



# SAFEGUARDING POLICY

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## Keeping Children Safe in Education

In April 2014 with amendments in September 2015 and September 2016, the DfE updated the statutory guidance on safeguarding resulting in Rosendale School updating its own policy following this new advice. All staff were directed to the full guidance.

Full guidance, *Keeping Children Safe in Education* at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/550511/Keeping\\_children\\_safe\\_in\\_education.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf)

Fifteen page summary for staff at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/550499/Keeping\\_children\\_safe\\_in\\_education\\_Part\\_1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550499/Keeping_children_safe_in_education_Part_1.pdf)

## Safeguarding Policy

Safeguarding is what we do for all children; and Child Protection is what we do for children who have been harmed or are at significant risk of being harmed. Typically the child protection policy will refer to quite clear procedures, whilst the safeguarding policy will be broader.

In other words the Safeguarding Policy includes the Child Protection Policy, as well as links to other policies.

At Rosendale other policies that can link to these two major policies include:

- Attendance
- Health and safety (pupils')
- Bullying, including cyber-bullying
- Anti-discrimination
- Physical intervention
- Meeting the needs of pupils with medical conditions
- First Aid
- Drug and substance misuse
- Educational visits
- Intimate care
- Internet or e-safety

- School security
- Visitors
- Safer Recruitment
- Disclosure and Barring Service checks
- Issues which may be specific to a local area or population

With regard to safeguarding and child protection, the only relevant statutory policies are:

- Health and Safety policy
- Central record of recruitment and vetting checks
- Child protection policy and procedures
- Statement of procedures for dealing with allegations of abuse against staff

Key aspects of the safeguarding policy include:

- Purpose of the policy
- Statement of Purpose
- Positive ethos
- Children feel safe, secure and listened to
- Staff/volunteers encouraged to talk about concerns
- How children who have been abused or are at risk of abuse are supported
- Safeguarding issues are explored as part of the curriculum
- Reference to the Statutory Framework
- Legal responsibilities and duties
- Duty to share information
- Roles and Responsibilities
- Designated Person(s)
- Staff
- Practical Advice
- Signs and Symptoms of abuse
- What to do about concerns
- Dealing with disclosures
- Highlight areas of particular risk
- Physical intervention
- Intimate care
- Changing for PE and swimming
- 1:1 working
- Record-keeping
- Confidentiality
- Procedure for dealing with complaints and allegations about staff
- Safer Recruitment
- Whistle-blowing

# Child Protection and Safeguarding Policy 2016

This model policy was developed by Senior Staff at Rossendale School following updated statutory guidance from the DfE in April and May 2014 and completed in July 2014 with amendments in October 2016.

## 1. Introduction

- 1.1 This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications: 'Working Together to Safeguard Children' 2018, Revised Safeguarding Statutory Guidance 2 'Framework for the Assessment of Children in Need and their Families' 2000, 'What to do if You are Worried a Child is Being Abused' 2003. The guidance reflects, 'Keeping Children Safe in Education' 2018.
- 1.2 Rossendale School takes seriously its responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.
- 1.3 We recognise that all adults, including temporary staff<sup>1</sup>, volunteers and others, have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern.
- 1.4 All staff believe that our school should provide a caring, positive safe and stimulating environment that promotes the social, physical and moral development of the individual child.
- 1.5 The aims of this policy are:
  - 1.5.1 To support the child's development in ways that will foster security, confidence and independence.
  - 1.5.2 To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.
  - 1.5.3 To raise the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse (Reference Appendices 1 and 2)
  - 1.5.4 To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those children.

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<sup>1</sup> Wherever the word "staff" is used, it covers ALL staff on site, including ancillary supply and self employed staff, contractors, volunteers working with children etc, and governors

- 1.5.5 To emphasise the need for good levels of communication between all members of staff.
- 1.5.6 To develop a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.
- 1.5.7 To develop and promote effective working relationships with other agencies, especially the Police and Social Care.
- 1.5.8 To ensure that all staff working within our school who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check (according to guidance)<sup>2</sup>, and a central record is kept for audit.

