at the end of the day, we will keep the child on site to keep them safe as this can be very distressing for the child.

There may be occasions when parents/carers fail to collect a child due to an accident, illness or other emergency that will result in the child not being able to go home at the end of the day. On these occasions, it is important to ensure the child is looked after in a safe and welcoming environment.

The guiding principle in dealing with any situation in which a child is not collected from school must be to minimise distress to the child and for him or her to remain in familiar surroundings and/or with familiar people for as long as possible.

It is important that the child does not overhear potentially stressful conversations whilst school are trying to contact parents/carers. If a child has not been collected, the school should make every possible attempt to contact the parents /carers.

The child may well be able to indicate if something out of the ordinary has happened at home (e.g. parental illness or absence).

On some occasions, another parent may offer to take a child home with them. School will not release a child into the care of another adult without the consent of the parents/carers.

Members of staff will not take, or drive, a child to their home or to the home of the child unless, in exceptional circumstance, this is agreed with parents or other statutory partners (i.e. social care/ police).

Plans for transporting the child will be dependent upon staff availability out of hours and will take into consideration the need for adequate insurance cover, appropriate gender balance, and any information about special needs or behavioural difficulties.

Where possible, two adults should be present. If the school cannot contact anyone, they will make every effort to reassure the child and keep him/her in a friendly and familiar place until an identified person arrives.

If no one has arrived after one hour following the school closing time and no contact has been made, the school will contact the Local Authority's Children's Social Care Team.

The school's designated/ deputy designated safeguarding lead for child protection will keep a record of incidents where parents do not collect a child from school, are late in doing so, (for no good reason) or where this is a repeat occurrence.

Any safeguarding/ welfare concerns arising out of such an incident will be dealt with in accordance with the school's safeguarding procedures.

Children not collected from school are the overall responsibility of the Headteacher and any other safeguarding lead.

### **The Law requires.**

The law requires schools to have an admission register and an attendance register. All children must be placed on both registers. If a child is dual registered, then they remain on the roll of the mainstream school and are dual registered with Alternative Education.

We use the national absence and attendance codes to record and monitor attendance and absence in a consistent way that complies with regulations in *Working Together to Improve School Attendance 2022*

The admissions register is kept up to date by the SIMS Coordinator who informs the Local Authority when a child is removed from Alternative Education roll.

***(Please see also the Attendance Policy)***

## Section 21

### Children missing from home or care

#### Legislation

*Working Together to Safeguard children and related statutory guidance (2018) Children Act 1989 guidance and regulation volumes in respect of care planning and review, and the Statutory Guidance on Children who run away from Home or Care (2014)*

Children running away and going missing from care, home and education are at risk of physical abuse, sexual exploitation and are forced to use risky survival strategies.

#### Three factors should be considered in a missing person investigation.

- Protecting those at risk from harm
- Minimising distress and ensuring high quality of service to the families and carers of missing persons
- Prosecuting those who perpetrate harm or pose a risk of harm when this is appropriate and supported by evidence.

**Children who run away or go missing from home or care (2014)** The definitions are as follows:

- **Child** – anyone who has not yet reached their 18<sup>th</sup> birthday.
- **Young runaway** – a child who has run away from their home or care placement or feels they have been forced or lured to leave.
- **Missing Child** – a child reported as missing to the police by their family or carers.
- **Looked after child** – a child who is looked after by a local authority by reason of a Care Order, or being accommodated under Section 20 of the Children Act 1989
- **Responsible Local Authority** – The local authority that is responsible for a looked after child's care and care planning. If a child is placed outside of a child's local authority, the responsible local authority remains the child's home local authority or the placing authority, not the local authority where the child is placed.
- **Host Local Authority** – the local authority in which a looked after child is placed with placed out of the responsible local authority.
- **Care Leaver** – an eligible, relevant or former relevant child as defined by the Children Act 1989
- **Away from Placement without authorisation** – a looked after child whose whereabouts is known but is not at their placement or place, they are expected to be and the carer has concerns, or the incident has been notified to the local authority or the police, should be treated as missing

#### Initial Action

The expectation that the parent / carer accepts normal parental responsibilities and undertake reasonable actions to try and establish the whereabouts of the child:

This might include:

- Searching the bedroom / house/ outbuilding/ vehicles
- Contacting known friends and relatives where the child might be.
- Visit locations that the child is known to frequent.
- Attempt to contact the child on the telephone, via text or social media.
- If applicable, checking with the child's school, education provider or work placement.

## **Protection and action to be taken**

In the event that a child cannot be located and the parent / carer has any concerns about their whereabouts or safety or a risk the child may pose to others, there should be no delay in contacting the police and completing a SRF to report the child as missing

### **What do I need to do?**

#### **When completing a Service Request Form (SRF) be sure to include:**

- The circumstances around being unable to locate the child
- The age, basic details and description (including last known clothing)
- The maturity of the child
- The possible reasons for the child going missing and their intentions
- Whether the child is running from or to anything
- Medical needs or need for urgent or ongoing medical treatment for example diabetes
- Whether they use or are under the influence of drugs / and / or alcohol
- The influence of peer groups / family
- Patterns of criminality or offending
- Any learning or physical disability of the child
- Environmental factors such as the weather, time of year, community events or tensions
- Any known risk of abduction
- Previous behaviour and history of the child
- Danger posed to themselves and others
- General vulnerability of the child
- Predatory influences on the child including others wanting to use them for crime, sex drugs.



## Section 22 Child Employment

### Age limits

The youngest a child can work part time is 13, except for children involved in specific areas such as television, theatre or modelling (Gov.uk2018b) Children working in these areas will need a performance licence.

### Children are only allowed to work:

- At certain hours of the day. For example, they can't work during school hours, early in the morning or late at night. They also need to have regular breaks
- In places that are considered safe for children. For example, children can't work in a factory or industrial site, or in most jobs in a pub or betting shop
- If it doesn't affect their health wellbeing or education

The Local Authority won't allow a child to do any job they think may be harmful to them

### Employers have a right to keep all the children they work with safe by:

- Providing a safe environment
- Making sure the child is doing a job suitable for their physical and psychological capabilities.
- Employers must carry out a risk assessment and inform the child's parents of the results. (HSE, 2018a)

### Young people who work with other children

Although there is no legal law in the UK saying how old a babysitter should be, the NSPCC recommends they should be at least 16

If over 16-year olds are doing work that is classed as 'regulated activity' they need to have a criminal records check.

### Adults who supervise pupils on work experience placements

When organising work experience, we ensure that policies and procedures are in place to protect children from harm.

We will also consider whether it is necessary for barred list checks to be carried out on the individuals who supervise a child under the age of 16 on work experience. This will depend on the specific circumstances of the work experience, including the nature of supervision, the frequency of the activity being supervise and whether the work is a regulated activity.

## Section 23

### Domestic Abuse & Homelessness

The Domestic Abuse Act 2021 introduced the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children as victims, if they see, hear or experience the effects of abuse. The definition captures a range of different abusive behaviours, including physical, emotional, and economic abuse and coercive and controlling behaviours. Under the statutory definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and must be personally connected.

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child / adolescent to parent violence and abuse.

Anyone can be a victim of domestic abuse, regardless of their gender, age, ethnicity socioeconomic status, sexuality or background and domestic abuse can take place inside or outside of the home.

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. Experiencing domestic abuse 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.

Children can also experience domestic abuse within their own intimate relationships. This can have a detrimental and long-term impact upon their health, wellbeing, development and ability to learn. This form of child-on-child abuse is sometimes referred to as 'teenage relationship abuse'. Depending on the age of the children this may not be recognised in law under the statutory definition of 'domestic abuse' (if one or more parties are under 16) However as with any child under the age of 18, where there are concerns about safety or welfare, safeguarding procedures should be followed and both young victim and young perpetrator should be offered support.

Supporting Documents:

- NSPCC: UK domestic-abuse Signs Symptoms Effects
- Refuge: what is domestic violence/effects of domestic violence on children
- Safe lives: young people and domestic abuse

### **Our Pledge at the Alternate Provision Service**

We recognise that domestic abuse can have a significant effect on our children, families, and communities, we therefore pledge to:

- work from a trauma informed approach where we seek to understand and respond the impacts upon the lives of our children, to ensure we look after their physical, psychological and emotional safety to enable them to feel empowered and be able to learn within the warmth of small and nurturing environment.
- support any child that is experiencing domestic abuse at home, including gaining their wishes and feelings and acting on their best interest.
- act on any Operation Encompass notifications immediately
- to ensure that healthy relationships are taught as part of our curriculum, so children are able to recognise abuse.
- to provide a safe environment where children and families feel confident to disclose abuse knowing we will take action to support them.
- commit to working / participating with other organisations to facilitate the best support for

those who experience domestic abuse.

## **Operation Encompass**

The Alternative Provision service (PACE and LAUNCHPAD) are involved in a long-term Merseyside project that runs jointly between local St. Helens schools and Merseyside Police, known as Operation Encompass

Operation Encompass reports to schools, prior to the start of the next school day, via email, of when a child or young person has been exposed to, or involved in, any domestic incident. Operation Encompass Police work with the DSL of the school or our Safeguarding Manager known as a Key Adult for single registered learners. This information will then be recorded via CPOMS for the school to enable immediate support, from when the child first arrives in school at the start of the school day, thus making a child's day better and giving them a better tomorrow.

Early Intervention and the provision of appropriate support in these events has a significant positive effect on affected Children. It helps to minimize the long-term effects of domestic violence and promotes positive outcomes for the child, wider family, and the community. This provides a better-quality learning experience for the child and enables them to feel more confident to seek support if they need it.

## **Homelessness**

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The DSL and Deputies will be aware of contact details and referral routes into the local housing authority so they can raise/progress concerns at the earliest opportunity (where appropriate and in accordance with local procedures).

Where a child has been harmed or is at risk of harm, the DSL will also make a referral to children's social care.

It should also be recognised that in some cases 16-year-olds could be living independently from their parents or guardians, for example through their exclusion from their family home. Local authority children's social care will be the lead agency and the DSL should ensure appropriate referrals are made based on the child's circumstance.

## Section 24 Private Fostering

Private Fostering (PF) is a term used when a parent or primary carer places a child under the age of 16 years (18 years if disabled) in the care of someone else who is not a close relative, or an officially approved foster carer, for a period intended to be 28 days or more. It also covers children who stay at a residential school for more than two weeks of the school holidays. Somebody might be in a private fostering arrangement without realising it.

**The Children Act 2004** defines a relative, in relation to a child, as a grandparent, brother, sister, uncle or aunt. They should be full or half relations and could be related by marriage. The Term also included a stepparent. A cohabitee of the mother or father of the child would not qualify as a relative, neither would extended family such as a great aunt / uncle or the parent's cousins.

Since the implementation of the Children Act 2004 it has been a legal responsibility for Local Authorities (LA) to recognise, monitor and support any child in their area who is being privately fostered.

Schools play an essential role in identifying privately fostered children. Although most children in private fostering situations are likely to be safe, in some private fostering arrangements there are clear safeguarding issues and children, and young people effectively have no one who is concerned for the safety or welfare.

The aim is to raise the awareness of the role of education professionals in highlighting cases of private fostering and safeguarding children at risk. If staff believe a pupil is being privately fostered, there is a mandatory duty to report this to the local authority.

### **Who may be privately fostered?**

The list is by no means exhaustive and indicates the scale and variety of situations and agencies these arrangements can cover.

- Children whose parents are unable to care for them, for example if they have chronic ill health or are in prison.
- Children sent to this country, for education or health care, by parents who live overseas.
- A child living with a friend's family because they don't get on with their own family.
- Children living with a friend's family because of their parents' study or work.
- Children staying with another family because their parents have separated or divorced.
- Teenagers living with the family of a boyfriend or girlfriend.
- Children from abroad who attend a language school or mainstream school in the country and are staying with host families.
- Children at boarding schools who do not return to their parents in the holidays but stay with 'host families' recruited by 'education guardians'.
- Unaccompanied asylum-seeking minors who are living with friends, relatives, or strangers

### **Children who are trafficked into the UK**

These children are especially vulnerable and are often living in de facto private fostering arrangements. Child trafficking is the movement of children for exploitation, including domestic servitude, commercial sexual exploitation and to support benefit claims. Where trafficking is suspected, a SRF should be made to Local authority children's social care via the MASH.

A Private Fostering arrangement is only legitimate if the parent gives informed consent, and the Local Authority knows about it and is in agreement with the arrangement.

### **Signs to look out for**

- Has someone else started collecting a child from school on a regular basis?
- Has a child mentioned to you that they are staying with someone else or that their parent(s) have gone away for a long time?
- Is there something unusual or unclear in the child's administration file?
- This may include copies of passports, visas and other immigration related documents which are unclear or do not clearly show that the child has rights of residence in the UK, or that it is unclear who has parental responsibility for the child.

### **What to do if you are aware of a private fostering arrangement**

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

However, parents and carers often do not tell professional or agencies about such arrangements; they may not be aware that they need to (and this may apply particularly to new communities in the UK such as migrant families from non – EU), or they chose not to tell agencies about these arrangements.

Children's Services are **not** involved in making private fostering arrangements but are responsible for checking that the arrangements are suitable for the child.

As a professional it is **mandatory** to notify Children's Services if staff are in contact with a child or young person who is being privately fostered. This will help protect the child against abuse or neglect and provide some reassurance that the child is being looked after properly.

A social worker will visit the home to speak to the carer and the child to ensure the child is safe, carry out background checks and make sure support is being provided.

#### **Support available for private foster carers may include:**

advice on benefits and possible funding for some essential items  
parenting support and advice  
help in bringing families in crisis back together.

## Section 25

### Early Help

#### What is Early Help?

Early Help is services working together for children and their families, who would benefit from extra support, keep them safe from harm, help them to overcome difficulties and support them to grow and be happy with the overall goal of making sure families can support themselves.

A parent can ask for early help themselves if they are worried about their child's health, development, or behaviour, or they are caring for a child with a disability and need some extra support. To do this they can talk to a professional who is already working with their family and ask this person for where they can get help.

An older child can ask for help to manage difficult situations that maybe affecting their life for example if they are undertaking caring responsibilities or have concerns for either their own or someone else's drug or alcohol use. Every child should be made aware in school that it is okay to ask for help.

#### Why is Early Help so important?

Early help can offer children the support needed to reach their full potential. It can improve the quality of a child's home life, enable them to perform better at school and support their mental health (Early Intervention Foundation (EIF) 2018)

#### Why are protective factors important?

Protective factors can reduce risk to a child's wellbeing, they include:

- Developing strong and emotional skills
- Having a strong family network support (Signs of safety)
- Good parental mental health
- Income support, benefits, and advice
- Good community services and facilities

#### Signs that a child may benefit from Early Help

- Displaying disruptive or antisocial behaviour
- Being bullied or bullying others
- Have poor attendance at school.
- Being involved in, or at risk of offending
- Have poor general health.
- Have anxiety, depression, or other mental health issues.
- Misusing drugs or alcohol
- Having a particularly challenging relationship with parents or appearing to be unusually dependent from parents
- Experiencing difficulties at home such as domestic abuse, parental substance abuse or parental mental health problems
- Is frequently missing / goes missing from care or home.

**Some groups of children maybe more likely to Early Help than their peers. These include children who:**

- Have been suspended or expelled from school.

- Have special educational needs.
- Are disabled.
- Are in care.
- Are leaving or preparing to leave care.
- Have returned home to their family from care.
- Is a privately fostered child.
- Are young carers.
- Are young parents, or about to become young parents.
- Are experiencing housing issues

### **How can I help?**

Every member of staff has a key role to play in providing early help and empowering parents to seek help: This includes:

- Developing long-term positive relationships with parents
- Encouraging parents to seek help when problems first emerge.
- Talking to a child and their parents and carers to understand what support they need.
- Sharing information about a child and their family with relevant agencies
- Identifying which services are best placed to help a family.
- Monitoring a child's situation
- Providing direct practical and emotional support to a child and / or their parents
- Signposting families to other specialist services where necessary. Successful early intervention can improve the attachment bond a child has with their caregivers, reduce harm and help children form positive relationships into adulthood (Howe 2011)

### **Signs of Safety (SOS)**

Using the SOS framework will help you to identify circumstances that may be putting parents / carers under stress and working across the framework will get children and their families the right help at the right time. The SOS framework is based on a strength- based model and so helps to identify the protective factors that can reduce the risks to children's well- being such as:

- A strong social support network for the family
- Good community services and facilities

### **Giving children a voice**

It is vital that all staff build safe and trusting relationships with children so they can speak about **any** problems they are experiencing.

Use the SOS children's toolkit to help you.

- The three houses
- Safety House
- Safety circles
- Worry Path
- Wizard
- Fairy

### **What do I do next?**

- Complete a SRF requesting level 2 support if the family will benefit from a coordinated response, use the SOS Framework to help you find out who is worried? What they are

worried about? What they would like to improve their situation and what needs to happen next.

- Use the Description of Need 2019 to guide you.
- Upload the SRF to CPOMS
- Send a copy to the mainstream school if the child is dual registered.
- Attach any documents that evidence the voice of the child.
- Make sure you have a signed multi-agency consent form. Early help is about working with and supporting the family.
- Attend Family Action Meetings (FAM) to be part of a plan that supports the needs of the child and their family in order to improve outcomes for the child.



## Section 26

### Young Carers

Young Carers are children that take on practical and/or emotional caring responsibilities that would normally be expected of an adult. The tasks can vary depending on the nature and the disability, the level and frequency of the need for care and the family structure.

**A young carer may do some or all the following:**

- **Practical tasks** – shopping, cooking, cleaning, washing clothes.
- **Physical care**- such as lifting, helping a parent on the stairs or with physiotherapy.
- **Personal care** – such as helping with toileting needs, aiding a parent with helping them to get washed and dressed.
- **Managing the family budget**, collecting benefits and prescriptions
- **Administrating medication**
- **Emotional support** for the parent
- **Interpreting** – due to a hearing or speech impairment, or because English is not the family's first language.

Whether the level of care is high or frequent low levels of care, both can heavily impact upon the child.

### **What can we do to help?**

Young carers are a vulnerable and disadvantaged group, who often experience difficulties in their education. Without the right support they may struggle to attend school and make good progress and a lot of children say they are bullied because of their caring role.

- Identifying and supporting young carers is an effective way of improving the attendance and attainment of this vulnerable group.
- Gain an understanding about young carers.
- Raise awareness to the children and families within the service about St Helen's Young Carers
- Teachers in Charge / DSL should raise awareness at Team Meetings with staff about St Helen's Young Carers
- Senior Leaders to be committed to ensuring young cares are identified and supported across the service.
- Young Carers are identified through the Vulnerability Matrix and half term meetings between the Safeguarding Manager and Teacher in Charge of each part of the service.
- Referrals to Young Carers are part of the Safeguarding Managers reporting to the PRU Management Committee each term.

### **Referral Forms**

Referral forms can be found [www.sthelenyoungscarers.org](http://www.sthelenyoungscarers.org)

All referrals to Young Carers must be uploaded on to CPOMS.

If you need any information prior to making a referral, please contact the Young Carers Centre on 01744 677279.

Office hours are Monday - Friday, between 9.30 - 16.30.

## **What can Young Carers offer if the child meets the eligibility Criteria?**

- Be someone who understands and provides a listening ear.
- 1:1 and group support
- Homework clubs
- Finding out other services that may help.
- Advocacy
- Access to weekly Citadel Drama club free of charge
- A quarterly newsletter.
- Homework club / Drop in Thursday evening 17:30 – 19:00
- 2 large events winter and summer / Training sessions and lots more.

## Section 27 Confidentiality

If a child is confiding in you they may ask you not to tell anyone what they have said. If you are concerned about someone's safety and welfare you must share this information with your DSL, Safeguarding Manager and, relevant professionals and record on CPOMS.

