

ST. CATHARINE'S CATHOLIC PRIMARY SCHOOL

Child Protection & Safeguarding Policy



Let your light shine

School Mission Statement

St Catharine's Primary School provides a Catholic education expressing love of and trust in Jesus Christ.

We aim to: -

- * Build a Christian community in which there is a true understanding of the teaching of the Catholic Church.**
- * Help each child to fulfil their potential and do their best in all that they do.**
- * Ensure that every child is valued and encouraged to become generous, confident and responsible.**
- * Welcome involvement with parents, parish and the wider community to enrich all our lives.**

Approved by Governing Body
at meeting dated 18th Jan 2018

Governors' Committee Responsible: Teaching and Learning Committee

Governor Lead: Chris White

Designated Safeguarding Lead: Joanne Welch

Deputy Designated Safeguarding Lead: Anita Dee, Alison Robinson

Accredited Safer Recruitment trained adults: Jane Cannon, Carol McCarthy

This statutory policy will be reviewed within 12 months of the date of ratification.

Key contacts

Role	Name	Contact
Designated Safeguarding Lead	Joanne Welch	01386 840677
Deputy Designated Safeguarding Lead	Alison Robinson	01386 840677
Nominated Governor for Safeguarding and Child Protection	Chris White	
Chair of Governors	Vin Kelly	
Local Authority Designated Officer (LADO)	Nigel Hatten	01452 426994
Children's Social Care – for reporting concerns	Front Door- Gloucestershire	01452 426565
	Cotswold Social Services - Cirencester	01285 881000

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1.0 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: A guide to inter-agency working to safeguard and promote the welfare of children' 2015; Revised Safeguarding Statutory Guidance 2 'Framework for the Assessment of Children in Need and their Families' 2000; 'What to do if you're worried a child is being abused: advice for practitioners (DfE)' 2015. The guidance reflects, 'Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges' September 2016. Reference has also been made to Gloucestershire Safeguarding Children Board (GSCB) procedures.
- 1.2 The governing body takes seriously its responsibilities 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 St. Catharine's Catholic Primary School to identify, assess, and support those children who are suffering harm.
- 1.3 We recognise that all adults, including temporary staff¹, volunteers and governors, 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 St. Catharine's Catholic Primary School should provide a caring, positive safe and stimulating environment that promotes the social, physical and moral development of the individual child.
- 1.5 All staff are aware that safeguarding incidents could happen anywhere and we remain alert to this fact to ensure that children are kept safe.
- 1.6 The aims of this policy are:
 - 1.6.1 To support the child's development in ways that will foster security, confidence and independence.
 - 1.6.2 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.
 - 1.6.3 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 to 3).
 - 1.6.4 To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school,

¹ 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

contribute to assessments of need and support packages for those children.

- 1.6.5 To emphasise the need for good levels of communication between all members of staff.
- 1.6.6 To develop a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse. (See Appendix 3.)
- 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 St. Catharine's Catholic Primary 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)², and a single central record is kept for audit.

2.0 Safe School, Safe Staff

2.1 We will ensure that:

- 2.1.1 All members of the governing body understand and fulfil their responsibilities, namely to ensure that:
 - there is a Child Protection policy together with a staff 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 that the associated practices are always followed.
 - 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 a regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.
 - a single central record is in place and the following checks are undertaken: an identify check; a barred list check; an enhanced DBC check/certificate; a prohibition from teaching check; further checks on people living or working outside the UK; a check of professional qualifications; a check to establish the person's right to work in the UK.