## 2. Safe School, Safe Staff

2.1 We will ensure that:

- 2.1.1 All members of the Senior Management Team understand and fulfil their responsibilities, namely to ensure that:
  - there is a Child Protection policy together with a staff behaviour (code of conduct) policy
  - the school operates safer recruitment procedures by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training and has been updated on the Keeping Children Safe in Education advice published in 2018 and the Working Together to Safeguard Children September 2018
  - the school has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned
  - a senior leader has Designated Safeguarding Lead (DSL) responsibility
  - the DSL and his nominated deputy have undertaken interagency training and also undertake an 'update' course every 2 years
  - all other staff have Safeguarding training updated as appropriate
  - any weaknesses in Child Protection are remedied immediately
  - Child Protection policies and procedures are reviewed annually and the Child Protection policy is available on the school website or in hard copy
  - the Senior Management Team ensure that children are taught about safeguarding. This may be part of a broad and balanced curriculum covering relevant issues through personal social health and economic education (PSHE)
  - that enhanced DBS checks are in place for all members of staff and also for external members of Priory Education Services who may visit the school from time to time.

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<sup>2</sup> Guidance regarding CRB checks recently updated by the Protection of Freedoms Act 2012

- 2.1.2 The Lead DSL, Mr David Duncan, the Headteacher. The Deputy Designated Child Protection Officers are Mrs Liz Duncan, Deputy Head & Mr Simon Jones, Head of Care. These staff have undertaken the relevant training, followed by biannual updates.
- 2.1.3 The DSLs who are involved in recruitment and other members of the Senior Management Team will also complete safer recruitment training
- 2.1.4 All members of staff and volunteers are provided with child protection awareness information at induction, including in their arrival pack, the school safeguarding statement so that they know who to discuss a concern with. All staff are given a copy of Part 1 – ‘Keeping Children Safe in Education’
- 2.1.5 All members of staff are trained in and receive regular updates in e-safety and reporting concerns
- 2.1.6 All other staff have child protection awareness training, updated by the Deputy DSL as appropriate, to maintain their understanding of the signs and indicators of abuse (every 3 years)
- 2.1.7 All staff complete safeguarding updates each year via the Priory Academy & in relevant meetings. All members of staff, and volunteers, know how to respond to a pupil who discloses abuse
- 2.1.8 All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the school’s Child Protection Policy
- 2.1.9 We will ensure that child protection type concerns or allegations against adults working in the school are referred to the LADO<sup>3</sup> for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS)<sup>4</sup> for consideration for barring, following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.
- 2.2 Our procedures will be regularly reviewed and up-dated.
- 2.3 The name of the designated members of staff for Child Protection, the Designated Child Protection Office are made known to staff through induction
- 2.4 All new members of staff will be undertake training in safeguarding and child protection as part of their induction into school
- 2.5 The policy is available publicly either on the school website or by other means. Parents/carers are made aware of this policy and their entitlement to have a copy of it via the school handbook/newsletter/website

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<sup>3</sup> LADO Local Authority Designated Officer for allegations against staff. AEO Area Education Officer

<sup>4</sup> Contact the LADO for guidance in any case

### 3. Responsibilities

- 3.1 The designated DSLs are responsible for:
  - 3.1.1 Referring a child if there are concerns about possible abuse, to Lancashire Local Authority, and acting as a focal point for staff to discuss concerns. Referrals should be made in writing, following a telephone call using the Common Assessment Framework (CAF) / referral form.
  - 3.1.2 Keeping written records of concerns about a child even if there is no need to make an immediate referral.
  - 3.1.3 Ensuring that all such records are kept confidentially and securely and are separate from pupil records, until the child's 25<sup>th</sup> birthday, and are copied on to the child's next school or college
  - 3.1.4 Ensuring that an indication of the existence of the additional file in 3.1.3 above is marked on the pupil records
  - 3.1.5 Liaising with other agencies and professionals
  - 3.1.6 Ensuring that either they or the staff member attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with the parents
  - 3.1.7 Ensuring that any pupil currently with a child protection plan who is absent in the educational setting without explanation for two days is referred to their Social Care Team
  - 3.1.8 Organising child protection induction, and update training every 3 years, for all school staff
  - 3.1.9 Updates will be given to all staff each year, through the staff relevant training

### 4. Supporting Children

- 4.1 We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self worth
- 4.2. We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm
- 4.3. We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn

- 4.4. Our school will support all children by:
- 4.4.1 Encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying
  - 4.4.2 Promoting a caring, safe and positive environment within the school
  - 4.4.3 Liaising and working together with all other support services and those agencies involved in the safeguarding of children
  - 4.4.4 Notifying Social Care as soon as there is a significant concern
  - 4.4.5 Providing continuing support to a child about whom there have been concerns who leaves the school by ensuring that appropriate information is copied under confidential cover to the child's new setting and ensuring the school medical records are forwarded as a matter of priority

## **5. Confidentiality**

- 5.1 We recognise that all matters relating to child protection are confidential
- 5.2 The Headteacher or Deputy DSLs will disclose any information about a child to other members of staff on a need to know basis only
- 5.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children
- 5.4 All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing
- 5.5 We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with Lancashire County Council's School Safeguarding Officer, Matt Chipchase, on this point.