### **Confidentiality Statement**

You should never promise to keep what a child tells you a secret. Explain from the onset that you might have to talk to someone else who can help if the child tells you something of a concern. The child may be angry with you for sharing information, you can remind them of what you said at the start and the child will not feel like you are betraying their trust. Once the child's anger has subsided there is still a foundation to have a relationship, without this level of honesty at the beginning, trust with a child can be damaged for a long time.

If a victim asks the school not to tell anyone about a sexual violence or sexual harassment disclosure:

There is no definitive answer, because even if a victim doesn't consent to sharing information, staff may lawfully share it if there's another legal bias under the UK GDPR that applies.

The DSL will have to balance the victim's wishes against their duty to protect the child and other children.

### **The DSL should consider that:**

Parents or carers should normally be informed (unless this puts the victim at greater risk)  
The basic principle is: if a child is at risk of harm, is in immediate danger, or has been harmed, a referral should be made to the local authority children's social care.

Rape, assault by penetration and sexual assault are crimes. Where a report of rape, assault by penetration or sexual assault is made, this should be referred to the police. While the criminal age of responsibility is 10, if the child that has harmed is under 10, the starting principle of referring to the police remains.

## Section 28

### Dealing with Disclosures

Children may disclose in a variety of ways including:

- **Directly** – making specific verbal statements about what is happening to them.
- **Indirectly** - making ambiguous verbal statements to suggest something is wrong.
- **Behaviourally** – displaying behavioural that signals something is wrong (this may or may not be deliberate)
- **Non-verbally** – writing letters, drawing pictures, younger children may appear clingy or display temper tantrums, whilst older children may self-harm, exhibit anger, avoidance or run away. Even positive behaviours such as ‘being good’ can be a sign that children want to be noticed

Sometimes children may make partial disclosures which means they may give some details about what they have experienced, but not the whole picture or they may withdraw their disclosure (this is more common in younger children where non-abusing parents are unsupportive or where the perpetrator is a close family member)

#### **Children sometimes withhold some information because they are:**

- Afraid they will get into trouble with their family.
- Want to deflect blame in case of family difficulties because of the disclosure.
- Feel ashamed or guilty.
- Need to protect themselves from having to relive traumatic events.

#### **Barriers to disclosing.**

Children may:

Feel they will not be taken seriously.

Feel too embarrassed to talk to an adult about a private or personal problem.

Worry about confidentiality.

Lack trust in the people around them (including parents)

Fear the consequences of asking for help.

Worry they will cause trouble for making the situation worse.

Find formal procedures overwhelming.

#### **Help Seeking Behaviour**

Help seeking behaviour is a fundamental skill for all children. This is something children learn through their early attachment’s relationships and through their contact with adults over time. It is a developmental skill that is essential for survival and needs support to develop. Early experiences of adversity, abuse and neglect can have a negative impact.

#### **What can I do?**

Create an environment where children feel their concerns are listened to or addressed, this is likely to impact upon their self-esteem and resilience, their short and long-term developmental outcomes, and their ability to seek help about things that are worrying them.

#### **What are the impacts of disclosure?**

Disclosure can be traumatic and have short- and long-term effects on children's emotional well-being.

Some children feel 'relief' and 'pride' after disclosing. However, some children feel embarrassment, sadness, or anger. Some describe their life 'falling to pieces' after disclosing sexual abuse. Disclosure can lead to heightened feelings of guilt or shame; this can lead to longer term problems such as depression and low self-esteem.

### **Receive**

- Listen to what is being said without displaying shock or disbelief.
- Accept what is said and take it seriously.
- Make a note of what has been said as soon as practicable.

### **Reassure**

- Reassure the child but only as far as is honest and authentic.
- **Do not** make promises you may not be able to keep for example do not say: 'I'll stay with you' 'everything will be alright now' 'I will keep this confidential'.
- **Do** Reassure for example you could say 'I believe you' 'I am sorry this has happened to you' 'we are going to do something together to get help'.

### **Respond**

Respond to the child as far as necessary for you to decide if you need to complete a SRF and refer to the Local authority children's social care.

Do not interrogate the child or push for information.

Do not ask leading questions for example 'did he touch your private parts' 'did she hurt you' such questions may invalidate your evidence (and the child's) in any later court proceedings.

Use open ended questions that offer the child the opportunity to provide more information in a way that is not leading, suggestive or putting them under pressure.

Use Ted – Tell me... Explain to me...Describe to me....

Use along with How...When... Where... Who...

Example Tell me who was there?

Explain to me what you saw?

Describe what the person looked like?

Never criticise the alleged perpetrator, the child may care about him/her and reconciliation maybe possible.

Never ask the child to repeat what they have told you in front of another member of staff.

Explain what you must do next and whom you have to speak to

Reassure the child that it will be a senior member of staff.

### **Report**

Share your concerns with the DSL as soon as possible.

If the child is at immediate risk, then contact the Police and the Local authority children's social care

If you are dissatisfied with the response from the DSL or social care you should ask for your decision to be reconsidered, giving your reasons for this.

A formal referral or urgent medical treatment must not be delayed by the unavailability of the DSL.

## **Record**

If possible, make some brief notes at the time and write them up as soon as possible. Keep your original notes and scan them also onto CPOMS.

Any member of staff receiving a disclosure of abuse from a child or noticing signs or symptoms of abuse in a child, will make a written record on CPOMS **as soon as you can after the disclosure.**

Ensure that you use the child's own words, what was said or seen and the location of both the abuse and the disclosure.

CPOMS will automatically record the date and time you are reporting events. Be sure to record the actual date and time of events, ensure to record the place, who was present and noticeable nonverbal behaviour and the words used by the child. If it is a disclosure of sexual abuse and the child uses 'pet' words, record the actual words used, rather than translating them into proper words.

A record of concern, suspicion or allegation should be made at the time or as soon as possible after the event. Dates and times of events should be recorded as accurately as possible. Record facts and observable things rather than your 'interpretations' or 'assumptions' A record should be made of any visible marks, bruising or injuries to a child that give you cause for concern alongside a body map which can be found in the CPOMS library.

All records must be written in the third person where possible for example: Rachel spoke to Kath Crook... then it is clear to the reader who said what, when where

It is important to remember that this account could be used later in a court of law.

## **Remember**

To support the child, stop what you are doing, listen and reassure.

Complete confidentiality is essential.

Share what you have been told only with appropriate professional colleagues.

Try and get some support for yourself if you need it.

## **Review**

Has the action taken provided a good outcome for the child?

Did the procedure work?

Were any deficiencies or weaknesses identified in the procedure?

Who did you tell?

Have these been addressed?

Is further training required?

## Section 29 - Age of Consent and Criminal Responsibility

In the UK the age of consent (the legal age when people can engage in sexual activity) is 16 years old. This is the same regardless of the person's gender identity, sexual identity and whether the sexual activity is between people of the same or different gender.

The law is there to protect children from abuse or exploitation, rather than to prosecute under-16s who participate in mutually consenting sexual activity. Underage sexual activity should always be seen as a possible indicator of sexual exploitation.

### Children aged under 13

The law says anyone under the age of 13 can never legally give consent.

Any sexual activity with a child under the age of 13 should always result in a child protection referral.

### Children aged 16-18

The law gives extra protection to children who are over the age of consent but under 18.

It is illegal:

- To take, show or distribute indecent imagery of a child whether that be sharing nudes or semi-nude photographs is illegal.
- To pay for or arrange sexual services of a child.
- For a person in a position of trust (for example teachers or care workers) to engage in sexual activity with anyone under the age of 18 who is in the care of their organisation

### Age of Criminal responsibility

The age of criminal responsibility in England and Wales is 10 years old.

This means that children under 10 can't be arrested or charged with a crime.

### What happens if a child breaks the law under the age of 10?

Children who break the law under the age of 10 can be given a:

- Local Child Curfew
- Child safety Order

### Local Child Curfew

The police ban children from being in a public place between 9pm and 6am, unless accompanied by an adult. This can last up to 90 days.

### Child Safety Order

If a child has committed an offence or broken a Local Child Curfew, they can be placed under the supervision of the Youth Offending Team.

This Order can last up to 3 months, but in some cases, it can last up to 12 months.

If a child doesn't stick to the rules of an order, the court can consider if the child should be taken into care.

**Parents can be held responsible.**

If a child repeatedly gets into trouble or if parents do not take reasonable steps to control their child's behaviour

**Parents could be:**

- Asked to attend a parenting programme.
- Asked to sign a Parenting Contract
- Given a Parenting Order by a court.

Each of these are to support parents to stop the child from getting in trouble again. They are usually voluntary but can be directed by a court of law.



## Section 30 - When a school should call the Police (NSPCC)

When a child potentially commits a crime on school premises, the Teacher in Charge / Deputy / (DSL) need to bear in mind the following when considering contacting the police covering the following incidents:

- Assault
- Criminal damage
- Cyber crime
- Drugs
- Harassment
- Sexual offences
- Theft
- Weapons

Where a child is suffering or likely to suffer from harm, it is important that a SRF to social care and if appropriate the police are made immediately.

Use the Description of Need to guide you

All non-emergency incidents should be reported using 101 or online reporting methods.

Contact with the police is made through the Teacher in Charge / DSL or their deputy because these people are most likely to have a complete picture of safeguarding and the most appropriate people to advise on any safeguarding concerns.

A single point of contact between the school and the Police promotes the best outcome for the child

### **There are exceptions:**

In an emergency dial 999. This should be used if:

- There is a danger to life or
- Risk of serious injury or
- A serious crime is in progress or about to happen

Any member of staff witnessing such an incident should be empowered to dial 999 as they will be able to give the most accurate account of the incident.

Inform the DSL as soon as you can for knowledge on

- Criminal Damage
- Cyber Crime
- Illegal Drugs
- Harassment
- Sexual Offence
- Theft
- Weapons

## **Section 31**

### **Use of mobile phones, Cameras, Online Safety & AI**

Staff are allowed to bring their personal phones to school for their own use but will limit such to use to non-contact time when pupils are not present. Staff members' personal phones will remain in their bags or cupboards during contact time with pupils.

Staff will not take pictures or recordings of pupils on their personal phones or cameras/ We will follow the General Data Protection Regulation and Data Protection Act 2018 when taking and storing photos and recordings for use in the school.

Most people who take or view photographs of children do so for entirely innocent and acceptable reasons. Sadly, some people abuse children through taking or using images, so we must ensure that we have some safeguards in place.

#### **To protect pupils, we will:**

- Seek their consent for photographs to be taken or published (for example, on our website or in newspapers or publications)
- Seek parental consent.
- Not use children's full name with an image
- Ensure pupils are appropriately dressed.
- Ensure that personal data is not shared.
- Store images appropriately, securely and for no longer than necessary
- Only use school equipment, i.e. not personal devices
- Encourage children to tell us if they are worried about any photographs that are taken of them.

#### **Social Media**

Staff must not give their personal contact details to parents or pupils, including connecting through social media or messaging apps.

Staff must avoid publicising their contact details on any social media platform or website, to avoid unwanted contact by parents or pupils.

#### **Use of Mobile Phones, Smart Watches and Other Recording Devices**

Ensure that communication or conduct linked to the device is always appropriate and professional, in line the staff Code of Conduct Policy

Staff are permitted to wear smartwatches or a fitness tracker, on the basis these devices do not have an in-built camera.

We advocate health and well-being of our staff and understand that these devices can be used to record daily physical activity, together with other data relating to fitness or health, such as the number of calories burned, heart rate, etc.

Smartwatches and some fitness trackers can show notifications of calls and texts, but this feature must be turned off when worn by staff working directly with children. This will be monitored by the teacher in charge.

If staff are wearing a smartwatch or fitness tracker, then they must adhere to the following:

- All functionality which allows notifications or calls, texts and applications other than that associated with tracking personal fitness or health must be turned off at before the start of each school day.

- Smartwatches or fitness trackers with a camera (video or picture) functionality are not permitted to be used or worn in the classroom.
- It is staff's responsibility to confirm with the Teacher in Charge that the type of device is suitable to be worn at school and this is to be recorded on the SCR under 'Record of staff wearing a smartwatch or fitness tracker.'
- Staff must read and understand their responsibilities under this policy.

Managers and or DSLs must conduct regular and unannounced checks on staff devices to check staff are adhering to the points in this policy.

Staff must follow the whistleblowing procedure should they have concerns relating to staff not following this policy.

If any of the above points are not followed, then the member of staff involved could face disciplinary action.

### **Use of mobile phones by children**

Some children are allowed to bring mobile phones into school by agreement with their parent / Carer. For instance:

- Travelling to school by themselves
- Young Carers that need to be contactable

If children bring their phone to school, they must be handed in and stored by the Teacher in Charge / DSL in a secure place during the school day.

If children are allowed to use their phone during the school day, this is only allowed after consultation with parents and the Teacher in Charge / DSL

### **Sanctions**

If pupils do not have prior permission to use their phone they are in breach of the code of conduct, they will be confiscated. Schools are permitted to confiscate phones from a child under **Section 91 and 94 of the Children and Inspection Act 2006**

### **Use of mobile phones by parents, volunteers, and visitors**

Parents, visitors, and volunteers will be informed of the rules for mobile phone use when they sign in at reception or attend a public event at school.

Parents must use the school office as the first point of contact if they need to get in touch with their child during the school day. They must not try to contact their child on his / her personal mobile during the school day.

Parents and visitors are not permitted to use any recording device or camera (including those on mobile phones or smartwatches) on the nursery premises without the prior consent of the manager. During special group events, (e.g., nativity or school leaving parties), parents are not permitted to take photographs or video. These will be taken by nursery staff and will be shared with parents, in line with permissions. Whilst we recognise that there may be emergency situations which necessitate the use of a mobile telephone, in order to ensure the safety and welfare of children in our care, parents and visitors are asked to refrain from using their mobile telephone whilst in the nursery or when collecting or dropping off their children. Parents are not to allow their child to wear or bring in devices that may take photographs or record videos. This includes smartwatches with these capabilities, for example a Vtech smartwatch. This ensures all children are

***(Refer to the Mobile Phone Policy for additional information)***

## Online Safety

We recognise the importance of safeguarding children from potentially harmful and inappropriate online material, and we understand that technology is a significant component in many safeguarding and wellbeing issues.

**To address this the Alternative Provision Service will have robust processes in place to ensure the online safety of pupils, staff, and governors.**

### The four key categories of risk

1. **Content** – being exposed to illegal, inappropriate, or harmful content, such as pornography, fake news, racism, misogyny, self-harm, suicide, antisemitism, radicalisation and extremism.
2. **Contact** – being subjected to harmful online interaction with other users, such as peer to peer pressure, commercial advertising and adults posing as children with the intentions to groom or exploit them for sexual, criminal, financial or other purposes.
3. **Conduct** – personal online behaviour that increases the likelihood of, or causes harm such as making sending and receiving explicit images (eg consensual and non-consensual sharing of nudes and semi nudes and / or pornography) sharing other explicit images and online bullying and
4. **Commerce** – risks such as online gambling, inappropriate advertising, phishing and/or financial scams

## Artificial intelligence (AI)

Generative artificial intelligence (AI) tools are now widespread and easy to access. The names of some current generative chatbots are ChatGPT and Google Bard.

The Alternative Provision Service recognises that AI has more and more uses, including enhancing teaching and learning and in helping to protect and safeguard students.

However, AI may also have the potential to facilitate abuse as in for example, bullying and grooming and / or expose students to harmful content such a 'deepfakes' where AI is used to create images, audio or video hoaxes that look realistic.

The Alternative Provision Service will treat any use of AI to access harmful content or bully pupils in line with this policy and our Behaviour Policy.

Staff will be aware of the risks of AI tools whilst they are being developed globally, and will carry out risk assessments for any new AI tool being used by the school.

## Section 32

### Promoting Mental Health & Wellbeing

Promoting children's wellbeing is a key part of keeping them safe, helping them develop and ensuring they have positive outcomes into adulthood (Children's Society, 2012; Public Health England 2015)

Mental health is an individual's cognitive, behavioural, and emotional wellbeing (Mind 2020). Mental health plays a key role in a child's overall wellbeing and can be affected by various factors, including:

- Stress
- Family Circumstances
- Abuse and Neglect
- Environment

The term 'mental health issues' is used to refer to mental health problems, conditions, and mental illnesses. This issue may or may not be medically diagnosed.

Negative experiences can adversely affect a child's mental health, just as positive experiences can improve it.

Mental Health can change over time, to varying degrees of seriousness and for different reasons.

Negative experiences such as abuse, and neglect can adversely impact a child's mental health.

Mental health issues can also sometimes lead to safeguarding and child protection issues, for example if a child's mental health begins to put them or other people at risk of harm

### **ACE'S – Adverse Childhood Experiences**

The balance between the risk and protective factors is more likely to be disrupted when difficult events happen in children's lives.

#### **Who is at risk?**

Any child can develop mental health issues. Research has shown that there are some factors that are associated with children's long-term mental health and behaviour in education.

#### **Abuse and Neglect**

The traumatic impact of abuse and neglect increases the likelihood of children developing a range of mental health issues – both during childhood and in later life. This includes anxiety, depression, eating disorders and post-traumatic stress disorder.

Children who have experienced emotional abuse may be more likely to develop anxiety and depression compared with children who have experienced other types of abuse. PTSD is often related to children who have been sexually abused.

Abuse and neglect can also make children more vulnerable to developing more than one mental health condition at one time (known as composite mental health issues) (Chandan et al, 2019)

### **Additional needs and disabilities**

Children with additional needs and disabilities may face a range of challenges including:  
Reduced mobility

- Prejudice, discrimination, and bullying
- These challenges may lead to lower self-confidence, difficulty forming friendships and social exclusion, putting the at higher risk of developing mental health issues (Falconbridge, Hunt and Laffan, 2019)

**Note:**

It is important not to confuse the signs of learning disabilities with the symptoms of mental health issues. This could lead to concerns not being recognised and responded to quickly and appropriately by staff

## **Black and Minority Ethnic (BAME) Children**

Children from black and minority ethnic groups may experience:  
Racism, discrimination and prejudice. This can be direct, indirect or institutional.  
An increased stigma around mental health issues in the community

This can lead to inequalities and issues in accessing appropriate care and support for mental health needs (Race Equality Foundation 2020)

## **Life Events**

Stressful or traumatic situations and experiences, such as bereavement or sudden changes in environment, can trigger mental health issues.

## **Living in Care**

Children in care are more likely than their peers to have a mental health difficulty (NSPCC 2019) This can be due to isolation and loneliness. Children in care may also have experienced abuse of neglect, which increases the likelihood of developing mental health issues (National Youth Advocacy Service 2019)

## **LGBTQ+ Children**

LGBTQ+ children may experience:

- Prejudice, discrimination and bullying
  - A fear of or actual rejection from family and / or friends
  - Feeling excluded or like an outsider
- They may also experience gender dysphoria: the distress when someone's assigned gender does not match their identity.

These factors and experiences mean they are more likely than their heterosexual and cisgender peers to experience a range of mental health problems (Chakraborty et al 2011; Becerra-Culqui, et al 2018)

## **Recognising issues**

It is important to be able to recognise the signs that a child may be struggling. However, some mental health issues may not have visible signs.

Some children may try to hide how they are feeling or what they are doing (Theodosiou L. et al, 2020) This might be because they:

- Worry they won't be taken seriously
- Believe others won't understand
- Have a negative experience talking about their thoughts and feelings in the past
- Feel that no one can help them
- Fear being dismissed or labelled an attention seeker or 'crazy'

## **Responding**

A child may not wish to talk specifically about their mental health, but about the struggles and issues in their daily lives (Mental Health Foundation and Camelot Foundation 2006).

If you are concerned that a child may be struggling, it is important not to wait for them to talk to you before trying to start a conversation. Encourage them to talk with you or with another trusted adult.