² Guidance regarding DBS checks updated by the Protection of Freedoms Act 2012

- there is a nominated governor responsible for child protection who has received appropriate training and safeguarding is a standing item at governors' meetings.
- a senior leader has Designated Safeguarding Lead (DSL) responsibility.
- there is at least one named deputy Designated Safeguarding Lead in school.
- on appointment, the DSL's undertake interagency training and also undertake DSL refresher training every 2 years.
- all other staff have Safeguarding training updated at least every 3 years, a timescale agreed by the GSCB, and that all staff have read part 1 of Keeping Children Safe in Education.
- any weaknesses in Child Protection are remedied immediately.
- if an allegation of abuse is made against the Head teacher the Chair of Governors must contact the LADO at the Local Authority.
- child protection policies and procedures are reviewed annually and that the Child Protection policy is available on the school website.
- the governing body reviews the school's annual 'audit of statutory duties and associated responsibilities for schools in relation to 'Keeping Children Safe in Education' which is sent to the school from the GSCB.
- the governing body considers how children may be taught about safeguarding and staying safe from abuse. This may be part of a broad and balanced curriculum covering relevant issues through personal social health and economic education (PSHE) and/or through sex and relationship education (SRE). We use the PINK (People in the Know) curriculum, produced by the Gloucestershire Healthy Living and Learning team, to support the development of the necessary skills and knowledge that our children need to lead happy, safe, healthy lives. This curriculum, combined with the Online Pupil Survey, ensures we are listening and responding to children's needs.

2.1.2 The Lead DSL, is the head teacher. The DSL is a former DSL from a Nursery setting. These members of staff have undertaken the relevant training and will attend biannual updates.

2.1.3 Staff involved in recruitment and at least one member of the governing body will also complete safer recruitment training, to be renewed every 5 years.

- 2.1.4 All members of staff and volunteers are provided with child protection awareness information at induction. A safeguarding induction will take place within the first 7 days of employment.
- 2.1.4.1 Staff will be made aware of the possibility that children in St. Catharine's Catholic Primary School could be subject to sexual abuse, physical abuse, emotional abuse, neglect, mental health issues, faith abuse, gangs and youth violence, gender-based violence, child sexual exploitation, honour based violence, forced marriage, female genital mutilation, domestic violence, fabricated and induced illness, radicalisation, sexting and trafficking.
- 2.1.5 All members of staff are trained in and receive regular updates in e-safety and reporting concerns. The Gloucestershire Safeguarding Children's Board (GSCB) has an up-to-date handbook which can be accessed via www.gscb.org.uk/CHttpHandler.ashx?id=31580&p=0
- 2.1.6 All staff know the procedures for reporting any concerns they have regarding the welfare of children. Staff may be asked to complete a Record of Concern Form (Appendix 3), which should be written objectively and be based upon evidence and/or complete a body chart to show physical injuries (Appendix 3)
- 2.1.7 All staff know that they can raise concerns directly with Social Care Services. The Front Door can be contacted on: **01452 426565**.
- 2.1.8 All other staff and governors have child protection awareness training, updated by the DSL as appropriate, to maintain their understanding of the signs and indicators of abuse.
- 2.1.9 All members of staff, volunteers and governors understand their responsibilities in being alert to the signs of abuse and know how to respond to a pupil who discloses abuse, referring any concerns to the DSL. (Appendices 1 – 3.)
- 2.1.10 All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the school's Safeguarding and Child Protection Policy.
- 2.1.11 Community users organising activities for children are aware of the school's safeguarding and child protection guidelines and procedures.
- 2.1.12 We will ensure that child protection type concerns or allegations against adults working in the school are referred to the LADO³ for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring

³ LADO Local Authority Designated Officer for allegations against staff.

Service (DBS)⁴ 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 updated.
- 2.3 The name of the designated members of staff for child protection, the Designated Safeguarding Leads, will be clearly advertised in school on Safeguarding Board in Staffroom.
- 2.4 All new members of staff will be given a copy of our safeguarding procedures, and child protection policy, with the DSLs' names clearly displayed, as part of their induction into the school.
- 2.5 The Child Protection and Safeguarding policy is available publicly on the school website. Parents/carers are made aware of this policy and their entitlement to have a copy of it via newsletters and the website.