## **6. Supporting Staff**

- 6.1 We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting
- 6.2 We will support such staff by providing an opportunity to talk through their anxieties with the DSLs and to seek further support as appropriate

## **7. Allegations against staff**

- 7.1 All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults

- 7.2 All Staff should be aware of the school's own Behaviour Management policy
- 7.3 Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction
- 7.4 We understand that a pupil may make an allegation against a member of staff
- 7.5 If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Headteacher.
- 7.6 The Headteacher on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO)
- 7.7 If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform Priory Education Services Operations Director or the Deputy DSL who will consult as in 7.6 above, without notifying the Headteacher first
- 7.8 The school will follow the Lancashire's procedures for managing allegations against staff. Under no circumstances will we send a child home, pending such an investigation, unless this advice is given exceptionally, as a result of a consultation with the LADO
- 7.9 Suspension of the member of staff, excluding the Headteacher, against whom an allegation has been made, needs careful consideration, and the Headteacher will seek the advice of the LADO and Priory Education Services' Operational Director in making this decision
- 7.10 In the event of an allegation against the Headteacher, the decision to suspend will be made by the Priory Education Services' Operations Director with advice as in 7.8 above

## **8. Whistle-blowing**

- 8.1 We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.
- 8.2 All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the school, they should speak in the first instance, to the Area Education Officer/LADO following the Whistleblowing Policy.
- 8.3 Whistle-blowing re the Headteacher should be made to Priory Education Services' Operations Director or the Deputy DSL whose contact details are readily available to staff

## 9. Physical Intervention

- 9.1 We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.
- 9.2 Such events should be recorded and signed by a witness.
- 9.3 All staff at Rossendale School may need to use physical intervention so consequently all staff will be appropriately trained
- 9.4 We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.
- 9.5 We recognise that touch is appropriate in the context of working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.<sup>5</sup>

## 10. Anti-Bullying

- 10.1 Our school policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms eg. cyber, racist, homophobic and gender related bullying. We keep a record of known bullying incidents. All staff are aware that children with SEND and / or differences/perceived differences are more susceptible to being bullied / victims of child abuse. We keep a record of bullying incidents.

## 11. Racist Incidents

- 11.1 Repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. We keep a record of all racist incidents in our Bullying monitoring record

## 12. Prevention

- 12.1 We recognise that the school plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults, supportive friends and an ethos of protection.
- 12.2 Rossendale School will therefore:

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<sup>5</sup> 'Guidance on Safer Working Practices is available on the DfE website

- 12.2.1 Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to
- 12.2.2 Include regular consultation with children e.g. through safety questionnaires, participation in anti-bullying week, asking children to report whether they have had happy/sad lunchtimes/playtimes
- 12.2.3 Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty
- 12.2.4 Include safeguarding across the curriculum, including PSHE, opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help. In particular this will include anti-bullying work, e-safety, road safety, pedestrian and cycle training. Also focused work in Year 6 to prepare for transition to Secondary school and more personal safety/independent travel
- 12.2.5 Ensure all staff are aware of school guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks

## 13. Health & Safety

- 13.1 Our Health & Safety policy, set out in a separate document, reflects the consideration we give to the protection of our children both physically within the school environment, and for example in relation to internet use, and when away from the school and when undertaking school trips and visits.

## 14. Monitoring and Evaluation

Our Child Protection Policy and Procedures will be monitored and evaluated by:

- Reg 33 inspection visits to the school
- Senior Management Team 'drop ins' and discussions with children and staff
- Pupil surveys and questionnaires
- Scrutiny of Attendance data
- Scrutiny of range of risk assessments
- Scrutiny of Reg 33 and other compliance reports
- Logs of bullying/racist/behaviour incidents for Senior Management Team to monitor
- Review of parental concerns and parent questionnaires

## Appendix one

### Recognising signs of child abuse

#### Categories of Abuse:

- Physical Abuse (including fabricated or induced illness)
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

### Signs of Abuse in Children:

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation.

### Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

## 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:

- Bruising in or around the mouth

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

### **Bite Marks**

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

### **Burns 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 is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

### **Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint.

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

## 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 indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms 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 attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others

## 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, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

### **Sexual Abuse by Young People**

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

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

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

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

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

See also Peer on Peer Sexual Violence & Harassment in the Child Protection Policy.