## **Talking with a child about their mental health**

- Use the language that they understand, this will differ according to their age and stage of development.
- Avoid using technical or diagnostic language that children might find unfamiliar, confusing and distant from their experiences.
- Never assume you understand what the child means.
- Make sure you check the language the child is using, for example a child may use the word 'anxiety' to describe a feeling of general nervousness or to describe severe anxiety attacks.
- By paying attention to the language children use to describe their feelings, you can reflect the terms they use in your own language. This will help them feel listened to.

Children with communication difficulties, additional needs or disabilities, (SEND) may need extra time and support when they need to talk.

Some children with mental health problems will have experienced abuse. An open environment will help them talk about the challenges they are facing and may help them feel able to tell you what has been happening to them.

## **Promoting mental health and wellbeing**

Anyone who works with children has a responsibility to promote their mental health and wellbeing. This may include:

Discussions about mental health can be integrated into the curriculum as part of PHSE

- Helping a child with online wellbeing
- Encouraging the child to take physical exercise
- Supporting the child in maintaining routines

## **Understanding**

Childline counsellors, using a continuum model to help them understand how a child is feeling. It is important to remember when using this tool that a child's mental health changes continuously, so you need to refer to this continuum regularly.

### **Doing ok**

- Communicates effectively with others
- Seeks help when needed
- Can focus on specific issues
- Has healthy relationships
- Identifies and tries to solve problems
- Uses healthy coping strategies

### **Struggling**

- Struggles communicating with others
- Is unsure how to access help
- Relationships are beginning to suffer
- Begins to use unhealthy coping strategies
- Has some sleep issues, low energy and fatigue
- Is able to engage well in some areas

### **Unwell**

- Feels overwhelmed and isolated
- Struggles to focus on specific issues
- Struggles to access and / or engage with services
- Has disturbed sleep
- May have suicidal thoughts
- Relies on unhealthy coping strategies
- May already have a mental health diagnosis
- Is ambivalent towards change

### **In Crisis**

- Has made recent suicide attempts
- Is distrustful of support services
- Mental health symptoms are unmanageable
- Has escalating self-harming behaviours
- Distress may not reduce when talking
- Not engaging at home or school
- Is resistant to change

### **Using SOS Scaling techniques**

Scaling questions can help you to understand how a child is doing and any actions that you may need to take to help and support them.

### **Examples**

If 0 means your mental health is at its worst and 10 is at its best, how are you doing at the moment?

If 0 means that you are having a panic attack and 10 means that you feel completely calm and confident, how would you rate the way you feel before going to school?

You can also use the scaling tool to find out what support the child would like to move up the scale for example:

What is it that puts you at a 5 rather than a 6?

What can we do to help you move from a 3 to a 4?



If a child isn't able to engage in a discussion with you about their mental health, you should still consider what support can be put in place for them. Is there another professional working with the child who you can talk to? Always speak with your DSL

## Safeguarding

You must always consider whether you need to take action to protect a child or those around them from harm. If you identify a safeguarding or child protection issue, then speak to your DSL and follow safeguarding procedures.

### Safeguarding issues include:

- A child being at immediate and / or significant danger
- Someone else being in immediate and / or significant danger
- A child being at risk of or experiencing abuse

### Getting support

There are different types of support for child with mental health conditions. These include the following:

- **Contacting a GP;** Advising parents to take the child to see the GP and **follow up** with the parent to make sure this has happened; GP's may be able to diagnose mental health conditions, suggest next steps and provide medication.
- **Child and Adolescent Mental Health (CAMHS);** CAMHS is a free NHS service for children that aims to help with mental health problems such as depression, anxiety, self-harm and eating disorders. You can find CAMHS services in your area through **NHS CAMHS webpage** [www.nwbh.nhs.uk/camhs-sthelens](http://www.nwbh.nhs.uk/camhs-sthelens)
- **Counselling and therapeutic services;** These services can include online helplines; Counselling services are available through a range of fee-paying and free services.
- **Childline;** Children can get free confidential support from a Childline Counsellor. Childline also offer a range of resources for children:
  - Art box – to write or draw about their feelings
  - Calm zone with breathing exercises
  - Games to help relax and de-stress
  - Childline also has dedicated resources for **under 12's**
- **NSPCC services**
- **Hear and Now;** Is a therapeutic service that aims to address behavioural and emotional issues faced by children that have been affected by sexual abuse
- **Letting the Future in** Is a play therapy service that helps children who have been sexually abused
- **The Lighthouse** Is a multi-agency service that provides guidance and support to help children and young people recover from sexual abuse
- **Life Story Work** Is a direct support service that works with children in care to help them understand and accept their personal history.

## Section 33

### Self Harm & Suicidal Behaviour

The reasons children self-harm are often complicated and will be different for every child.

Sometimes a child may not know the reasons they self-harm. For many it can feel like a way to cope with / escape from difficult feelings or an unbearable situation or emotional pain, to release tension and stress, to express hostility, to take control, or to punish self or others.

The physical part of hurting themselves can feel like a distraction from the emotional pain.

Self-harm can be a secretive behavior that can go on for a long time before being uncovered.

Some difficult experiences or emotions can make self-harm more likely in children

Sometimes children can struggle to express how they are feeling in other ways and use the act of self-harm to release their emotions

Children who self-harm may unintentionally kill themselves by accident but not all children that exhibit self-harming behaviors are at high risk of suicide

#### Definition of self-harm

Self-harm is any behavior where the intent is to deliberately cause self-harm. This could include.

- Cutting
- Swallowing hazardous material or substances
- Burning
- Over/under using medication for example Insulin
- Hitting / punching / head banging
- Skin pricking / scratching / hair pulling
- Taking an overdose of tablets
- Alcohol / drug misuse
- Over and under eating
- Self-strangulation / attempted hanging
- Depression or anxiety
- Low self esteem
- Abuse or neglect
- Unresolved issues regarding sexual orientation
- Bereavement and experience of suicide by significant others
- Poor parental relationships or parental separation
- Hopelessness
- Domestic abuse
- Social isolation and loneliness
- Bullying, including cyber bullying
- Academic pressure (especially related to exam times)
- Trauma
- Suicide or self-harm related internet use
- Physical health conditions that may have a social impact
- Trouble at school or with the police
- Alcohol or drug misuse
- Family factors (mental ill health, physical illness or substance misuse)

## **Warning signs**

Children who are self-harming or who are contemplating suicide may display changes in behavior, for example

- Suicide related internet use (searching for information about suicide or posting messages with suicidal content)
- Physical marks or scarring on the body
- Expressions of suicidal ideation (especially to peers)
- Reluctance to undress for PE or expose specific parts of the body where injuries may be located
- Changes in mood
- Dip in school grades
- Becoming withdrawn
- Changes in eating / sleeping patterns
- Expressing feelings of hopelessness or failure
- Abuse of alcohol or drugs
- Isolation from family and friends

## **What should I do?**

When an incident of self-harm is identified, the practitioner should talk to the child in a respectful, calm and non-judgmental way to establish as far as possible if they have taken any substances or injured themselves in order to establish if urgent medical treatment is required. If medical treatment is not required, then it would be appropriate to explore with the child the nature of their self-harming or suicidal ideation. This is not a formal assessment.

## **Questions to ask at this stage?**

Use SOS scaling to help you. Ask the child on a scale of 0 – 10 where 0 = the worst they have ever felt to 10 = the best they have ever felt:

- Where are they right now?)
- How long have they felt like this?
- Are they at risk of harm from others?
- Are they worried about something?
- Do they have any health or relationship difficulties, abuse, or sexual orientation issues?
- What other risk-taking behaviours have they been involved in?
- What have they been doing that helps?
- What are they doing that stops the self-harming behavior from getting worse?
- What could be done in school or at home to help them with this?
- How are they feeling generally at the moment?
- What needs to happen for them to feel better?
- Have they thought about ending their life? If yes, have they thought about how they would do this? How often do they think about doing this? Do they have a plan now?
- Do they know anyone else who has died as a result of suicide?
- Have they told anyone else about how they are feeling? When was this?

## **Signs of Safety Worry Path**

If the child is reluctant to talk to ask them ' On a scale of 0 – 10 where 0 = you have lots of worries 10 = you are not worried about anything at the moment – where are you? This can help to open a discussion and help you both decide what needs to happen next

There is also website for professionals in St Helens – okay to ask campaign

For children and families in St Helen's there is online support

- Stay alive app
- Kooth.com
- Childline.org.uk
- Boss-sthelens.co.uk
- **St Helens Child & Adolescent Mental Health Services (CAMHS)**
- **BOSS** free, safe and confidential website for 11-19 year old young people in St Helens
- **Childline**
- **Youngminds help for parents** Support for Parent
- **MindEd** free educational resources for adults about CYP mental health
- **kooth** is a free, safe, anonymous online mental health community for young people
- **ISMA** Top tips for teens
- **GrowYourHappypadlet** Created by Young People for Young People, the #GrowYourHappy padlet is an easy to read and navigate, fun, pressure-free online space with swipeable resources, support services and mood-boosting content.
- **Young Minds** support and empowerment for children and young people
- Young Minds **Crisis Messenger**: text YM to 85258. FREE and CONFIDENTIAL to EE, O2, Three and Vodafone. These include BT Mobile, Tesco Mobile, Virgin Mobile, iD Mobile, Sky, Telecom Plus, Lebara and GiffGaff
- **HOPELINEUK** If you are a young person (under 35) at risk of suicide or are worried about a young person at risk of suicide run by Papyrus
- **GrowYourHappypadlet** Created by Young People for Young People, the #GrowYourHappy padlet is an easy to read and navigate, fun, pressure-free online space with swipeable resources, support services and mood-boosting content
- The Listening Service, run by **YMCA** offer 1 to 1 support for ages 12 to 18. Call 01744 415260, email ListeningService@ymcasthelens.org.uk or brief online referral **Listening Service Referral Form**

## Section 34

### Drug and Alcohol Misuse

All children need high quality drug and alcohol education, so they have a thorough knowledge of the effects and harms and have the skills and confidence to choose not to use drugs and alcohol (*Government Drugs Strategy, Supporting People to Live a Drug Free Life, 2010*)

#### **Within the Alternative Provision Service we ensure that:**

- Our children feel supported by the whole school community knowing they can talk to any member of staff if they are worried about themselves or someone, they know
- We provide a supportive environment, where pupils are aware of the school rules, and we promote open discussion as part of our PHSE programme to help them feel confident to ask for help
- Staff have access to high quality training and support offered through our YPDAAT service
- Our Safeguarding Manager works in close partnership with the YPDAAT Manager to ensure the best possible decisions and outcomes are being made to support our children

For the purpose of this policy, a drug is defined as: “*a substance people take to change the way they feel, think or behave*” (United Nations Office on Drugs and Crime).

This broad definition allows for the inclusion of all substances, legal/illegal drugs (including alcohol, tobacco, e-cigarettes and Nicotine Containing Products), all “over the counter” and prescription medicines and volatile substances. It also includes caffeine containing products such as high energy drinks

#### **Our drug education program will:**

- Start from the child’s baseline knowledge
- Increase children’s knowledge and understanding
- Clarify misconceptions about drugs
- Develop children’s personal and social skills to make informed decisions so they can help to keep themselves safe and healthy
- Develop self-esteem and self-awareness
- Enable children to explore their own and other people’s attitudes towards drugs, drug use and drug users
- Enable children to challenge stereotypes and explore media and social influence
- Take account of children’s views so that is it both appropriate to their age and ability and relevant
- Work closely with our children, their parents, their community and YPDAAT service

#### **Drug Incident Categories**

The categories of drug incidents are based on DfE guidance. These include:

- Drug or paraphernalia found on school premises
- Pupil disclosure of drug use
- Emergency / intoxication
- Disclosure of parent / carer drug use

- Pupil in possession of unauthorised drug
- Parent /carer expresses concern
- Pupil supplying unauthorised drug
- Incident occurring off school premises

In cases whereby children are presenting in school / provision displaying signs of being under the influence, this should be recorded as emergency/intoxication. (see Appendix 5)

### **What do I do?**

If rumours of drug misuse are disclosed report this to the DSL who will assess the information sensitively and decide what further action to take.

### **Whenever there is a drug related incident in school:**

The DSL within each provision will take a lead role in completing a Drug Incident Form which must be completed and sent to YPDAAT

This form must also be uploaded on to CPOMS under the following categories: YPDAAT, Drug Incident form and Safeguarding

The DSL, Safeguarding Manager and Head Teacher be alerted as standard practice

Other Actions to be taken:

- Telephone Consultation with YPDAAT for Parents if they have concerns or need advice  
Online Parenting Course Creative Education again to raise awareness for parents around drugs
- Group work for Child as part of PSHE -
- YPDAAT referral consent based

### **Websites**

KOOTH - <https://www.koothplc.com/our-products/young-people> - Support for the child

YPDAAT - <https://yaz.sthelens.gov.uk/main-sections/drugs-alcohol/> - Support for the Parent and child

TALK TO FRANK <https://www.talktofrank.com> – Support for the parent and child

The Safeguarding Manager is required to feed back to PRU Management Committee each term the number of forms completed.

### **Informing Parents**

Parents/carers have the right to be informed of any incident that could result in potential harm to their child. This can be a very sensitive issue for parents, and therefore, it will be handled with care and consideration. School staff will deal with issues on an individual basis and give parents an indication at initial contact what action has taken place and what will be the likely outcome. YPDAAT will provide telephone consultation to parents who are worried about their child's drug use.

## **Sanctions**

In most circumstances parents will be contacted when an incident has occurred.

If the Teacher in Charge assesses that the situation is a safeguarding issue then Social Care will be contacted in the first instance.

Alternative Education does not condone drug misuse or criminal behaviour.

However, in deciding an appropriate sanction we will always consider the interests of the child balanced against the best interests of the whole school community.

Whilst suspension is a possible sanction it would only be used considered as a last resort.

A range of responses may also be considered that may include:

- A targeted support program.
- Referral to Young People Drug and Alcohol Team (YPDAAT)
- Home school contract
- A managed move
- Suspension
- Expulsion

### **Consideration will always be given to:**

- The age of the child
- Whether one child or a group of children are involved
- Whether there is evidence of particular peer pressure
- Whether it is a child's first offence

### **Further documentation and Information can be found in the CPOMS Library**

YPDAAT Drug Incident Form

YPDAAT Referral

YPDAAT Screening Tool

YPDAAT Flow Chart

***For further information go to Appendix 5***

## Section 35

### Radicalisation and Extremism

#### Preventing radicalisation

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. Extremism is vocal or active opposition to fundamental British values, such as democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs.

Schools have a duty to prevent children from being drawn into terrorism.

All staff will undertake Prevent awareness training to make sure that all staff are equipped to identify children at risk.

We will be vigilant and assess the risk of our most vulnerable children being drawn into terrorism.

This assessment will be based on an understanding of the potential risk in our local area, in collaboration with our local safeguarding partnership and local police force.

We will ensure that suitable internet filtering is in place and equip our pupils to stay safe online at school and at home.

It is important to be aware that there is no single way of identifying an individual who is likely to be susceptible to an extremist ideology.

Radicalisation can occur quickly or over a long period. You need to be alert to changes in children's behaviour.

The government website [Educate Against Hate](#) and charity NSPCC say that signs that a pupil is being radicalised can include:

#### PREVENT

If you are concerned that a child is showing signs and indicators that they may be exposed to extremism or being drawn into terrorist activity, these are factors that we might be worried about?

- Refusal to engage with, or becoming abusive to, peers who are different from themselves
- Becoming susceptible to conspiracy theories and feelings of persecution
- Changes in friendship groups and appearance
- Rejecting activities, they used to enjoy
- Isolating themselves from family and friends
- Talking as if from a scripted speech
- An unwillingness or inability to discuss their views
- Increased levels of anger
- Increased secretiveness, especially around internet use
- Mental health issues
- Easily influenced or controlled by another group
- A need for belonging / identity and meaning
- Learning needs and disabilities
- Increased time spent on the internet



- At a transitional part of life
- Becoming more vocal about a desire for political or moral change
- Withdrawal from friendship groups or family
- A sudden desire for adventure, excitement, and status
- Using social networks to promote, voice or support extremist views
- A need to control others using power or dominance
- Expressions of sympathy for extremist ideologies and groups, or justification of their actions
- Accessing extremist material online, including on Facebook or Twitter

Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. It is important to note that these signs can also be part of normal teenage behaviour – staff should have confidence in their instincts and seek advice if something feels wrong.

Further information on the school's measures to prevent radicalisation are set out in other school policies and procedures, including behaviour policy and e-safety policy.

Staff should **always** act if they are worried **then** discuss this with your DSL to access and complete a National PREVENT Referral Form, allocated by your Local Authority.

Forward this to the Police [prevent@merseyside.pnn.police.uk](mailto:prevent@merseyside.pnn.police.uk)

**AND**

St Helens Front Door simultaneously [adultandchildrenteam@sthelens.gov.uk](mailto:adultandchildrenteam@sthelens.gov.uk)

### **Checking the identity and suitability of visitors**

All visitors will be required to verify their identity to the satisfaction of staff and to leave their belongings, including their mobile phone(s), in a safe place during their visit.

If the visitor is unknown to the setting, we will check their credentials and reason for visiting before allowing them to enter the setting. Visitors should be ready to produce identification.

Visitors are expected to sign the visitors' book and wear a visitor's badge.

All visitors to our setting, including visiting speakers will always be accompanied by a member of staff.

We will not invite into any part of the service any speaker who is known to disseminate extremist views, and we will carry out appropriate checks to ensure that any individual or organisation using school facilities is not seeking to disseminate extremist views or radicalise pupils or staff.

### **Prevent duty - Safeguarding students who are vulnerable to extremism.**

**The school's prevent strategy** follows the statutory guidance on the school's responsibility to fulfil our Prevent Duty. We are aware that there have been occasions, both locally and nationally, in which extremist groups have attempted to radicalise vulnerable children to hold extreme views including those 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.

The Prevent strategy aims to stop people from becoming terrorists or supporting terrorism.

It is rare for children to become involved in terrorist activity. However, some students from an early age can be exposed to terrorist and extremist influences or prejudiced views. Consequently, the school takes the view that early intervention is always preferable and includes this in its procedures as it does for all safeguarding concerns.

In line with both the fundamental British Values and our own School Values, the following key principles underpin the community in which Alternative Education is based:

- Inclusion
- Tolerance
- Freedom of speech
- The expression of beliefs and ideology

Both students and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility.

Free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued.

Free speech is subject to treating others with respect, understanding differences, equality, an awareness of human rights, community safety, and community cohesion.

The Alternative Provision Service is committed to working with the local authority and other local partners, families, and communities to play a key role in ensuring young people and our communities are safe from the threat of terrorism.

## Section 36

### Grooming

#### What is Grooming?

Many children don't understand that they are being groomed or that what has happened to them is abuse.

Groomers can use social media sites, instant messaging apps, including teenage dating apps, or online grooming platforms to connect with the child.

They can spend time learning about a child's interests from their online profiles and then use this knowledge to help them build a relationship.

It is easy for groomers to hide their identity online – they may pretend to be a child and then chat and become 'friends' with children they are targeting.

Groomers no longer need to meet children in real life to abuse them. Increasingly groomers are sexually exploiting their victims by persuading them to take part in online activity.

#### Signs of grooming

- Going missing from home or school
- Secretive use of technology /spending more time online
- Becoming withdrawn or upset
- Underage drinking or drug taking
- Having unexplained gifts, clothes or new mobile phones that they can't or won't explain
- Alcohol and/or drug misuse
- Sexualised behaviour / language or an understanding of sex that is not appropriate for their age
- Spending more time away from home or going missing for periods of time
- Having a much older boyfriend /girlfriend
- Developing sexual health problems
- Mental health problems

#### Groomers may look for:

- Usernames or comments that are flirtatious or have a sexual meaning.
- Public comments that suggest a child has low self-esteem or is vulnerable.
- Groomers don't always target a particular child, sometimes they will send messages to hundreds of children and see who responds.

#### Gaining power

Once they have established trust groomers will exploit the relationship by isolating the child from friends or family and making the child feel dependent on them.

Groomers will use power and control to make a child believe they have no choice but to do what the groomer wants.

#### Secrets

Groomers may introduce 'secrets' to control or frighten the child.

Sometimes they will blackmail the child or make them feel ashamed or guilty to stop them telling anyone about the abuse.

#### Manipulation

Groomers test a child's compliance by persuading them to carry out inappropriate or abusive activities.

They use tactics such as reverse psychology (for example 'I'm not sure about this, I think you might be too young') or strategic withdrawal (such as 'it was just an idea, its completely up to you') which gives the child the impression that they are in control of the situation (**Lorenzo-Dus, Izura and Perez-Tattam, 2016**)

### **Speaking out about grooming?**

It is rare for a child to tell an adult about being groomed. Children may not speak out because they are:

- Ashamed
- Feeling guilty
- Unaware they are being abused
- Believe they are in a relationship with a 'boyfriend' or 'girlfriend'.

### **What makes children vulnerable to grooming?**

- Children in care
- Children who are exploring their sexuality and identity online
- Those who are experiencing difficulties with peers, including social and communication problems.
- Children with low self-esteem and confidence (who want to be liked)
- Children who have limited awareness about online risks (they may not recognise 'stranger danger' in the online world they may see all online contacts as friends)
- Those with online activity that isn't appropriately monitored or supervised.

### **Effects of grooming**

A child may have difficulty sleeping, be anxious or struggling to concentrate or cope with schoolwork.

They may become withdrawn, uncommunicative, and angry or upset.

### **What can I do?**

Teach children about healthy relationships as part of PHSE / RSE

Help children develop awareness and skills they need to keep themselves safe online.

Teach younger children the PANTS rules.

Speak to your DSL if you have any concerns.

Your DSL will act to make a SRF to social care if necessary.

**If a child reveals abuse - See Disclosures section**

## Section 37

### Harmful Sexual Behaviour (HSB)

*'Sexual behaviour expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult'. (Working Together, 2018).*

HSB is a behaviour by a child which is inappropriate to their developmental age and/ or is violent.

A younger child can abuse an older child if there is a difference in understanding for example if one child is disabled.

Some children who exhibit HSB may not realise that this behaviour is wrong.

In most cases, children abuse someone that they know.

Most children who exhibit HSB have experienced abuse or neglect themselves.

Under HSB they may be criminalised or treated as an adult rather than an abused or traumatised child

### Recognising harmful sexual behaviour - Signs and indicators

Sexualised behaviour sits on a continuum with five stages:

1. **Appropriate** - the type of sexual behaviour that is considered 'appropriate' for the child depends on their age and stage of development.
2. **Inappropriate** - this may be displayed in isolated incidents but is generally consensual and acceptable within a peer group.
3. **Problematic** - this may be socially unexpected, developmentally unusual, and impulsive, but no element of victimisation.
4. **Abusive** - this often involves, manipulation, coercion, or lack of consent.
5. **Violent** - this is very intrusive and may have an element of sadism

### Risks and Vulnerability factors

- Complex needs
- Have poor self-regulation and coping skills
- experience social anxiety and a sense of social inadequacy
- have poorly internalised rules for social behaviour
- lack secure and confident attachment to others
- have limited self control and act out emotional experiences through negative or otherwise inappropriate behaviour
- Have little insight into the feelings and needs of others or their own mental state
- Place their own needs and feelings ahead of others
- Show a poorly defined sense of personal boundaries
- Have developed strong and not easily corrected cognitive distortions about others, themselves and the world they share
- Have deficits in social skills and in social competence overall

## **Healthy and unhealthy relationships**

Children may not always understand that a relationship is unhealthy, so they may not always be able to speak out about it which is why the adults around them need to spot the warning signs

### **Healthy relationship**

A healthy relationship is one where a child is respected and feels valued for who they are. It is where they can openly share their thoughts and feelings and feel supported and encouraged

#### **Healthy relationships include:**

- Good communication
- Mutual respect
- Trust
- Honesty
- Equality
- Being yourself

In a healthy relationship a person is free to make choices about their own behaviour and is not controlled or coerced into doing anything

### **Unhealthy relationship**

An unhealthy relationship is one where the child is not treated with respect. They may be forced or coerced into doing things that they are uncomfortable with, made to behave in a certain way, or be made to feel they are not good enough.

Being in an unhealthy relationship negatively affects a child's wellbeing.

They may feel anxious or not free to make their own decisions.

It is important that adults take appropriate action to keep a child safe.

#### **Recognising the signs - A child may:**

- Lack close relationships other than with one particular person
- Be isolated from friends and family
- Be prevented from working or going to school
- Have their money taken away or be controlled
- Have access to food, drinks and every day items restricted
- Have their time monitored / heavily controlled
- Have their social media accounts controlled or heavily monitored
- Be told what to wear
- Feel pressured to do things they are not comfortable with
- Be put down or criticised
- Experience threats of violence If they don't behave in a certain way
- Experience threats to loved ones or pets
- Be threatened with damage to their personal property

Sometimes children may display unhealthy behaviours towards someone else. If a child is becoming possessive, controlling or violent towards another person, or displaying bullying or harmful sexual behaviour, this may be an indicator that something else in their life is causing them distress. It is vital that you respond quickly to make sure the child gets the support they need and their behaviour does not cause harm.

## Section 38

### Sibling Abuse

At times all siblings fight and call each other mean names, however the difference between 'typical sibling behaviour and abuse'. Abuse occurs when one sibling consistently intimidates, terrorises or controls another.

#### **Some possible signs of sibling abuse are:**

- One child always avoids their sibling
- A child has changes in behaviour, sleep patterns, eating habits or has nightmares
- A child acts out abuse in play
- A child acts out sexually in inappropriate ways
- The children's roles are rigid, one child is always the aggressor, the other the victim
- The roughness or violence between siblings is increasing over time

#### **What are some of the risk factors for sibling abuse?**

- Parents are not around much at home
- Parents are not very involved in their children's lives, or are emotionally distant
- Parents accept 'sibling rivalry' and 'fights' as part of their family life, rather than working to minimise them
- Parents have not taught the children how to handle conflicts in a healthy way from early on
- Parents do not stop children when they are violent to each other ( they may assume it was an accident, part of a two-way fight or normal horseplay)
- Parents increase competition among children by:
  - Playing favourites
  - Comparing children
  - Labelling or type casting children (even casting children in positive roles is harmful)
- Parents and children are in denial that there is a problem
- Children have inappropriate family roles, for example they are burdened with too much care taking for a younger sibling
- Parents have not taught children about sexuality and personal safety
- Children have been sexually abused or witnessed sexual abuse
- Children have access to pornography
- **Children are exposed to violence:**
  - In their family (domestic violence)
  - In the media (for example in TV shows, films, video games)
  - Among their peers in their neighbourhood (for example bullying)

#### **Research indicates that the long-term effects of surviving sibling abuse can include:**

- Depression, anxiety and low self-esteem
- Inability to trust, relationship difficulties
- Alcohol and drug addiction
- Learned helplessness
- Eating disorders

Sibling conflict does not have to be physical to create insecurity and poor self-image in adulthood. Emotional abuse such as teasing, name-calling and isolation can also do long term damage.

The abuser is also at risk – for future violent or abusive relationships, like dating violence and domestic abuse

### **Sibling Sexual Abuse**

Not all sexual behaviours between siblings is abuse, it is important to distinguish children's sexual play and exploration from abuse.

Sibling sexual abuse includes developmentally atypical behaviours, differences in power, some degree of coercion or force and a lack of consent

Research suggests (**Katz and Hamama 2017**) that those who sexually harm siblings commit more acts of abuse, and over longer periods of time.

Sibling sexual abuse commonly takes place within the context of multiple family difficulties, including neglect, physical abuse and family conflict.

Parental stress and family difficulties appear to be more extensive in families where the sexual harm has included sibling children

Some research found that children who harmed siblings were more likely to have been exposed to adult sexual behaviours or pornography in the absence of direct supervision or clear boundaries. In families where children witness violence and aggressive communication, siblings may model these behaviours. Children who experience rejecting, unavailable or emotionally absent parenting may increasingly rely on each other for comfort to compensate. Within these conditions the siblings can bond through sexualised curiosity, the onset of puberty and inattentive parenting.

It is important to consider the wider trauma and abuse that both siblings may have been exposed to. Children who display harmful sexualised behaviours may have been exposed to multiple forms of abuse in earlier childhood.

The responsibility for addressing sibling sexual abuse and ensuring future safety should be shared by the family and include multi-agency support for all family members not just those directly harmed.

When sibling abuse is unaddressed, the emotional impact throughout the family can be profound with enduring pain for all family members and some relationships fractured beyond repair



## **Section 39**

### **Upskirting**

#### **What is upskirting?**

Upskirting is a highly intrusive practice, which typically involves someone taking a picture under another person's clothing without their knowledge, with the intention of viewing their genitals or buttocks (with or without underwear). It often takes place in crowded places making it hard for the victim to know that a photograph has been taken.

It is now a criminal offence in England and Wales.

It can take place in a range of places and is a form of child on child abuse in schools and we would follow safeguarding procedures as outlined in this policy.

What may seem like harmless fun can have deeper consequences for both the victim and the perpetrator and everyone should be made aware of this

The new law will capture instances where the purpose of the behaviour is to obtain sexual gratification, or to cause humiliation, distress or alarm.

Anyone, any gender, can be a victim and this behaviour is completely unacceptable

#### **What effect can upskirting have on a victim?**

Victims are often distressed and feel humiliated.

It is a violation of privacy for victims

Reports given to the police are taken very seriously

#### **What punishment can be given under the new law?**

Perpetrators will face two years in prison

By criminalising this distressing practice it is hoped that it deters people from committing the crime

#### **What can victims of upskirting do?**

If you are a victim of upskirting, the police and other organisations can help

It is important that the victim doesn't suffer in silence, they may speak to a teacher / person they know and trust

It is important that the victim knows their rights, the police will be able to talk them through this  
Victims of upskirting will be entitled to automatic protection, i.e. from being identified in the media.

#### **Why has the law changed?**

A review of the law brought in The Voyeurism (Offences) Act, which commonly know as the Upskirting Bill was introduced on 21<sup>st</sup> June 2018. It came into force on 12<sup>th</sup> April 2019

Upskirting where committed to obtain sexual gratification, can result in the most serious offenders being placed on the sex offenders register.

The new law will send a clear message that such behaviour is criminal and will not be tolerated

## Section 40

### Sharing of Nude and Semi-Nude Imagery

Receiving or sending nude or semi-nude images of a person **under 18 is illegal**, even if they were taken or sent with their permission and classed as child abuse imagery

Sharing of nudes and semi-nudes is the exchange of sexual messages or self-generated sexual images or videos through a mobile phone network or the internet

Once a message or image has been shared, the sender has no control about how it is used. This can leave a child vulnerable to:

- Bullying
- Blackmail
- Online grooming
- Online abuse

It is also a criminal offence to create or share explicit images of a child, even if the person doing it is a child.

Even when incidents happen outside of school time, we have a responsibility to take action to protect **all** the children involved, whether they attend Alternative Provision Service or not. We must inform the education placement that all the children involved attend. This comes under our duty of contextual safeguarding.

It is important that children are made aware that it is against the law to produce or share explicit images of themselves or anyone **under the age of 18**.

It is equally important to remember that safeguarding a child is at the centre of any investigation where nude or semi-nude imagery is involved. We should avoid criminalising children unnecessarily; Police do not always need to make charges.

#### **What should I do?**

It is important if a child tells you they've been involved in sexting to be understanding and non-judgemental and tell your DSL as soon as possible who will then speak to the Safeguarding Manager.

#### **Try to find out a little bit more about what has happened:**

If it is an image, video, or message

- Who has sent it?
- Who is featured in it?
- How widely has the image been shared and with whom?
- Are there any adults involved?
- Is it on an organisational or personal device?
- How is the child feeling?

If the images were not intended to cause harm and the children involved have all given their consent the Police may not need to be involved.

#### **You must always complete a SRF Form if:**

- There is any adult involvement
- Any coercion or blackmail is involved

- The child involved has already been identified as vulnerable
- Any of the children are under the age of 13
- Even if the children are of the same age, it is about the level of power, coercion and control shown that needs to be explored further
- There is immediate risk of harm to a child
- If the child is open at level 2 or Level 3 then the Lead professional must be informed. The DSL should phone first to check that the social worker / Lead Professional is in work, if not speak to the social workers manager and then email all the concerns. **Never assume that the social worker is in work without checking first**

Use the Description of Need as your guiding document. Any completed referrals must also be uploaded to CPOMS

You should record on CPOMS the incident and all actions taken

#### **YOU MUST NOT:**

- **View, download or share the imagery yourself, or ask a pupil to share or download it. If you have already viewed the imagery by accident, you must report this to the DSL**
- **Deleted the imagery or ask the pupil to delete it.**
- **Share information about the incident with other members of staff, the pupil(s) it involves or their, or other, parents and/or carers**
- **Say or do anything to blame or shame any young people involved**

**DSL** - You should only search devices if the child is at risk of immediate harm. The DFE provides guidance for Head Teachers, staff and governing bodies (DFE 2018)

#### **The DSL will liaise with the Police and social care with agreed steps**

To get an explicit image or video removed if it has been posted online

Report the image to the site or network hosting it

Contact the Internet Watch Foundation (IWF)

Children can use Children's Report Remove Tool (the link for this can be found on our website in the support for children section)

#### **A young person is breaking the law if they:**

- Take an explicit photo or video of themselves or a friend.
- Share an explicit image or video of a child, even if it's shared between children of the same age.
- Possess, download, or store an explicit image or video of a child, even if the child gave their permission for it to be created.

#### **Senior Leadership Team**

Following an incident where nude or semi-nude imagery has been shared, the Head Teacher, Safeguarding Manager and the rest of the Senior Leadership Team will review what has happened and how it was dealt with to ensure the service learns from the incident to improve procedures

#### **Continued support for Children**

It is essential that all children involved in sharing nude or semi-nude imagery receive ongoing support. This should also involve parents unless there is a risk. It may also be appropriate to make a referral to a counselling service

Children need to understand the dangers, of sharing nude or semi-nude imagery the importance of healthy relationships and know who to talk to if anything makes them feel uncomfortable

### **Children should be encouraged to explore and discuss subjects such as:**

- Relationships
- Respect
- Consent
- Risk Taking
- Exchange of sexual messages and images between peers
- Bullying
- This can be included in PSHE and RSE lessons.

### **PHSE and RSE lessons are also a good way of:**

- Alerting children to the dangers of engaging with strangers online
- Teaching pupils how to reduce the risk of harm when using technology
- Helping children understand what material is appropriate to share and what is not

### **Informing parents**

The DSL will inform parents at an early stage and keep them involved in the process, unless there is a good reason to believe that involving them would put the pupil at risk of harm.

In the case of allegations of abuse made against other children, we will notify the parents that their child **only** is involved.

### **Legislation to protect children**

**The Protection of Children Act 1978** makes it an offence to take, make, show, distribute, possess (With a view to distribute) or publish an advertisement with an indecent photograph or pseudo-photograph of a child.

**Part 11 of the Criminal Justice Act 1988** makes it an offence to possess indecent images of children (whether you intend to distribute them or not)

Sometimes children who have been involved in of sharing nude or semi-nude imagery can be blackmailed. The child who received their image may threaten to share it more widely if the child doesn't send them more. Older children may also worry if their relationship ends, the partner they shared their image with may share it to get revenge. **Section 33 of the Criminal Justice and Courts Act 2015** makes it an offence to share private photographs or films with the intent to cause distress.

Sexual communication

**Part 67 of the Serious Crime Act 2015** makes it a criminal offence to engage in sexual communication with a child under 16. This includes communication that relates to sexual activity and communication for the purpose of obtaining sexual gratification (for example grooming and sexual abuse)

If an indecent image of a child shows a sexual act, the **Sexual Offences Act 2003** states that police must investigate to find out whether a sexual offence has been committed and act accordingly.

### **Outcome 21**

In January 2016 the Home Office launched outcome 21. This allows police in England and Wales to record that a crime has happened but that is not considered to be in the public interest to take formal criminal justice action.

An outcome 21 may be used in cases where:

The imagery the child shared was not abusive or persistent

There is no evidence of exploitation, grooming, profit motive or malicious intent

## Section 41

### Child Sexual Exploitation CSE

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child under the age of 18, into sexual activity in either an exchange for something that the victim needs or wants whether that is monetary or emotional and / or for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always have to involve physical contact, it can occur through the use of technology.

Females and males can be victims of CSE. The only difference in signs and indicators for the female is if there is a pregnancy.

The grooming process can happen in a number of minutes, or over a couple of months or even years.

Anyone can be a perpetrator of CSE regardless of their age, gender, intellect ethnicity or sexuality.

CSE can take place in many different forms and can include contact and noncontact sexual activities and can occur online or in person or a combination of both.

#### **What do I do?**

Don't rely on checklists, always make a holistic assessment of the vulnerability of the child making sure to examine both the risk and protective factors as set out in the statutory guidance Working Together 2018

Raise your concerns with your Teacher in Charge / Manager

Complete a Service Request Form (SRF) with as much information as possible relating to the CSE concerns and send it through to the address on the form along with an ERASE Form

#### **Guidance to completing a CSE concerns on a SRF Form**

Detail what evidence you have in relation to CSE

**History:** Detail a brief history of your agency's involvement with child  
Detail concerns in chronological order providing as much detail as possible, use specifics.

**In Depth Detail:** Don't just detail things like weapons/drugs or "at risk" detail what weapons, what drugs, quantities, what the exact risks are etc.

**Offenders / persons of concern:** provide as much detail as possible e.g. names, nicknames, usernames (& what apps used), descriptions, addresses/locations, vehicles and registration numbers, if they are known to be involved in criminality detail what type of offences.

**Associates:** provide full details of associates do not put "associating with a child open to the CE process" detail who the child is, why they are open to the CE process (if known), what is meant by "associating with"

**Locations:** detail locations of concern and locations that the child frequents in as much detail as possible. It is beneficial to detail any other persons known who attend these locations.

**Unknown Information:** If anything is unknown clearly detail that it is unknown to the referrer as this will prevent the referrer having to be re-contacted before screening can take place.

**Risk Levels:** Link everything back to risk levels to the child for example if the child is associating with a child open to the CE process detail in your opinion how this increases the risk level and the impact this has.

**What have you done:** Detail what actions you have taken in relation to the concerns and what the impact of these has been.

**Voice of the child:** What has the child said in response to the concerns/circumstances and what has been the impact on the level of risk from speaking to the child.

If the child has a social worker let them know immediately and the school if the child is dual registered

The SRF form will be screened, and it may progress to a CE2 Meeting where a variety of agencies will be invited to attend, and the case will be assessed with consideration to progress to MACE.

Contact Catch 22's St Helen's Missing Service for consultation for advice / resources or to discuss support available.

If you have any intelligence about a crime / CSE related, then contact Merseyside Police.

**Questions to consider looking at the signs, risks and indicators that are causing you to be concerned**

Has there been a change in the child / young person's behaviour that could be a sign and indicator of CSE? E.g. missing from home/ care, withdrawn, tired, anxious, irritable, upset, unexplained gifts, increased mobile use / new expensive mobile, older boyfriend, drop in attendance at school, leaving site not returning to school, not returning home and not answering parents when they try to ring.

Have you discussed your concerns with your Teacher in Charge / Manager?

Just because there is no evidence of criminal activity does not mean there is no role for the police.