## Assessment

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

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

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

## Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and irresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

## Child Sexual Exploitation

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

# Safeguarding Children – Forced Marriage

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## Definition

A 'forced' marriage (as distinct from a consensual 'arranged' marriage) is defined as one conducted without the valid consent of at least one of the parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. Forced marriages of children may involve non-consensual and/or underage sex, emotional and physical abuse and should be regarded as a child protection issue and referred to Children's Social Care.

Although there is no specific criminal offense of a forced marriage, the forced marriages of children (and vulnerable adults) may involve one or more criminal offences, eg common assault, cruelty to persons under 16, child abduction, rape, kidnapping, false imprisonment and even murder. The Forced Marriage (Civil Protection) Act 2007 came into force in November 2008. The Act gives the courts a wide discretion to deal flexibly with each individual case, employing civil remedies that offer protection to victims without criminalising family members. Forced marriage is primarily, but not exclusively, an issue of abuse against girls and young women: 'Most cases involve young women aged between 13 and 30, although there is evidence to suggest that as many as 15% of victims are male (Young People & Vulnerable Adults Facing Forced Marriage; Practice Guidance for Social Workers).

Whilst the majority of cases encountered in the UK involve South Asian families, partly reflecting the composition of the UK populations, there have been cases involving families from East Asia, the Middle East, Europe and Africa. Some forced marriages take place in the UK with no overseas element, whilst others involve a partner coming from overseas or a British citizen being sent abroad.

## Recognition

Victims of existing or prospective forced marriages may be fearful of discussing their worries with friends and teachers, but may come to the attention of professionals for various behaviours or circumstances consistent with distress.

These may include:

- A family history of siblings being forced to marry or to marry early;
- A sibling who suddenly disappeared or went abroad;
- Frequent authorised absences or truancy from school/lessons;
- Social isolation;
- A sudden decline in education performance, aspirations or motivation;
- Unreasonable restrictions on the child's liberty eg accompanied to/from school, not allowed to attend extra-curricular activities;
- Depression, self harming behaviour, eating disorders ;

- Lethargy and inability to concentrate;
- Physical and domestic violence and abuse;
- Running away from home;
- Reports of having left the country suddenly or being on an extended family holiday.

## Response

Staff should not make assumptions that a child is at risk and try to establish the full facts from the child at the earliest opportunity. The child must be provided with the opportunity to speak on her/his own, in a private place. S/he may face significant harm if her/his family learn that s/he has sought help or advice.

Mediation should not be attempted. The needs of victims of forced marriage vary. They may need help to avoid a threatened forced marriage or dealing with the consequences of a forced marriage that has already taken place. Staff should seek consultation and advice from the school's Designated Senior Person who will contact the local LSCB identified lead professional on forced marriage. The Forced Marriage Unit should also be consulted (01282 472190)

Where there is information of an existing or prospective forced marriage of a child aged less than 18 years, child protection issues should be addressed by referral to Children's Social Care, without prior discussion with the family or community.

## Further guidance and advice

- The Right to Choose – Multi Agency Statutory Guidance for Dealing with Forced Marriage;
- Multi-Agency Practice Guidelines – Handling Cases of Forced Marriage (published by the Forced Marriage Unit in July 2009);
- Guidance for Local Authorities on Applying for Forced Marriage Protection Orders (published by the Ministry of Justice in October 2009). The Forced Marriage Unit (FMU) is Government's central unit dealing with forced marriage casework, policy and projects. The FMU provides confidential information and assistance to potential victims and concerned professionals. FMU staff can offer advice and assistance to individuals who:
  - Fear they will be forced into a marriage (in UK or overseas);
  - Fear for a friend or relative who may be forced into a marriage (in the UK or overseas);
  - Have been forced into a marriage and do not want to support their spouse's visa application

# Safeguarding Children – Female Genital Mutilation

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## Definition

Female Genital Mutilation (FGM) is a collective term for procedures which include the removal of part/all external female genitalia for cultural or other non-therapeutic reasons. The practice is not required by any major religion and is medically unnecessary, painful and has serious health consequences at the time it is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but is also performed on new born infants and on young women before marriage/pregnancy. A number of girls die as a direct result of the procedure, from blood loss or infection. Girls may be circumcised or genitally mutilated illegally by doctors or traditional health workers in the UK, or sent abroad for the operation.