Has your judgement been made on risk indicators and not gender?

**Appropriate Language Child Sexual and / or Criminal Exploitation – ( please be mindful of your use of language and follow the guidance outlined in Appendix 4 every step of the way)**

## Section 42

### Child Criminal Exploitation

Child Criminal Exploitation occurs where an individual or group takes advantage of a person **under the age of 18** and may coerce, manipulate or deceive a child or young person under that age into any activity.

- In exchange for something the victim needs or wants, and/or
- For the financial advantage or increased status of the perpetrator or facilitator and/or
- Through violence or the threat of violence.
- The victim may be exploited even if the activity appears consensual (i.e. moving drugs or the proceeds of drugs from one place to another).

**Child Criminal Exploitation** does not always involve physical contact; it can also occur using technology. (Home Office 2018) County Lines County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas (within the UK), using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and vulnerable adults to move (and store) the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons. (Home Office 2018)

Currently there is no statutory definition for Child Criminal Exploitation. However, it is covered within the Modern Slavery Act 2015 which sets out the offences of slavery, servitude and forced and compulsory labour in section 1, and human trafficking in section 2. Potential victims can be exploited in a number of ways, including sexual exploitation, forced labour, domestic servitude and criminal exploitation. Children may be forced to work in cannabis factories, move drugs, money or weapons across county lines or within their locality, launder money through their bank accounts or carry out crimes of theft or violence, particularly against other young people.

## Section 43 County lines

County lines is a form of Child Exploitation (CE). It is a major, cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons. The response to tackle it involves the Police, the NCA (National Crime Agency) and a wide range of Government departments, local government agencies and VCS (voluntary and community sector) organisations. County lines activity and the associated violence, drug dealing, and exploitation has a devastating impact on children, vulnerable adults, and local communities. Cuckooing Urban gangs establish a base in the market location, often by taking over the homes of local vulnerable adults by force and/or coercion, in a practice referred to as 'cuckooing'. Urban gangs then use children and vulnerable people to move drugs and money. Modern Slavery Act 2015 Section 2

The Multi-Agency Child Exploitation meeting (MACE) Child Exploitation takes places in local communities and information known to the full spectrum of statutory and voluntary sector agencies should be used to highlight the threat, establish, and reduce risk. It is anticipated that an improved intelligence picture will enable effective action for consistently tackling Child Exploitation across Merseyside

### **When a child has been exploited, it is never the child's fault.**

Any child or young person may be at risk of criminal exploitation, regardless of their family background or other circumstances. For some, their homes will be a place of safety and security; for others this will not be the case. Whatever the child's home circumstances, the risks from exploitation spread beyond risks to the child. Their families or siblings may also be threatened or be highly vulnerable to violence from the perpetrators of criminal exploitation. Like other forms of abuse and exploitation, county lines exploitation:

- Can affect any child or young person (male or female) under the age of 18 years;
- Can affect any vulnerable adult over the age of 18 years;
- Can still be exploitation even if the activity appears consensual;
- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- Can be perpetrated by individuals or groups, males or females, and young people or adults; and
- Is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

Perpetrators are known to target vulnerable children and adults; some of the factors that heighten a person's vulnerability includes:

- Having prior experience of neglect, physical and/or sexual abuse;
- Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example);
- Social isolation or social difficulties;
- Economic vulnerability;
- Homelessness or insecure accommodation status;
- Connections with other people involved in gangs;
- Having a physical disability or learning disability;
- Having mental health or substance misuse issues;
- Being in care (particularly those in residential care and those with interrupted care histories);



- Being excluded from mainstream education, in particular attending a Pupil Referral Unit. It is important when schools are considering exclusions they also consider the safeguarding risks to the child.

It is thought that 14-17 years is the most common age for children to be exploited but there are reports of children below the age of 11 years being targeted. Male children are most commonly identified as being criminally exploited, but female children are also used and exploited. It may be that female children are identified by agencies for other reasons other than criminal exploitation but are also being criminally exploited.

### **Signs and indicators**

Some potential indicators of county lines involvement and exploitation are listed below with those at the top of particular concern:

- Persistently going missing from school or home and / or being found out of area
- Unexplained acquisition of money, clothes, or mobile phones;
- Excessive receipt of texts / phone calls and/or having multiple handsets;
- Relationships with controlling / older individuals or groups;
- Leaving home / care without explanation;
- Suspicion of physical assault / unexplained injuries;
- Parental concerns;
- Carrying weapons;
- Significant decline in school results / performance;
- Gang association or isolation from peers or social networks;
- Self-harm or significant changes in emotional well-being.

Children's needs and safety must come first. This means that professionals need to work flexibly and continue to "stay with the child" even when they are unwilling to engage. Quite often when a child is telling you to go away, the underlying message is 'I need you more than ever'

Relationships between children and professionals that are based on consistency, stability and respectful communication will help in supporting effective interventions with exploited children.

When a child presents with offending, or other concerning behaviour, professionals need to be curious and compassionate and ask: what is happening in this child's life that is causing them to behave this way?

The behaviours that children present with, such as offending or violence, may result from exploitation outside the home and/or from abuse at home. Any interventions need to take into account all risks and needs. Children who have been criminally exploited are the victims of crime (although they may not initially see themselves as such).

Agencies should consider the context of the child's behaviour as well as the impact (for example, trauma, post-traumatic stress disorder (PTSD), mental health issues or substance misuse), to help determine an effective response. This is particularly relevant for children exploited through county lines activity.

All agencies across Merseyside should use the PAN Merseyside Child Exploitation 2020 Guidance when making a SRF. Referrals should always be made to the local geographical area where the child is currently residing.

If the child is 'looked after' and placed out of their Local Authority geographical boundary, the child's allocated social worker from their home authority must always be informed that a SRF has been completed with Child Exploitation concerns.

## Section 44

### Child on Child Sexual Violence and Sexual Harassment

Most cases of pupils hurting other pupils will be dealt with under our school's behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns.

Sexual violence and sexual harassment can occur between two children of any age and sex from primary to secondary stage and into colleges. It can also occur online. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

It is important that **all staff** are able to recognise, acknowledge and understand the scale of harassment and abuse and even if there are no reports it does not mean it is not happening, it may just be the case that it is not being reported

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 and will be exacerbated if the alleged perpetrator(s) attends the same school or college. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and face to face (both physically and verbally) and are never acceptable.

We recognise the gendered nature of child-on-child abuse (i.e. that is it more likely that girls will be victims and boys the offender) However all issues of child on child abuse will be taken seriously.

Child on child abuse can manifest itself in many ways and this is weaved throughout this policy.

Children are deemed to have criminal responsibility from the age of 10 years however problematic / harmful sexualised behaviours below this age will still need to be addressed

Physical assaults and initiation violence and rituals from one child to another can also be abusive. These are equally not tolerated and if it is believed a crime has been committed will be reported to the police

*(The principles from the anti-bullying policy will be applied in these cases)*

A child can be subject to, or at risk from harm by another child or children as a result of physical, sexual or emotional abuse. This can be through direct or isolated incidents, or a result of ongoing behaviour over a long period of time, for example through bullying. This abuse can also be perpetrated through the use of technology for example Sharing nudes and semi-nudes (*refer to this section of the policy*) and cyber bullying or as a result of association with gangs.

The interests of the victim must always be the paramount consideration.

We are committed as a whole service approach to ensure the prevention, early identification, and appropriate management of peer on peer / child on child abuse within our school and beyond.

In cases where child on child abuse takes place we will take a contextual approach to support **All** children that have been affected by the situation

Any child that has witnessed or disclosed sexual abuse there should be no delay in completing a SRF to social care.

## **Violent Crime**

All staff should be aware of indicators, which may signal those children are at risk from, or are involved with serious violent crime.

### **These may include:**

- Increased absence from school/ truancy/ increased exclusions / disengagement from school
- Changes in friendships
- New relationships with older individuals or groups
- A decline in school performance
- Unexplained, sometimes unaffordable new things (clothes, jewelry, mobile phone)
- Signs of self harm
- Significant changes in well-being
- Signs that an assault has taken place
- Child starts to frequent a flat where there are lots of visitors
- Child associates with others who do not appear to be familiar with the area
- Child goes missing
- An increase in anti-social behaviour in the community
- Unexplained injuries
- Being collected from school by unknown adults in either cars or taxis

These could indicate that children have been approached by, or involved with, individuals associated with criminal networks or gangs

## **Hazing**

Hazing, initiation ceremonies, refer to any activity expected of someone in joining or participating in a group that humiliates, degrades, abuses, or endangers them regardless of a person's willingness to participate

## **Trolling**

Trolling is a form of baiting online which involves sending abusive and hurtful comments across all social media platforms as following a chat room or blog, with the primary intention of provoking an emotional response from the reader

Sites such as Facebook, online forums, blogging sites and newspaper comments all have become a platform and a stage to bombard with insults, provocations and insulting threatening language, which causes distress to the person to whom the messages are being sent. Supporters of trolling see it as harmless fun, but it can cause extreme upset for the person being targeted

In the UK contributions made to the internet are covered by the **Communication Act 2003**. Sending messages that are grossly offensive or of an indecent, obscene or menacing character, is an offense, whether they are received by the intended recipient or not

## **Cyber Bullying**

Cyber bullying is an extension of face-to-face bullying and can have a negative impact on mental health, causing significant harm, ending in death in some cases.

The opportunity to bully using the internet has increased significantly with the widespread ownership of mobile devices by children and the increased use of social media sites

#### **It can take different forms:**

- Threats and intimidation
- Harassment or 'cyber stalking'
- Vilification /defamation
- Exclusion or peer rejection
- Impersonation
- Unauthorised publication of private information or images
- Unprovoked attacks (for example happy slapping)
- Sharing of nude or semi-nude images or threatening to
- Trolling
- Blackmailing

#### **Effects of Cyber bullying**

The effects of cyber bullying are similar to those of other forms of bullying

- Increase in non-attendance at school
  - Reduced confidence and self-esteem
  - Heightened levels of fear and depression
  - Increased levels of self-harm and attempted suicide
- (for further information see the Anti-bullying policy 2019)*

#### **What do I need to do?**

All reports of child-on-child abuse will be taken to the DSL who will use their professional judgement supported by the Safeguarding Manager, social care and police as required.

**We take all reports seriously and will reassure the victim that they will be supported and kept safe.**

Staff will not dismiss issues as 'banter' or 'growing up' or compare them to their own experiences of childhood. Staff will consider each issue and each individual in their own right before taking action.

Staff will remember to treat all children involved equally, it is not our job to judge it is our job to support the needs of all the children involved in the best way possible

You cannot promise confidentiality as the concern will need to be shared with the DSL and beyond depending on the seriousness of the incident. However, it is important information is shared only with who needs to know and the victim understands what the next steps will be and who the information will be shared with

A written report needs to be put onto CPOMS as soon after the interview as possible, recording the facts as presented by the child. This is very important as this could be used as part of a statutory assessment if escalated later.

Not all children will make a direct report, this may come from a friend who shares their concerns, or you may overhear a conversation that would suggest a child has been harmed. As with all safeguarding concerns it is important that these are shared with the DSL.

If the child has not reported the incident themselves then you need further understanding why the child has made this choice. This will need to be handled sensitively with the DSL and may need further support / advice from social care.

You should not assume that someone else has reported or is responding to a concern about a child, even if the child is not part of our service, the DSL within the school they attend will need to be informed.

### **Action following a report of Child on child Abuse**

Following an incident, we will consider

- The wishes of the victim in terms of how they want to proceed.
- The nature of the alleged incident (s), including whether a crime may have been committed and consideration of harmful sexual behaviour
- The ages of the children involved
- The developmental stages of the children involved
- Any power imbalance between the children, for example is the alleged abuser significantly older, more mature or more confident? Does the victim have a learning difficulty?
- The interplay between power, choice and consent needs to be explored
- If the alleged incident is a one off or a sustained pattern of abuse
- Arrangements to protect the victim and the other children, especially where the alleged abuser and victim are in the same household or class.
- Whether there is suspicion that the alleged abuser has been abused
- Whether there is reason to believe that adults are also involved

Parents of the victim and the alleged abuser will be informed and invited to be present when the children are interviewed formally

### **Children sharing a classroom**

Whilst the school establishes the facts of the case and starts the process of liaising with children's social care and the police:

- The child who has committed harm will be removed from any classes they share with the victim; we may decide to send one or both of the children home
- We will consider how best to keep the victim and the alleged child that has committed harm a reasonable distance apart on school premises and on transport getting to and from school to reduce the risk of further abuse

These actions are in the best interests of both children and should not be perceived to be a judgement on the guilt of the alleged child that has committed harm

### **What else can we do?**

It is important through PHSE (RSE) we ensure children know the risks:-

- We talk about child on child abuse in an age appropriate way
- Create opportunities for children to weigh up the risks and recognise that sometimes they will take risks that we as adults will disagree with

Our role is to be influencing children to be making the healthiest long-term choices and keeping them safe from harm in the short term

### **Check children have safe relationships**

- In their family
- With their peers

- With our staff
- Create an environment where it is okay to talk, even about the most difficult things

### **Spot the signs and know what to do**

Report your concerns to your DSL

Follow new guidance from St Helens Safeguarding Children Partnership

Everyone be confident to raise peer on peer abuse as a possibility

### **Next Steps**

Next Steps Once the outcome of the incident(s) has been established it is necessary to ensure future incidents of abuse do not occur again and consider the support and intervention required for those involved.

For the child who has been harmed What support they require depends on the individual. It may be that they wish to seek counselling or one to one support via a mentor. It may also be that they feel able to deal with the incident(s) on their own or with support of family and friends; in which case it is necessary that this child continues to be monitored and offered support should they require it in the future.

If the incidents are of a bullying nature, the child may need support in improving peer groups/relationships with other children, or some restorative justice work with all those involved may be required.

Other interventions that could be considered may target a whole class or year group for example a speaker on online bullying, relationship abuse etc. It may be that through the Peer on Peer Abuse can be addressed in the curriculum of Relationship and Sex Education (from 2021), that certain issues can be discussed and debated more frequently.

If the child feels particularly vulnerable it may be that a risk assessment can be put in place for them whilst in school so that they have someone named that they can talk to, support strategies for managing future issues and identified services to offer additional support.

For the child who has displayed harmful behaviour It is important to find out why the child has behaved in such a way. It may be that the child is experiencing their own difficulties and may even have been harmed themselves in a similar way. In such cases support such as one to one mentoring or counselling may also be necessary. Particular support from identified services may be necessary through a SRF and the child may require additional support from family members.

Once the support required to meet the individual needs of the child has been met, it is important that they receive a consequence for their behaviour. This may be in the form of restorative justice e.g. making amends with the child they have targeted if this has been some form of bullying. In the cases of sexually harmful behaviour it may be a requirement for the child to engage in one to one work with a particular service or agency (if a crime has been committed this may be through the police or youth offending service).

If there is any form of criminal investigation ongoing it may be that this child cannot be educated on site until the investigation has concluded. In which case, the child will need to be provided with appropriate support and education elsewhere. It may be that the behaviour that the child has displayed may continue to pose a risk to others, in which case an individual risk assessment may be required.

This should be completed via a multi- agency response to ensure that the needs of the child and the risks towards others are measured by all of those agencies involved including the child and their parents. This may mean additional supervision of the child or protective strategies if the child feels at risk of engaging in further inappropriate or harmful behaviour. The school may also choose a punishment as a consequence such as exclusion or move to another provision for a period of time to allow the child to reflect on their behaviour.

**After care:** It is important that following the incident the children involved continue to feel supported and receive help even if they have stated that they are managing the incident. Sometimes the feelings of remorse, regret or unhappiness may occur at a much later stage than the incident. It is important to ensure that the children do not engage in any further harmful behaviour either towards someone else or to themselves as a way of coping (e.g. self-harm). For this reason, regular reviews with all children involved following the incident(s) are imperative.

**Preventative Strategies:** Peer on peer abuse can and will occur on any site even with the most robust policies and support processes. It is important to develop appropriate strategies to proactively prevent peer on peer abuse.

It is important that children know that Alternative Education has an open environment where children can feel safe to share information about anything that is upsetting or worrying them.

There is a strong and positive PSHE/RSE curriculum that tackles such issues as prejudiced behaviour and gives children an open forum to talk things through rather than seek one on one opportunities to be harmful to one another.

We make sure that 'support and report' signposting is available to all our children.

Children are part of changing their circumstances and through pupil voice for example, we encourage young people to support changes and develop 'rules of acceptable behaviour'.

We involve pupils in the positive ethos in school; one where all children understand the boundaries of behaviour before it becomes abusive

## Section 45 Female Genital Mutilation (FGM)

### What is FGM?

FGM comprises of all procedures involving partial or total removal of the external female genital organs or any other injury to the female genital organs for non-medical reasons.

All professionals need to be aware as Female Genital Mutilation (FGM) is illegal and it is an offence in the UK to plan for FGM to be undertaken within the UK as is taking a child abroad to undergo FGM.

There is a specific legal duty on teachers regarding FGM. This is legislated in the **2003 Female Genital Mutilation Act (as amended by the Serious Crime Act 2015)**.

If a member of staff discovers that an act of FGM appears to have been carried out / or is going to be carried out on a **girl under the age of 18 years**, then they must report it to the police. It is mandatory that **All staff** recognise this responsibility. FGM is a form of child abuse.

### Why is FGM carried out?

FGM is carried out for several cultural, religious and social reasons. Some families and communities believe that FGM will benefit the girl in some way, such as preparing her for marriage or childbirth.

FGM is a harmful practice that isn't required by any religion and there are no health benefits of FGM.

### It is often based on a belief that FGM

- Will bring status / respect to the girl and give her social acceptance for marriage
- Preserves a girl's virginity
- Is part of being a woman /a rite of passage
- Upholds family honour. Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/ tradition
- Helps a girl to be clean / hygienic
- Is mistakenly believed to make childbirth easier

### When someone is at risk of FGM

- A relative or someone known as a 'cutter' is visiting from abroad.
- Parents say that they or a relative will take the child out of the country for a prolonged period.
- The family arranges / the child talks about a long holiday to her country of origin or family visits abroad during the summer holidays.
- A child may tell a professional that she is attending a special occasion, is going to have a special procedure, or attend a ceremony where a girl becomes a woman or is prepared for marriage.
- A professional hears reference to FGM as the child may have told another child.



## **Signs that may indicate a child has undergone FGM**

- Prolonged absence from school and other activities
- Behaviour changes on return from a holiday abroad, such as being withdrawn and appearing subdued
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs and asking to go to the toilet more often
- Isolating themselves from the group and their friends
- Reluctance to take part in physical activity

## **Short- and long-term Effects of FGM**

- Mental health issues – such as depression, flashbacks and self-harm.
- Severe and / or constant pain
- Infections such as tetanus, HIV, Hepatitis B and C
- Infertility
- Bleeding, cysts and abscesses
- Difficulties urinating or incontinence
- Organ damage
- Pain or difficulty having sex
- Problems during pregnancy and childbirth, that can be life-threatening for the mother and baby
- Death from blood loss or infections

## **The ‘One Chance’ rule.**

As with Forced Marriage, there is the ‘One Chance’ rule regarding FGM. This refers to staff potentially only having one chance to speak to a potential victim and thus may only have one chance to save a life. It is essential that staff take immediate action.

## **Guidance for speaking a child where you suspect a child is at risk of FGM**

These questions are advice and guidance, and each case should be dealt with sensitively and considered individually and independently.

If relevant ask the child at risk to tell you about their holiday. Sensitively and informally ask the child about their planned extended holiday and ask questions like;

- Who is going on holiday with the child?
- How long are they planning to go for and is there a special celebration planned?
- Where are they going?

## **If a child discloses abuse**

A child who has faced, or is worried about FGM, might not realise what is happening is wrong and they might even blame themselves. If a child does talk to you about FGM it is important to:

Listen carefully to what they are saying and the words they are using

Let them know that they have done the right thing by telling you

Tell them it is not their fault

Say you will take what they are saying seriously

**Do not** under any circumstances confront the alleged abuser

Explain to the child what you will do next and who you need to tell and why

Report what the child has said to you as soon as possible and take relevant actions with your DSL

Record everything onto CPOMS

**If you identify a female under 18 has had FGM you have a duty to report this under the Serious Crime Act (2015) to the police via the non-emergency number 101**

**Points to remember:**

- Have I considered the risk factors?
- Can I evidence that FGM is likely to take place or has taken place?
- Do I need to report this to the police?
- Do I need to complete as SRF?
- I need to inform my Teacher in Charge and Safeguarding Manager
- I need to document this in the child's CPOMS record

### **FGM Mandatory Reporting for Teachers**

Section 5B of the Female Genital Mutilation Act 2003 as inserted by S74 of the Serious Crime Act 2015 places a statutory duty on teachers to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM has occurred on a girl under the age of 18. Those failing to report such cases may face disciplinary sanctions.

## Section 46 Forced Marriage and Honour Based Abuse (HBA)

*Forcing someone to marry is not always physical, but it is always against the law.*

**Forcing a person to marry in England and Wales is a crime.**

### Definitions

#### Arranged Marriage

In arranged marriage, the families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the prospective spouses

#### Forced Marriage

Forced marriage is a marriage conducted without the valid consent of one or both parties, where some element of duress is a factor.

The United Nations views Forced Marriage as a form of human rights abuse, since it violates the principle of freedom and the autonomy of individuals. **(United Nations Declaration of Human Rights article 16(2))**

#### Honour Based Abuse

Honour based abuse is where the person is being punished by their family or their community. They are being punished because of a belief, actual or alleged, that a person has not been properly controlled enough to conform and thus this is the 'shame' or 'dishonour' of the family

#### Important

Not everyone who is at risk from Honour Based Abuse has been subjected to Forced Marriage.

#### Forced Marriage and Honour Based Abuse (HBA)- The one change rule

Coercion is likely to have been used by one or both spouses, family members, friends and the wider community. This may include threats of violence, being held against their will, emotional threats. Not being allowed to go out anywhere without being accompanied.

Forced marriage and HBA is not confined to one culture or religious group and can happen regardless of ethnicity, culture, religion, disability, age, gender and sexuality. Any person can find themselves in a situation where they are offered no choice but to proceed with the marriage.

#### Potential warning signs that a child is at risk of Forced Marriage or HBA

- Absence and persistent absence
- Request for extended leave of absence and failure to return from visits to country of origin
- Fear about forthcoming holidays
- 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 responsibilities
- Not allowed to attend extra- curricular activities
- Sudden announcement of engagement to a stranger
- Prevented from going onto further / higher education

### **What can I do?**

All professionals working with suspected or actual victims of forced marriage and HBA need to be aware of the “**One Chance Rule**” in that there may only be one opportunity to speak to a victim or potential victim and may possibly only have **one chance to save a life**. If a victim is allowed to leave without the appropriate support and advice being offered then that one chance might be wasted.

### **If there is an imminent threat or risk to the child dial 999**

Outside of immediate risk a SRF should be completed and sent through to [adultsandchildrensteam@sthelens.gov.uk](mailto:adultsandchildrensteam@sthelens.gov.uk)

If an allegation of abuse or a disclosure of HBA or forced marriage is made where the child discloses, they are at risk then as S47 investigation should take place. This can be done **without parental consent**.

A telephone call to the Contact Centre **01744 676767 / 676600**

### **The following information is needed when completing a SRF**

- Name of child (Make sure all spellings are correct)
- Age (check date of birth as accurate as possible)
- Details of any siblings
- Parent's name(s) check the surname of the parent is accurate
- Home address and telephone number if possible
- Special circumstances for example language barriers, context disclosure took place etc
- What prompted the concerns (include as much detail as possible, including dates, time, etc)
- Any physical or behavioural signs
- Is the person making the report expressing their own concern or passing on those of someone else if so record details
- Has the child been spoken to? If so, what was said?
- Is anyone alleged to be the abuser? If so, record details
- Has anyone else be consulted? If so, record details.

If the child already has a social worker, then the SRF should be made for the attention of the social worker and the team manager.

Ensure the child is in a safe and private place

### **Do not**

- Ignore what the child has told you or dismiss the need for immediate protection
- Decide that it is not your responsibility to take up the allegation
- Do not contact the family in advance of any enquiries from the police
- Attempt to mediate with the child's family and / or members of the community
- Send the victim away without taking appropriate action
- Share information outside information sharing protocols

If a child stops attending school or feels a child is being prevented from attending schools as a result of HBA or forced marriage, then a SRF must be completed and sent through to social care.

A strategy meeting should be called to establish a protection plan for the child's long -term safety

## Section 47

### Breast Ironing

Breast ironing is the process whereby young pubescent girls 'breasts are ironed' massaged and/or pounded down through the use of hard or heated objects (for example hammers or stones) for non- medical reasons. The purpose of the procedure is to make the breasts to disappear or delay the development of the breasts entirely

#### Health consequences

- Abscesses
- Cysts
- Itching
- Tissue damage
- Infection
- Discharge of milk
- Dissymmetry of the breasts
- Severe fever

Breast ironing is performed by mothers or female relatives. It is wrongly thought that breast ironing will protect the girl from rape, unwanted sexual advances, early sex and pregnancies. The practice is most likely to occur at the start of/during puberty

All staff need to be aware of breast ironing as part of our safeguarding duties

#### Risk factors and indicators

The girl generally believes that the practice is being carried out for her own good and she will often remain silent. Girls between the ages of 9-15 years old are most at risk within practicing communities.

Breast ironing is a well-kept secret between the young girl and her mother. Often the father remains completely unaware.

#### Signs to look out for

- Unusual behaviour after an absence from school, including depression, anxiety, aggression, withdrawn etc
- Reluctance in undergoing normal examinations
- Some girls may ask for help, but may not be explicit about the problem due to embarrassment or fear
- Fear of changing for physical activities due to scars showing or bandages being visible

#### What can we do?

We can raise awareness about breast ironing through sex and relationships education as part of our PHSE curriculum to help pupils keep themselves safe from harm and build their confidence to ask for help and learn that their body belongs to them.

There is no specific law within the UK around breast ironing, however it is a form of physical abuse and if you believe a child may be at risk of or suffering significant harm.

Report to your DSL / Complete a SRF and refer to social care

## Section 48

### Child Trafficking and Modern Day Slavery

Child trafficking is child abuse. It is defined as recruiting, moving, receiving and harbouring children for the purpose of exploitation. (DfE and Home office 2011)

Child Trafficking is a form of modern slavery (HM Government 2014)

Children are trafficked for many different reasons including sexual exploitation, domestic servitude, labour, benefit fraud, and involvement in criminal activity such as pick-pocketing, theft and working in cannabis farms. There are a number of children also exploited in the sex industry. Although there is no evidence of other forms of exploitation such as 'organ donation or harvesting', the advice is that all agencies should remain vigilant.

Many children are trafficked from overseas, but children can also be trafficked from one part of the UK to another.

#### **Why is trafficking possible?**

Children maybe trafficked or coerced into modern slavery for a variety of reasons. The factors listed are by no means a comprehensive list. Children can be trafficked by organised criminals or individuals and members of the children's own family.

- Poverty
- Lack of education
- Discrimination
- Cultural attitudes
- Grooming
- Dysfunctional families
- Political conflict

#### **How are children recruited and controlled?**

Traffickers may use grooming techniques to gain the trust of the child, family or community. They may trick or persuade children to leave their homes

Children maybe subject to various forms of abuse and exploitation to ensure the traffickers control over them continues. Method used to control a child include:

- Confiscating a child's identity documents
- Threatening to report a child to the authorities
- Violence or threats of violence towards the child
- Threats of violence towards family members of the child
- Keeping the child socially isolated
- Keeping the child locked up
- Telling children that they owe large sums of money and that they must work to pay this off
- Depriving the child of money and
- Frightening children with threats based on cultural or belief systems for example witchcraft or spirit possession

#### **Physical abuse**

This can include

- Beatings
- Being subdued with drugs, on which they can become dependent
- Alcohol addiction and
- Stress / post traumatic stress-related physical disorders such as skin diseases, migraine and backache

### **Emotional and Psychological abuse**

- Trafficked children may also experience emotional challenges such as missing family, friends, communities and cultures. This can lead to;
- Feeling disorientated
- Feeling lonely and isolated
- Disturbed sleep patterns
- Depression / anxiety
- Headaches
- Panic attacks
- Eating difficulties
- Self-harm and suicidal thoughts
- Drug and alcohol use a means to escape from problems
- Post traumatic stress disorder PTSD

*(Jamieson,2018; Pearce, Hynes and Bovarnick 2009)*

### **Signs and indicators – (this is by no means a comprehensive list)**

Children who are trafficked are intentionally hidden and isolated. Children who have been trafficked or are at risk of being trafficked may:

- Have to do excessive chores
- Rarely leave the house and have limited freedom of movement
- Not have any documents or falsified documents
- Have a history with missing links and unexplained moves
- Be cared for by adults who are not their parent or carer
- Not have a good quality relationship with their adult carers

### **Understanding a child that has been trafficked**

Children may not see themselves as victims especially if they have been groomed

Children may feel that they are guilty of breaking the law

### **What can I do?**

If you think a child is in immediate danger contact the police on 999. If you are worried about a child but they are not in immediate danger you should share your concerns with your DSL, even if this is a child outside of school. It is part of our contextual safeguarding duties.

Following the guidance in Pan Merseyside 2020, The DSL will inform social care and the police immediately so the investigation can run in tandem. All children irrespective of their immigration status, are entitled to safeguarding and protection under the law. When there is a reason to believe a victim may not be a child, the individual must be given the benefit of the doubt and treated as a child until an assessment is carried out.

### **When speaking to a child who has been trafficked**

- Offer reassurance, explain that you can help the and that it is safe to talk to you
- Explain to the child that they have done nothing wrong
- Remember that accompanying adults may not be the parents or have the authority to care for them
- Always prioritise child protection concerns over immigration concerns
- Explain to the child what help you can offer
- What you can and can't do
- Explain the roles and responsibilities of different agencies
- Acknowledge their religious, spiritual or cultural belief as this will help to gain trust
- Record all details for the child and the accompanying adults, including full names and addresses of relatives overseas and share this information with social care and the police

## Section 49

### Gangs and youth violence

The vast majority of young people are not involved in gangs, guns or knife crime. Membership of gangs and associated youth violence can have a devastating impact on children their families and the communities in which they live.

We work in preventing violence in our Alternative Provision Service with a mixture of universal, targeted and specialist interventions to enable our children:

- To develop skills and knowledge on how to resolve conflict as part of the curriculum
- Challenge aggressive behaviour to prevent any recurrence of such behaviour
- Understand the risks for specific children
- Safeguard all children and make referrals through to social care to organise child protection when needed
- Carefully manage individual transition between our provisions
- Work with local partners to prevent anti-social behaviour or crime

Being part of a peer group is seen as a normal part of childhood development. Gangs however are more defined and organised. Membership of peer groups is fluid in that members can come and go as they please. It is also normal for children to gather in public places as this allows them to share news, ideas, etc and also do things that they would not normally be able to do under the watchful eye of an adult, for some this may involve low level criminality, however this does not necessarily make them a gang. Gangs have very clear structures and tasks.

#### **Definition of a gang**

A gang is a relatively durable, predominantly street based group of children who see themselves as a discernible group, engage in a range of criminal activities, identify or lay claim over territory, have some form of identifying structured feature, and are in conflict with other, similar gangs. (*Children's commissioner 2019*)

Violence is used primarily as a means of coercion and control and this can include Sexual violence. Any violent attack (be it physical or sexual) can have life-changing consequences (visible or otherwise) and can lead to fatalities

#### **Vulnerable groups**

- Chaotic home life where children are not the priority
- Poor supervision from an early age
- Issues within the home (for example domestic violence, mental ill health)
- Family history of offending
- Children with additional needs
- Poor engagement with education
- Poor self-image/self-worth
- Children we look after

#### **Reasons for joining a gang**

- Gangs provide a sense of belonging and purpose
- To feel respected and important
- Recruited by other gang members and are pressured to join in
- To feel protected from bullying or from other gangs
- To make money from crime or drugs
- To gain status and feel powerful



- Boredom
- Poverty
- Feeling they will not find a better life or good job

### **Spotting the signs**

- Aggression and / or non-compliance
- Difficulty concentrating
- Difficulty building relationships
- Reduction in attendance and /or attainment / missing episodes
- Low self-esteem, depression or anxiety
- Self-harm
- Substance misuse
- Change in behaviour and appearance
- Unexplained possessions
- Refusal to enter certain areas

### **What can I do?**

Provide information to pupils to make informed choices. Success in learning is one of the most powerful indicators in the prevention of youth crime

It is important through PHSE (RSE) we ensure children know the risks:-

- We talk about peer on peer abuse in an age appropriate way to remind children that 'no one has the right to pressure you'
- Create opportunities for children to weigh up the risks and recognise that sometimes they will take risks that we as adults will disagree with
- Our role is to be influencing children to be making the healthiest long term choices and keeping them safe from harm in the short term
- Encourage children to spend more time with friends who aren't involved in the gang, or places where they know the gang won't be

### **Remind children that they could go to prison or end up with a criminal record if they get involved with:**

- Gun and knife crime
- Violence or harassment
- Turf wars or postcode wars
- Carrying, using or selling drugs
- Theft or other illegal activities
- Rape and sexual assault

### **Talk to children about Post 16 options and remind them that if they have a criminal record they may not be:**

- Accepted into a university, college or higher education
- Able to get a job, internship or do work experience
- Allowed to travel to some countries like the USA

### **Talk to children about it can also mean:**

- They are controlled by older members of the gang
- Given money or things they like but this could easily change and then they could be treated differently and get hurt
- Threatened or forced to do things they don't want to do but are too frightened to say no
- Worry about their own safety and the safety of their family and friends
- Worry about fights with other gangs

### **Check children have safe relationships**

- In their family
- With their peers
- With our staff

### **Create an environment where it is okay to talk, even about the most difficult things**

Spot the signs and be confident in raising gang and youth violence as a possibility

Encourage children to think about their safety and their future

Take action and keep taking action until you know the child is safe

Complete a SRF and refer to social care.

Call the police 999 if the child is at risk of immediate and significant harm

### **Knives**

(Ofsted 2019) There are three main groupings of children who carry knives (listed from highest risk to lowest risk)

1. Children who have been groomed for the purpose of child criminal exploitation
2. Children who have witnessed other children carrying knives, have been a victim of knife crime, know someone who has carried a knife for protection or status acquisition linked to the glamorisation on social media
3. Children who carry knives as an isolated incident, for example because it was a present from a family member

Every child that feels the need to carry a knife there are vulnerabilities that need to be identified and addressed to ensure that the child (potentially both a victim and an user) is safeguarded

### **Searching with consent**

Searching with consent means no physical contact with pupils. If you suspect has a banned item in his / her possession you can instruct the pupil to turn out his or her pockets or if the pupil agrees look in their bag

If the pupil refuses you must refer to the Teacher In Charge / DSL

Searching without consent can only be carried out by the Teacher in Charge.

### **Searching without consent**

The Teacher in Charge has the right to search without consent as directed by the Head Teacher.

### **What items can be searched for?**

Knives or weapons, alcohol, illegal drugs and stolen items

Tobacco and cigarette papers, fireworks and pornographic images

Any article that the member of staff reasonable suspects has been, or is likely to be used to commit a serious offence, or to cause personal injury or damage to property and

Any item banned by the school rules which has been identified in the rules as an item which may be searched for

### **Under what circumstances**

You must be the same sex as the pupil being searched and there must be a witness (also a staff member) and if at all possible, should be the same sex as the pupil being searched

There is a limited exception to this rule. You can carry out a search of a pupil of the opposite sex to you and without a witness present ONLY where you reasonably believe that there is an immediate risk that serious harm will be caused to a person if you do not conduct the search immediately and where it is not reasonable practical to summon another member of staff

## Section 50

### Child on parent violence

Child on Parent Violence (CPV) is a behaviour used by a child to control, dominate or coerce parents. It is intended to intimidate and puts family safety at risk. Whilst it is normal for adolescent children to demonstrate healthy anger, conflict and frustration drawing their transition from childhood to adulthood, anger should not be confused with violence. Violence is about a range of behaviours including non-physical acts aimed at achieving ongoing control over another person by instilling fear. Most abused parents have difficulty admitting to themselves that their child is abusive. They feel ashamed, disappointed and humiliated and blame themselves for the situation that has led to this imbalance of power. There may also be an element of denial where parents convince themselves that their son or daughters behaviour is a normal part of growing up

#### Types of violence

- Physical
- Spitting, shoving, hitting, kicking, throwing things, breaking things and punching holes in walls or doors
- Bullying or physical violence to siblings
- Cruelty to pets
- Any actions or behaviours that threatens a person's sense of safety and well-being

#### Emotional, psychological, verbal

- Verbal abuse, yelling, screaming, swearing, put downs and humiliation
- Verbal intimidation
- Whispering campaigns
- Emotional and psychological intimidation
- Playing mind games
- Making threats to hurt or kill themselves or run away, in order to get their own way or to control the parent/s and family
- Social media threats
- e-violence

#### Financial

- Demanding money or things that parents can't afford
- Stealing money or possessions from parents or family members
- Incurring debts that parents are responsible for

#### Things to consider when making a SRF to social care

- Is there a history of domestic violence within the family?
- Is the adolescent child in an abusive intimate relationship?
- Is the child being coerced into abusive behaviours?
- Is the child displaying heightened sexual behaviours?
- Is the child involved with peers who are involved in offending or older peers?
- Does the child have siblings, are they at risk of violence?
- Is the child being bullied?
- Are there BAME issues to consider that may affect a victim's disclosure

#### Emotional Regulation

- Does the child have difficulties forming relationships?
- Does the child have mental health issues, self-harm or suicidal tendencies?
- Is the child disengaged from education?
- Does the child display an obsessive use of violent games or pornography?
- Does the child have poor coping skills or engage in risk taking behaviours?
- Does the child identify their behaviour as abuse?

## Section 51

### Fabricated Induced Illness (FII)

There may be times when parents or carers present a well child as ill or disabled, or exaggerate symptoms. There are many reasons why this can happen, but it can be physically or emotionally abusive to the child. Physical in that they have to go through treatments for an illness they do not have and emotional because the child is convinced they are unwell or even likely to die.

#### Definition

Fabricated or Induced Illness (FII) is a form of abuse associated with a range of poor outcomes for children extending to the serious harm or even death of a child. Behaviours by a parent or carer may result in harm to a child. FII can occur when a child also has a confirmed diagnosis of illness or disability and the two may coexist but the health seeking behaviour or presentation is outside that expected for the condition or disability

#### What to look out for?

There needs to be clear communication between professionals involved and not relying solely on the parent to report back after appointments

A chronology of presentations is maintained

Recordings on CPOMS explicitly state who is the source of the information being recorded was and when the information was provided

#### Ways of Fabricating or inducing illness

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

Fabrication of signs and symptoms. This may include fabrication of past medical history.

Fabrication of signs and symptoms and falsification of hospital charts and records and specimens of bodily fluids. This may also include falsification of letters and documents

Induction of illness by a variety of means, from encouraging emotional symptoms to physical injury or poisoning

#### Why does FII occur?

90% are mothers. Sometimes it is to have an overwhelming desire to be seen as a good mother, sometimes to gain benefits, sometimes it can be tracked back to the parent's own Adverse Childhood experiences (ACE's) Often the parent will have underlying mental health issues.