## Law

Female circumcision, excision or infibulations (female genital mutilation) is illegal in this country by the Female Genital Mutilation Act 2003, except on specific physical and mental health grounds. See the Home Office website. It is an offence to:

- Undertake the operation (except in specific physical or mental health grounds)
- Assist a girl to mutilate her own genitalia
- Assist a non-UK person to undertake FGM of a UK national outside UK (except in specific physical or mental health grounds)
- Assist a UK national or permanent UK resident to undertake FGM of a UK national outside the UK (except in specific physical or mental health grounds)

## Recognition

A child may be considered at risk if it is known older girls in the family have been subject to the procedure. Pre-pubescent girls 7 to 10 are at highest risk, though the practice has been reported amongst babies. Suspicions may arise if a family is known to belong to a community in which FGM is practiced and is making preparations for the child to take a holiday, arranging vaccinations or planning school absence and the child may refer to a 'special procedure' taking place.

Indications that FGM may have already occurred include:

- Prolonged school absence with noticeable behaviour change on return
- Bladder and menstrual problems
- Reluctance to receive medical attention or participate in sport

## Response

Any suspicion of intended or actual FGM must be referred to Children's Social Care, in accordance with the Referral and Assessment Procedure. Children's Social Care, must inform the police CAIU at the earliest opportunity and convene a strategy meeting within 2 working days if:

- There is suspicion that a girl or young woman, under the age of 18, is at risk of undergoing this procedure.
- It is believed that a girl or young woman is at risk of being sent abroad for that purpose or
- There are indications that girl or young woman has suffered mutilation or circumcision.

A service manager from the Children's Social Care team who has attended female genital mutilation training or a child protection adviser/senior manager should chair the Strategy Meeting. Health providers or voluntary organisations with specific expertise should be invited. A legal advisor should be invited or consulted prior to the meeting on the options, which could be considered to protect a child. In planning any intervention it is important to consider the significance of cultural factors. FGM is generally performed because of the significance it has in terms of cultural identity. Any intervention is more likely to be successful if it involves workers from, or with a detailed knowledge of, the community concerned.

If the child has already suffered female genital mutilation the meeting will need to consider carefully whether to continue enquiries or whether to assess the need for support services. Female genital mutilation is a one-off event of physical abuse (albeit one that may have grave permanent sexual, physical, and emotional consequences), not an act of repeated abuse and organisational responses need to recognise this. A second strategy meeting should take place within 10 working days of the first meeting, with the same chair. This meeting must evaluate the information collected in the enquiry and recommend whether a child protection conference is necessary. A girl who has already been genitally mutilated should not normally be the subject of a conference or the subject of a protection plan unless additional concerns exist, though she should be offered counselling and medical help. Consideration must however be given to any other female siblings at risk.

## Prevention

Agencies should work together to promote a better understanding of the damaging consequences to health (physical and psychological) of FGM. Wherever possible the aim must be to work in partnership with parents and families to protect children through parents' awareness of the harm caused to the child.

# Safeguarding Children – Preventing Radicalisation

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## Definition

Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social or religious ideals and aspirations that:

- Reject or undermine the status quo
- Or
- Reject and/or undermine contemporary ideas and expressions of freedom of choice

## Prevention

Schools play an integral part in educating young people – equipping them with the knowledge, skills and relex to think for themselves, to challenge and debate, and giving young people the opportunity to learn about different cultures and faiths and, to gain an understanding of the values we share.

Exploring ideas, developing a sense of identity and forming views ae a normal part of growing up.

We do need to encourage young people to express their views, to accept difference in others' views and embrace the multi-cultural and diverse society in which we live. They also need to appreciate the impact their views can have on others and to take responsibility for their actions and to understand that the use of violence to further any cause is criminal.

At Rossendale School:

- Pupils will be educated through the school curriculum, group and individual discussions both in school and in the residential units
- Pupils will be taught about a range of different cultures through the curriculum to have an understanding of diversity and have an acceptance of the multi-cultural society in the UK
- Staff have all received training on preventing radicalisations and what to do if they have any concerns
- All staff have completed the CHANNEL online awareness course and the majority of staff have also had training with the local police department responsible for the Prevent Duty

## Recognition

Staff need to be aware of the following signs:

- Change in dress or appearance
- Losing interest in friends or activities not associated with a particular ideology
- Behaviour focused on an extreme idea or cause
- Possession of material or symbols associated with an extremist cause

## **Response**

If any staff member has a concern about a pupil they should speak to the DLP (Headteacher or Head of Care) who will seek advice from the Prevent Team.

## **Contact Numbers**

The police Prevent Team for Lancashire – 01772 413029 / 07943 050822

email: [channelreferrals@lancashire.pnn.police.uk](mailto:channelreferrals@lancashire.pnn.police.uk)

Police non-emergency number – 101

Crime Stoppers – 0800 555 111