#### Spotting the signs

- Repeated absence from school
- Reported symptoms and signs found on examination are not explained by any medical condition from which the child may be suffering.
- Physical examination and reports of medical investigations do not explain reported symptoms and signs
- There is an inexplicably poor response to reported signs and symptoms
- There is an inexplicably poor response to prescribed medication and other treatment
- New symptoms are reported on resolution of previous ones
- Reported symptoms and signs are not observed in the absence of the carer
- Over time the child is repeatedly presented with a range of symptoms to different professionals in a variety of settings

It is important to note that some children can become so indoctrinated in their 'sick' persona that they may go on to simulate their own illnesses or start to act in a way that

### **What Can I do?**

If you are concerned that a child is the victim of FII then a referral should be made to social care. You **must not seek parental consent** prior to a strategy discussion, as this can heighten the risk to the child

- Be alert to the indicators of illness being fabricated or induced in a child
- Produce a chronology including the source of information
- Be particularly aware when illnesses and absences are frequent
- Ask to link with the family GP to see what school can do
- Report all concerns to the DSL and record on CPOMS

School's role is to gather information, assess it and pass it on to the investigating team

### **Why do I need to know?**

FII can cover a spectrum of issues from an over anxious parent to someone who is harming their children for their own gain

We need to maintain a respectful uncertainty (*this means having a critical evaluation of all the information and keep an open mind. The SOS Framework is an excellent tool to use to slow down your thinking and help you to map out all the information that you have gathered*) and ensure we challenge where necessary and ensure that we challenge where necessary including challenging health professionals regardless of where they may be perceived to be on the perceived hierarchy within the health system

## Appendix 1:

### Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who don't want to change clothes in front of others or participate in physical activities;
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- Children who talk about being left home alone, with inappropriate carers or with strangers;
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- Children who are regularly missing from school or education;
- Children who are reluctant to go home after school;
- Children with poor school attendance and punctuality, or who are consistently late being picked up;
- Parents who are dismissive and non-responsive to practitioners' concerns;
- Parents who collect their children from school when drunk, or under the influence of drugs;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

**Abuse, including neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap.**

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

### **Some of the following signs may be indicators of neglect:**

- Children who are living in a home that is indisputably dirty or unsafe
- Children who are left hungry or dirty
- Children who are left without adequate clothing, e.g., not having a winter coat
- Children who are living in dangerous conditions, i.e., around drugs, alcohol or violence
- Children who are often angry, aggressive or self-harm
- Children who fail to receive basic health care or are not taken to appointments
- Parents who fail to seek medical treatment when their children are ill or are injured.

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

### **Recognising Physical Abuse**

The following are often regarded as indicators of concern:

An explanation which is inconsistent with an injury.

Several different explanations provided for an injury.

Unexplained delay in seeking treatment.

The parents/carers are uninterested or undisturbed by an accident or injury.

Parents are absent without good reason when their child is presented for treatment.

Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury)

Family use of different doctors and A&E departments.

Reluctance to give information or mention previous injuries.

### **Bruising**

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

Two simultaneous bruised eyes (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, handprints, or a hairbrush.

Bruising or tears around, or behind, the earlobe(s) indicating injury by pulling or twisting.

Bruising around the face.

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 and 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 of 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.

### **Fractures**

Fractures may cause pain, swelling, and discolouration over a bone or joint. 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.

### **Scars**

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

**Emotional abuse** is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

**Emotional** – 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

Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate

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

Seeing or hearing the ill-treatment of another

Serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children

### **Recognising Emotional Abuse**

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also suggest the presence of other kinds of abuse.

The following may be indicators of emotional abuse:

Developmental delay.

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate, or not appropriate attachment.

Indiscriminate attachment or failure to attach.

Aggressive behaviour towards others.

Scapegoating within the family, such as a parent blaming the child for something bad that happened to them (e.g. losing a job)

Frozen watchfulness.

Low self-esteem and lack of confidence.

Withdrawn or seen as a "loner" – difficulty relating to others.

The indicators of emotional abuse are often also associated with other forms of abuse although it may occur alone



**Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve:

Physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing

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.

Sexual abuse can take place on line, and technology can be used to facilitate offline abuse.

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education and **all staff** need to report this to the DSL within their setting.

### **Recognising Signs of Sexual Abuse**

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

Inappropriate sexualised conduct. Sexually explicit behaviour, play, or conversation, inappropriate to the child's age.

Continual and inappropriate or excessive masturbation.

Self-harm (including eating disorder), self-mutilation, and suicide attempts.

Involvement in prostitution or indiscriminate choice of sexual partners.

An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties).

### **Some physical indicators associated with this form of abuse are:**

Pain or itching of genital area.

Blood on underclothes.

Pregnancy in a younger girl where the identity of the father is not disclosed.

Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen, and thighs, and sexually transmitted disease

## **Appendix 2:**

### **Safer Recruitment and DBS checks – policy and procedures**

The recruitment steps outlined below are based on part 3 of Keeping Children Safe in Education 2022

To make sure we recruit suitable people, we will ensure that those involved in the recruitment and employment of staff to work with children have received appropriate safer recruitment training.

We have put the following steps in place during our recruitment and selection process to ensure we are committed to safeguarding and promoting the welfare of children.

#### **Advertising**

When advertising roles, we will make clear:

- Our school's commitment to safeguarding and promoting the welfare of children
- That safeguarding checks will be undertaken
- The safeguarding requirements and responsibilities of the role, such as the extent to which the role will involve contact with children
- Whether or not the role is exempt from the Rehabilitation of Offenders Act 1974 and the amendments to the Exceptions Order 1975, 2013 and 2020. If the role is exempt, certain spent convictions and cautions are 'protected', so they do not need to be disclosed, and if they are disclosed, we cannot take them into account

#### **Application forms**

Our application forms will:

- Include a statement saying that it is an offence to apply for the role if an applicant is barred from engaging in regulated activity relevant to children (where the role involves this type of regulated activity)
- Include a copy of, or link to, our child protection and safeguarding policy and our policy on the employment of ex-offenders

#### **Shortlisting**

Our shortlisting process will involve at least 2 people and will:

- Consider any inconsistencies and look for gaps in employment and reasons given for them
- Explore all potential concerns
- Once we have shortlisted candidates, we will ask shortlisted candidates to:
- Complete a self-declaration of their criminal record or any information that would make them unsuitable to work with children, so that they have the opportunity to share relevant information and discuss it at interview stage. The information we will ask for includes:
  - If they have a criminal history
  - Whether they are included on the barred list
  - Whether they are prohibited from teaching
  - Information about any criminal offences committed in any country in line with the law as applicable in England and Wales
  - Any relevant overseas information
- Sign a declaration confirming the information they have provided is true

#### **Seeking references and checking employment history**

- We will obtain references before interview. Any concerns raised will be explored further with referees and taken up with the candidate at interview.
- When seeking references we will:
  - Not accept open references
  - Liaise directly with referees and verify any information contained within references with the referees

- Ensure any references are from the candidate's current employer and completed by a senior person. Where the referee is school based, we will ask for the reference to be confirmed by the headteacher/principal as accurate in respect to disciplinary investigations
- Obtain verification of the candidate's most recent relevant period of employment if they are not currently employed
- Secure a reference from the relevant employer from the last time the candidate worked with children if they are not currently working with children
- Compare the information on the application form with that in the reference and take up any inconsistencies with the candidate
- Resolve any concerns before any appointment is confirmed

### **Interview and selection**

When interviewing candidates, we will:

- Probe any gaps in employment, or where the candidate has changed employment or location frequently, and ask candidates to explain this
- Explore any potential areas of concern to determine the candidate's suitability to work with children
- Record all information considered and decisions made

### **Pre-appointment vetting checks**

We will record all information on the checks carried out in the school's single central record (SCR). Copies of these checks, where appropriate, will be held in individuals' personnel files. We follow requirements and best practice in retaining copies of these checks, as set out below.

### **New staff**

All offers of appointment will be conditional until satisfactory completion of the necessary pre-employment checks. When appointing new staff, we will:

- Verify their identity
- Obtain (via the applicant) an enhanced DBS certificate, including barred list information for those who will be engaging in regulated activity (see definition below). We will obtain the certificate before, or as soon as practicable after, appointment, including when using the DBS update service. We will not keep a copy of the certificate for longer than 6 months, but when the copy is destroyed we may still keep a record of the fact that vetting took place, the result of the check and recruitment decision taken
- Obtain a separate barred list check if they will start work in regulated activity before the DBS certificate is available
- Verify their mental and physical fitness to carry out their work responsibilities
- Verify their right to work in the UK. We will keep a copy of this verification for the duration of the member of staff's employment and for 2 years afterwards
- Verify their professional qualifications, as appropriate
- Ensure they are not subject to a prohibition order if they are employed to be a teacher
- Carry out further additional checks, as appropriate, on candidates who have lived or worked outside of the UK. Where available, these will include:
  - For all staff, including teaching positions: [criminal records checks for overseas applicants](#)
  - For teaching positions: obtaining a letter of professional standing from the professional regulating authority in the country where the applicant has worked
- We will ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006. Where we take a decision that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment on the individual's personnel file. This will include our evaluation of any risks and control measures put in place, and any advice sought.

**Regulated activity** means a person who will be:

- Responsible, on a regular basis in a school or college, for teaching, training, instructing, caring for or supervising children; or
- Carrying out paid, or unsupervised unpaid, work regularly in a school or college where that work provides an opportunity for contact with children; or
- Engaging in intimate or personal care or overnight activity, even if this happens only once and regardless of whether they are supervised or not

### **Existing staff**

In certain circumstances we will carry out all the relevant checks on existing staff as if the individual was a new member of staff. These circumstances are when:

- There are concerns about an existing member of staff's suitability to work with children; or
- An individual moves from a post that is not regulated activity to one that is; or
- There has been a break in service of 12 weeks or more
- We will refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult where:
  - We believe the individual has engaged in [relevant conduct](#); or
  - We believe the individual has received a caution or conviction for a relevant (automatic barring either with or without the right to make representations) offence, under the [Safeguarding Vulnerable Groups Act 2006 \(Prescribed Criteria and Miscellaneous Provisions\) Regulations 2009](#); or
  - We believe the 'harm test' is satisfied in respect of the individual (i.e. they may harm a child or vulnerable adult or put them at risk of harm); and
  - The individual has been removed from working in regulated activity (paid or unpaid) or would have been removed if they had not left

### **Agency and third-party staff**

We will obtain written notification from any agency or third-party organisation that it has carried out the necessary safer recruitment checks that we would otherwise perform. We will also check that the person presenting themselves for work is the same person on whom the checks have been made.

### **Contractors**

We will ensure that any contractor, or any employee of the contractor, who is to work at the school has had the appropriate level of DBS check (this includes contractors who are provided through a PFI or similar contract). This will be:

- An enhanced DBS check with barred list information for contractors engaging in regulated activity
- An enhanced DBS check, not including barred list information, for all other contractors who are not in regulated activity but whose work provides them with an opportunity for regular contact with children

We will obtain the DBS check for self-employed contractors.

We will not keep copies of such checks for longer than 6 months.

Contractors who have not had any checks will not be allowed to work unsupervised or engage in regulated activity under any circumstances.

We will check the identity of all contractors and their staff on arrival at the school.

For self-employed contractors such as music teachers or sports coaches, we will ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006. Where we decide that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment. This will include our evaluation of any risks and control measures put in place, and any advice sought.

### **Trainee/student teachers**

Where applicants for initial teacher training are salaried by us, we will ensure that all necessary checks are carried out.

Where trainee teachers are fee-funded, we will obtain written confirmation from the training provider that necessary checks have been carried out and that the trainee has been judged by the provider to be suitable to work with children.

In both cases, this includes checks to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006.

### **Volunteers**

We will:

- Never leave an unchecked volunteer unsupervised or allow them to work in regulated activity
- Obtain an enhanced DBS check with barred list information for all volunteers who are new to working in regulated activity
- Carry out a risk assessment when deciding whether to seek an enhanced DBS check without barred list information for any volunteers not engaging in regulated activity. We will retain a record of this risk assessment
- Ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006. Where we decide that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment. This will include our evaluation of any risks and control measures put in place, and any advice sought

### **Governors**

- All governors will have an enhanced DBS check without barred list information.
- They will have an enhanced DBS check with barred list information if working in regulated activity.
- All governors will also have a section 128 check (as a section 128 direction disqualifies an individual from being a maintained school governor:
  - Identity; Right to work in the UK; Other checks deemed necessary if they have lived or worked outside the UK

### **Staff working in alternative provision settings**

Where we place a pupil with an alternative provision provider, we obtain written confirmation from the provider that they have carried out the appropriate safeguarding checks on individuals working there that we would otherwise perform.

### **Adults who supervise pupils on work experience**

When organising work experience, we will ensure that policies and procedures are in place to protect children from harm. We will also consider whether it is necessary for barred list checks to be carried out on the individuals who supervise a pupil under 16 on work experience. This will depend on the specific circumstances of the work experience, including the nature of the supervision, the frequency of the activity being supervised, and whether the work is regulated activity.

### **Pupils staying with host families**

Where the school makes arrangements for pupils to be provided with care and accommodation by a host family to which they are not related (for example, during a foreign exchange visit), we will request enhanced DBS checks with barred list information on those people. Where the school is organising such hosting arrangements overseas and host families cannot be checked in the same way, we will work with our partner schools abroad to ensure that similar assurances are undertaken prior to the visit.

## Appendix 3: Allegations of abuse made against staff

This section is based on 'Section 1: Allegations that may meet the harms threshold' in part 4 of Keeping Children Safe in Education **2023**

This section applies to all cases in which it is alleged that a current member of staff, including a supply teacher, volunteer or contractor, has:

- Behaved in a way that has harmed a child, or may have harmed a child, and/or
- Possibly committed a criminal offence against or related to a child, and/or
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children, and/or
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children – this includes behaviour taking place both inside and outside of school
- We will deal with any allegation of abuse quickly, in a fair and consistent way that provides effective child protection while also supporting the individual who is the subject of the allegation.

A 'case manager' will lead any investigation. This will be the headteacher and Safeguarding Manager, or the chair of governors where the headteacher is the subject of the allegation. The case manager will be identified at the earliest opportunity.

Our procedures for dealing with allegations will be applied with common sense and judgement.

### **Suspension of the accused until the case is resolved**

Suspension of the accused will not be the default position and will only be considered in cases where there is reason to suspect that a child or other children is/are at risk of harm, or the case is so serious that there might be grounds for dismissal. It may be used if there is a risk of the presence of the alleged accused being detrimental to carrying out a fair investigation on site. In such cases, we will only suspend an individual if we have considered all other options available and there is no reasonable alternative.

Based on an assessment of risk, we will consider alternatives such as:

- Redeployment within the school so that the individual does not have direct contact with the child or children concerned
- Providing an assistant to be present when the individual has contact with children
- Redeploying the individual to alternative work in the school so that they do not have unsupervised access to children
- Moving the child or children to classes where they will not come into contact with the individual, making it clear that this is not a punishment and parents/carers have been consulted
- Temporarily redeploying the individual to another role in a different location, for example to an alternative school or other work for the Local Authority

If in doubt, the case manager will seek views from the school's personnel adviser and the designated officer at the local authority, as well as the police and children's social care where they have been involved.

### **Definitions for outcomes of allegation investigations**

**Substantiated:** there is sufficient evidence to prove the allegation

**Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive, or to cause harm to the subject of the allegation

**False:** there is sufficient evidence to disprove the allegation

**Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation (this does not imply guilt or innocence)

**Unfounded:** to reflect cases where there is no evidence or proper basis which supports the allegation being made

### **Procedure for dealing with allegations**

In the event of an allegation that meets the criteria above, the case manager will take the following steps:

Conduct basic enquiries in line with local procedures to establish the facts to help determine whether there is any foundation to the allegation before carrying on with the steps below.

Discuss the allegation with the designated officer at the local authority. This is to consider the nature, content and context of the allegation and agree a course of action, including whether further enquiries are necessary to enable a decision on how to proceed, and whether it is necessary to involve the police and/or children's social care services. (The case manager may, on occasion, consider it necessary to involve the police *before* consulting the designated officer – for example, if the accused individual is deemed to be an immediate risk to children or there is evidence of a possible criminal offence. In such cases, the case manager will notify the designated officer as soon as practicably possible after contacting the police)

Inform the accused individual of the concerns or allegations and likely course of action as soon as possible after speaking to the designated officer (and the police or children's social care services, where necessary).

Where the police and/or children's social care services are involved, the case manager will only share such information with the individual as has been agreed with those agencies

#### **The accused member of staff should:**

- Be treated fairly, honestly and helped to understand the concerns expressed and processes involved;
- Be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process;
- If suspended, be kept up to date about events in the workplace

Where appropriate (in the circumstances described above), carefully consider whether suspension of the individual from contact with children at the school is justified or whether alternative arrangements such as those outlined above can be put in place. Advice will be sought from the designated officer, police and/or children's social care services, as appropriate.

Where the case manager is concerned about the welfare of other children in the community or the individual's family, they will discuss these concerns with the DSL and make a risk assessment of the situation. If necessary, the DSL may make a referral to children's social care.

**If immediate suspension is considered necessary**, agree and record the rationale for this with the designated officer. The record will include information about the alternatives to suspension that have been considered, and why they were rejected. Written confirmation of the suspension will be provided to the individual facing the allegation or concern within 1 working day, and the individual will be given a named contact at the school and their contact details.

**If it is decided that no further action is to be taken** in regard to the subject of the allegation or concern, record this decision and the justification for it and agree with the designated officer what information should be put in writing to the individual and by whom, as well as what action should follow both in respect of the individual and those who made the initial allegation

**If it is decided that further action is needed**, take steps as agreed with the designated officer to initiate the appropriate action in school and/or liaise with the police and/or children's social care services as appropriate.

Provide effective support for the individual facing the allegation or concern, including appointing a named representative to keep them informed of the progress of the case and considering what other support is appropriate. [Add further information here about the support available to individuals in your context, such as who they can turn to for advice – trade union representatives, or a colleague, for example – and any school/local authority/trust arrangements for welfare counselling or medical advice].

Inform the parents or carers of the child/children involved about the allegation as soon as possible if they do not already know (following agreement with children's social care services and/or the police, if applicable). The case manager will also inform the parents or carers of the requirement to maintain confidentiality about any allegations made against teachers (where this applies) while investigations are ongoing. Any parent or carer who wishes to have the confidentiality restrictions removed in respect of a teacher will be advised to seek legal advice. Keep the parents or carers of the child/children involved informed of the progress of the case (only in relation to their child – no information will be shared regarding the staff member). Make a referral to the DBS where it is thought that the individual facing the allegation or concern has engaged in conduct that harmed or is likely to harm a child, or if the individual otherwise poses a risk of harm to a child.

We will inform Ofsted of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere), and any action taken in respect of the allegations. This notification will be made as soon as reasonably possible and always within 14 days of the allegations being made..

If the school is made aware that the secretary of state has made an interim prohibition order in respect of an individual, we will immediately suspend that individual from teaching, pending the findings of the investigation by the Teaching Regulation Agency. Where the police are involved, wherever possible the school will ask the police at the start of the investigation to obtain consent from the individuals involved to share their statements and evidence for use in the school's disciplinary process, should this be required at a later point.

#### **Additional considerations for supply teachers and all contracted staff**

If there are concerns or an allegation is made against someone not directly employed by the school, such as a supply teacher or contracted staff member provided by an agency, we will take the actions below in addition to our standard procedures.

We will not decide to stop using an individual due to safeguarding concerns without finding out the facts and liaising with our LADO to determine a suitable outcome.

The governing board will discuss with the agency whether it is appropriate to suspend the individual, or redeploy them to another part of the school, while the school carries out the investigation.

We will involve the agency fully, but the school will take the lead in collecting the necessary information and providing it to the LADO as required.

We will address issues such as information sharing, to ensure any previous concerns or allegations known to the agency are taken into account (we will do this, for example, as part of the allegations management meeting or by liaising directly with the agency where necessary)



When using an agency, we will inform them of our process for managing allegations, and keep them updated about our policies as necessary, and will invite the agency's HR manager or equivalent to meetings as appropriate.

### **Timescales**

We will deal with all allegations as quickly and effectively as possible and will endeavour to comply with the following timescales, where reasonably practicable:

- Any cases where it is clear immediately that the allegation is unsubstantiated or malicious should be resolved within 1 week
- If the nature of an allegation does not require formal disciplinary action, appropriate action should be taken within 3 working days
- If a disciplinary hearing is required and can be held without further investigation, this should be held within 15 working days

However, these are objectives only and where they are not met, we will endeavour to take the required action as soon as possible thereafter.

### **Specific actions**

#### **Action following a criminal investigation or prosecution**

The case manager will discuss with the local authority's designated officer whether any further action, including disciplinary action, is appropriate and, if so, how to proceed, taking into account information provided by the police and/or children's social care services.

#### **Conclusion of a case where the allegation is substantiated**

If the allegation is substantiated and the individual is dismissed or the school ceases to use their services, or the individual resigns or otherwise ceases to provide their services, the school will make a referral to the DBS for consideration of whether inclusion on the barred lists is required.

If the individual concerned is a member of teaching staff, the school will consider whether to refer the matter to the Teaching Regulation Agency to consider prohibiting the individual from teaching.

#### **Individuals returning to work after suspension**

If it is decided on the conclusion of a case that an individual who has been suspended can return to work, the case manager will consider how best to facilitate this.

The case manager will also consider how best to manage the individual's contact with the child or children who made the allegation, if they are still attending the school.

#### **Unsubstantiated, unfounded, false or malicious reports**

If a report is:

- Determined to be unsubstantiated, unfounded, false or malicious, the DSL will consider the appropriate next steps. If they consider that the child and/or person who made the allegation is in need of help, or the allegation may have been a cry for help, a referral to children's social care may be appropriate
- Shown to be deliberately invented, or malicious, the school will consider whether any disciplinary action is appropriate against the individual(s) who made it

#### **Unsubstantiated, unfounded, false or malicious allegations**

If an allegation is:

- Determined to be unsubstantiated, unfounded, false or malicious, the LADO and case manager will consider the appropriate next steps. If they consider that the child and/or

person who made the allegation is in need of help, or the allegation may have been a cry for help, a referral to children's social care may be appropriate

- Shown to be deliberately invented, or malicious, the school will consider whether any disciplinary action is appropriate against the individual(s) who made it

### **Confidentiality and information sharing**

The school will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

The case manager will take advice from the LADO, police and children's social care services, as appropriate, to agree:

- Who needs to know about the allegation and what information can be shared
- How to manage speculation, leaks and gossip, including how to make parents or carers of a child/children involved aware of their obligations with respect to confidentiality
- What, if any, information can be reasonably given to the wider community to reduce speculation
- How to manage press interest if, and when, it arises

### **Record-keeping**

The case manager will maintain clear records about any case where the allegation or concern meets the criteria above and store them on the individual's confidential personnel file for the duration of the case.

The records of any allegation that, following an investigation, is found to be malicious or false will be deleted from the individual's personnel file (unless the individual consents for the records to be retained on the file).

For all other allegations (which are not found to be malicious or false), the following information will be kept on the file of the individual concerned:

- A clear and comprehensive summary of the allegation
- Details of how the allegation was followed up and resolved
- Notes of any action taken, decisions reached and the outcome
- A declaration on whether the information will be referred to in any future reference

In these cases, the school will provide a copy to the individual, in agreement with children's social care or the police as appropriate.

Where records contain information about allegations of sexual abuse, we will preserve these for the Independent Inquiry into Child Sexual Abuse (IICSA), for the term of the inquiry. We will retain all other records at least until the individual has reached normal pension age, or for 10 years from the date of the allegation if that is longer

### **References**

When providing employer references, we will:

- Not refer to any allegation that has been found to be false, unfounded, unsubstantiated or malicious, or any repeated allegations which have all been found to be false, unfounded, unsubstantiated or malicious
- Include substantiated allegations, provided that the information is factual and does not include opinions

### **Learning lessons**

After any cases where the allegations are *substantiated*, the case manager will review the circumstances of the case with the local authority's designated officer to determine whether

there are any improvements that we can make to the school's procedures or practice to help prevent similar events in the future.

This will include consideration of (as applicable):

- Issues arising from the decision to suspend the member of staff
- The duration of the suspension
- Whether or not the suspension was justified
- The use of suspension when the individual is subsequently reinstated. We will consider how future investigations of a similar nature could be carried out without suspending the individual
- For all other cases, the case manager will consider the facts and determine whether any improvements can be made.

### **Non-recent allegations**

Abuse can be reported, no matter how long ago it happened.

We will report any non-recent allegations made by a child to the LADO in line with our local authority's procedures for dealing with non-recent allegations.

Where an adult makes an allegation to the school that they were abused as a child, we will advise the individual to report the allegation to the police.

### **Section 2: concerns that do not meet the harm threshold**

The section is based on 'Section 2: Concerns that do not meet the harm threshold' in part 4 of Keeping Children Safe in Education 2021

This section applies to all concerns (including allegations) about members of staff, including supply teachers, volunteers and contractors, which do not meet the harm threshold set out in section 1 above.

Concerns may arise through, for example:

- Suspicion
- Complaint
- Disclosure made by a child, parent or other adult within or outside the school
- Pre-employment vetting checks

We recognise the importance of responding to and dealing with any concerns in a timely manner to safeguard the welfare of children.

### **Definition of low-level concerns**

The term 'low-level' concern is any concern – no matter how small – that an adult working in or on behalf of the school may have acted in a way that:

- Is inconsistent with the staff code of conduct, including inappropriate conduct outside of work, **and**
- Does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the designated officer at the local authority
- Examples of such behaviour could include, but are not limited to:
- Being overly friendly with children
- Having favourites
- Taking photographs of children on their mobile phone
- Engaging with a child on a one-to-one basis in a secluded area or behind a closed door
- Using inappropriate sexualised, intimidating or offensive language

### **Sharing low-level concerns**

We recognise the importance of creating a culture of openness, trust and transparency to encourage all staff to share low-level concerns so that they can be addressed appropriately.

We will create this culture by:

- Ensuring staff are clear about what appropriate behaviour is, and are confident in distinguishing expected and appropriate behaviour from concerning, problematic or inappropriate behaviour, in themselves and others

- Empowering staff to share any low-level concerns as per section 7.7 of this policy
- Empowering staff to self-refer
- Addressing unprofessional behaviour and supporting the individual to correct it at an early stage
- Providing a responsive, sensitive and proportionate handling of such concerns when they are raised
- Helping to identify any weakness in the school's safeguarding system

### **Responding to low-level concerns**

If the concern is raised via a third party, the headteacher will collect evidence where necessary by speaking:

- Directly to the person who raised the concern, unless it has been raised anonymously
- To the individual involved and any witnesses

The headteacher will use the information collected to categorise the type of behaviour and determine any further action, in line with the school's Code of Conduct

### **Record keeping**

All low-level concerns will be recorded in writing. In addition to details of the concern raised, records will include the context in which the concern arose, any action taken and the rationale for decisions and action taken.

Records will be:

Kept confidential, held securely and comply with the DPA 2018 and UK GDPR

Reviewed so that potential patterns of concerning, problematic or inappropriate behaviour can be identified. Where a pattern of such behaviour is identified, we will decide on a course of action, either through our disciplinary procedures or, where a pattern of behaviour moves from a concern to meeting the harms threshold as described in section 1 of this appendix, we will refer it to the designated officer at the local authority

Retained at least until the individual leaves employment at the school

Where a low-level concern relates to a supply teacher or contractor, we will notify the individual's employer, so any potential patterns of inappropriate behaviour can be identified

### **References**

We will not include low-level concerns in references unless:

- The concern (or group of concerns) has met the threshold for referral to the designated officer at the local authority and is found to be substantiated; and/or
- The concern (or group of concerns) relates to issues which would ordinarily be included in a reference, such as misconduct or poor performance

## Appendix 4 Appropriate Language Guidance Child Sexual / Criminal Exploitation

Inappropriate Term	Suggested Alternatives
<p><b>Putting themselves at Risk</b></p> <p>This implies that the child is responsible for the risks presented by the perpetrator</p>	<p>It is unclear why the child is getting into cars</p> <p>There are concerns regarding other influences on the child – state what they are</p> <p>It is unclear why the child is under duress to go missing</p> <p>The child is not in a protective environment -state why</p> <p>The child is at increased risk of being abused and / or exploited</p> <p>The child may have been groomed</p>
<p><b>Sexual activity with ...</b></p> <p>This implies consensual activity has taken place. It if occurs within an abusive or exploitative context this term is not appropriate</p>	<p>The child has described sexual activity. However concerns exist that the child may have been groomed and / or coerced</p> <p>There are reports of sexual abuse</p> <p>The child has been sexually abused</p> <p>The child has been raped</p>
<p><b>Sexually active since (aged under 13)</b></p> <p>A child under 13 cannot consent to sex and therefore being abused. This should be reflected in the language used.</p>	<p>The child has been raped</p> <p>The child has been / may have been sexually abused</p> <p>Concerns exist that the child has been coerced, exploited or sexually abused</p>
<p><b>Has been contacting adult males / females via phone or internet</b></p> <p>This implies that the child is responsible for the communication and does not reflect the abusive or exploitative context.</p>	<p>Adult males / females may have been contacting the child</p> <p>The child may have been groomed</p> <p>There are concerns that the adult is facilitating communication with a child</p> <p>The child is vulnerable to online perpetrators</p> <p>There are concerns that others may be using online technology to access or abuse the child</p> <p>Adult appear to be using a range of methods to communicate with the child</p>

<p><b>Offering him / her drugs seemingly in return for sex</b></p> <p>This implies that the child is responsible for the abuse and the capacity to make a free and informed choice. It does not recognise the abusive or exploitative context</p>	<p>The child is being sexually exploited</p> <p>There are concerns that the child has been raped</p> <p>Perpetrators are sexually abusing the child</p> <p>The child is being sexually abused</p> <p>The child's vulnerability regarding drug use is being used by others to abuse them</p> <p>The perpetrators have a hold over the child by the fact they have a drug dependency</p>
<p><b>In a relationship with...</b></p> <p>This implies that the child is in a consensual relationship and does not reflect the abusive or exploitative context</p>	<p>The child says that they are in a relationship with a person and there are concerns about that person's age, the imbalance of power, exploitation and / or offending</p> <p>The child has been / is being groomed, exploited and controlled</p>
<p><b>Involved in CSE</b></p> <p>This implies there is a level of choice regarding the child being abused. A five year old would never be referred to as being involved in sexual abuse for the same reasons</p>	<p>The child is vulnerable to being sexually exploited</p> <p>The child is being sexually exploited</p>
<p><b>Promiscuous</b></p> <p>This implies consensual sexual activity has taken place. Promiscuous is a judgmental term which stereotypes and labels people. It isn't appropriate in any context when discussing children and particularly if it occurs within an abusive or exploitative context</p>	<p>The child is vulnerable to being sexually exploited</p> <p>The child is being sexually exploited</p>
<p><b>Prostituting themselves</b></p> <p>This implies that the child is responsible for the abuse and has the capacity to make a fee and informed choice. It does not recognise the abusive or exploitative context</p>	<p>The child is vulnerable to being sexually exploited</p> <p>The child is being sexually exploited</p>

<p>Changes in legislation have meant that child prostitution is no longer an acceptable term and should never be used.</p>	
<p><b>Boyfriend / Girlfriend</b></p> <p>This implies that the child is in a consensual relationship and does not reflect the abusive or exploitative context Children have been challenged in court with practitioner’s recordings where a practitioner has referred to the child’s boyfriend or girlfriend</p>	<p>The child says that they are in a relationship with a person and there are concerns about that person’s age, the imbalance of power, exploitation and / or offending</p> <p>The child has been / is being groomed, exploited and controlled</p>
<p><b>Drug running – He / She is drug running</b></p> <p>This implies that the child is responsible for the exploitation and has the capacity to make a free and informed choice. It does not recognise the abusive or exploitative context</p>	<p>Child criminal exploitation CCE</p> <p>The child is being criminally exploited</p> <p>The child is being trafficked for the purpose of criminal exploitation</p>
<p><b>Recruit / run / work</b></p> <p>This implies that the child is responsible for the exploitation and has the capacity to make a free and informed choice. It does not recognise the abusive or exploitative context</p>	<p>The child is being criminally exploited</p>
<p><b>He / She is choosing this lifestyle</b></p> <p>This implies that the child is responsible for the exploitation and has the capacity to make a free and informed choice. It does not recognise the abusive or exploitative context</p>	<p>The child is being criminally exploited</p> <p>The child is being sexually exploited</p>
<p><b>Spending time / associating with ‘elders’</b></p> <p>This implies the child is responsible for the exploitation and has the capacity to make a free and informed choice. It does not recognise the abusive or exploitative context.</p>	<p>The child says they are friends with a person and there are no concerns about that person’s age, the imbalance of power, exploitation, offending</p> <p>The child has been groomed, exploited, controlled</p> <p>Note: If the elder is under the age of 18 years old, this will also need to be considered using child protection processes so a Service Request Form would also need to be completed</p>

**Offering him / her drugs seemingly in return for sex or to run drugs**

This implies that the child is responsible for the exploitation and has the capacity to make a free and informed choice. It does not recognise the abusive or exploitative context.

The child is being sexually / criminally exploited

The child is being criminally exploited through drug debt

There are concerns that the child has been raped as they do not have the freedom or capacity to consent

Perpetrators are sexually abusing the child

The child is being sexually abused  
The child's vulnerability / regarding drug use is being used by others to abuse them

The perpetrators have a hold over the child by the fact they have a drug dependency



## Appendix 5

### Drugs and Alcohol

#### **Use of Prescribed Medicines**

The school has a policy on the use and administration of prescribed medicines. Any breach of this by pupils (such as supply or sale of medicines to friends etc) will be regarded as a drug related incident and will be dealt with under this procedure.

#### **Prohibited Substances**

Staff, parents/carers and students need to be aware that no substances should be brought onto the premises. This includes alcohol, tobacco and nicotine containing products, volatile substances, unauthorised medicines and all illegal drugs. This applies to anybody using the building regardless of age or whether they are staff, visitors or pupils of the school. This also applies to any school led activity taking place off the premises including trips that may take place out of the country.

**Drug or paraphernalia found on school premises** – a substance or equipment used for the purposes of using drugs is found on the premises but is not attributed to a particular individual. Arrangements should be made with appropriate school staff for its removal. Any substances or paraphernalia should be placed in a tamper proof bag, clearly labelled and reported to Merseyside Police for disposal. If staff dealing with the incident are uncertain as to the nature of a substance being found it should be treated in the same way as an illegal drug.

**Pupil disclosure of drug use** – a student informs a member of staff that they have been using drugs or alcohol and may request additional information/support etc. This information should be dealt with sensitively and the student given reassurance that they will be provided with the level of support they feel is required. In these situations, a drug incident form does not need to be completed in order to preserve the confidentiality of the individual.

**Emergency/intoxication** – Student/s using substances either before, during or after school hours and are under the influence of drugs or alcohol. Emergencies should be dealt with in the same way as any other medical emergency. Unless it is more dangerous to do so, students should be taken home for the rest of the day. This should apply to students who are suspected to be intoxicated and are unlikely to be able to participate in school activities for the rest of the day. However, school staff can apply discretion in these circumstances and each case assessed on an individual basis. If an ambulance or attendance at hospital is required, it is helpful to be able to ascertain as much information as possible, such as what has been taken, how much and when. School's First Aid policy will be applied as and when required.

**Disclosure of parent/carer drug use** – this issue must be dealt with sensitively. Students may express that they are worried/concerned or do not wish to return home. Advice should be sought from the MASH Team. Different responses will be required depending upon the age, vulnerability and needs of the student. Other support can be offered to the student through services such as Young Carers, NSPCC etc.

**Pupil in possession of unauthorised substance** – if school staff are concerned that a student is in possession of an unauthorised substance they may initiate the procedures laid out in 2013 ACPO guidance "Use of Reasonable Force". Nominated staff ie Teachers in Charge are able to search the pupil and confiscate any found substance. In addition, where schools may have access to a Safer Schools Officer, they can also undertake or support a search if they suspect a pupil is in possession. All searches will be documented fully and an incident report form completed.

Any substances that are found will be placed in a tamper proof bag, clearly labelled with a description of item. (E.g. “X amount of white tablet with smiley logo”, “brown powder in plastic wrap, size of a thumbnail”) and stored securely. Merseyside Police will be contacted on 101 to arrange for the substance to be disposed.

If school staff are unaware of what exactly the substance is that is found, it will be treated as an illegal substance.

**Parent/carer expresses concern** – disclosure made by a parent/carer about child’s drug or alcohol use. Provide them with information about how to discuss this with their child. Discuss available options and signpost them to parents support services (such as Footsteps). School staff can mediate concerns with parents and student in order to discuss concerns in more detail and identify what support may be required.

**Pupil supplying unauthorised drug** – individual is identified or suspected of supplying substances. Schools can initiate search and confiscation processes. Any substances found should be dealt with as in point 14.4.5. Students and staff need to be aware of the potential risks of the health and wellbeing of the school community and should seriously consider the involvement of Merseyside Police. Students need to be aware of the consequences of this.

**Incident occurring off school premises** – an incident that does not occur before or during school hours. This may be something that occurs during an evening or weekend (e.g. young person has been arrested for possession of substance or drunk and disorderly or attend hospital for a drug or alcohol matter. **In cases whereby students are presenting in education displaying signs of being under the influence, this should be recorded as emergency/intoxication.**

#### **Use of tobacco and nicotine containing products (NCP).**

The school adheres to the St Helens Council smoking policy. All contraband equipment is confiscated and disposed of appropriately. Nicotine Containing Products include E-cigarettes, chewing tobacco etc.

Tobacco and NCP education is covered in drug education lessons. Trading Standards are notified if any fake or counterfeit tobacco products are being found.

Pupils will be signposted to St Helens Smoking Support Team for support to reduce or stop smoking if they consent to this. Products that are used genuinely by students for the treatment of nicotine addiction (e.g. patches, gums, inhalators etc) are covered in the school’s medicines policy.

#### **Finding needles or syringes**

Unlike other drug paraphernalia found on school premises, a hypodermic needle will never be placed in an evidence bag for police.

The following procedure is followed in order to protect all persons:

- Do NOT attempt to pick up the needle.
- Cover the needle with a bucket or other container, until it can be removed safely into a sharps box.
- If possible, cordon off the area to make it safe.
- DSL or senior member of staff will be informed.
- A trained member of staff with the appropriate Personal Protective Equipment (PPE) will remove the discarded needle
- DSL will complete the appropriate Record of incident involving unauthorised drug form
- and process in accordance with protocols

**Role of Merseyside Police**

Whilst there is no specific legal obligation for the school to report to the police when a drug incident has occurred, the school may contact the police to seek advice and guidance. The school recognises the role that Merseyside Police has in respect of the mutually agreed protocols for dealing with drug related incidents in schools. In cases whereby a Safer Schools Officer is available in schools, the Officer will generally be one of the first points of contact when dealing with incidents, in line with ACPO advice and guidance. Where Safer Schools officers are not present, the school will need to contact Merseyside Police via the usual channels (101 for non-emergency, 999 for emergency response).

Parent(s)/carer(s) will be notified of any incident that requires police involvement. In most cases, parents/carers will be expected to act as an appropriate adult if young people are required to attend a Police interview.