3.0 Responsibilities

- 3.1 The designated DSLs are responsible for:
 - 3.1.1 referring a child if there are concerns about possible abuse, to the *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 Multi Agency Service Request Form. However, any member of staff may raise concerns directly with Social Care Services.
 - 3.1.2 ensuring records of concerns about a child are written even if there is no need to make an immediate referral.
 - 3.1.3 keeping chronologies of any safeguarding or child protection incidents.
 - 3.1.4 ensuring that all such records are kept confidentially and securely and are separate from pupil records, and they are sent on to the child's next school or college. It is the responsibility of the child's final place of education, e.g. college, to keep the records for the designated amount of time.
 - 3.1.5 ensuring that an indication of the existence of the additional file in 3.1.3 above is marked on the pupil records.
 - 3.1.6 signing up to the safeguarding alerts through the Gloucestershire Safeguarding Children Board's (GSCB) website and disseminating the information in a timely fashion.
 - 3.1.7 liaising with other agencies and professionals.
 - 3.1.8 ensuring that either they or the relevant staff member attend case conferences, core groups, multi-agency public protection

⁴ Contact the LADO for guidance in any case

arrangements (MAPPA) or other multi-agency planning meetings, and contribute to assessments and relevant reports.

- 3.1.9 ensuring that the relevant social worker is notified if there is an unexplained absence of more than two days of a pupil who has a child protection plan.
- 3.1.10 provides guidance to the head teacher if a pupil on a child protection plan is in danger of exclusion, ensuring the pupil's social worker is informed.
- 3.1.11 ensuring that, where a pupil who has a child protection plan leaves St. Catharine's Catholic Primary School, their information is transferred to the new school immediately and that the child's social worker is informed.
- 3.1.12 contact the Education Performance and Inclusion team should a pupil be designated as a 'child missing education' and ensure the appropriate CTF is uploaded where necessary.
- 3.1.13 organising child protection induction, and update training every 3 years, for all school staff.
- 3.1.14 being aware of the lessons learnt from Serious Case Reviews (SCR) and using this information to inform school practise.
- 3.1.15 providing information for the governing body, detailing any changes to the policy and procedures; training undertaken by the DSL, and by all staff and governors; number and type of incidents/cases, and number of children on the child protection register (anonymised).

4.0 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 acceptable to being challenging, defiant, aggressive or withdrawn.
- 4.4. St. Catharine's Catholic Primary School will support all children by:
 - 4.4.1 Promoting a caring, safe and positive environment within the school which gives pupils a sense of being valued, ensuring they feel secure, are encouraged to talk and are listened to.
 - 4.4.2 Encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying.

- 4.4.3 Implementing a behaviour policy which ensures that pupils know which behaviours are acceptable, but that does not blame pupils for displaying unacceptable behaviours linked to any abuse which has occurred.
- 4.4.4 Ensuring children know that there are adults in school whom they can approach if they have worries or concerns.
- 4.4.5 Liaising and working together with all other support services and those agencies involved in the safeguarding of children such as social care, Children and Young People Service (CYPS), education welfare services and educational psychology service.
- 4.4.6 Notifying Social Care as soon as there is a significant concern.
- 4.4.7 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 records are forwarded as a matter of priority.

5.0 Confidentiality

- 5.1 We recognise that all matters relating to child protection are confidential.
- 5.2 The head teacher and/or 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 well-being.
- 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 a community social worker on this point.

6.0 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.

7.0 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 Gloucestershire's guidance on behaviour issues, and 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 induction⁵
- 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 Head teacher⁶.
- 7.6 The head teacher 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 Head teacher, the person receiving the allegation will immediately inform the Chair of Governors who will contact the LADO at the Local Authority.
- 7.8 The school will follow Gloucestershire'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 Head teacher, against whom an allegation has been made, needs careful consideration, and the Head teacher will seek the advice of the LADO in making this decision.
- 7.10 In the event of an allegation against the Head teacher, the decision to suspend will be made by the Chair of Governors with advice from the LADO as in 7.8 above.
- 7.11 We have a procedure for managing the suspension of a contract for a community user in the event of an allegation arising in that context.

8.0 Whistle-blowing

⁵ Refer to "Guidance for Safe Working Practice for the Protection of Children and Staff in Education Settings" available on the DfE website

⁶ or the Chair of Governors in the event of an allegation against the Head teacher in a maintained school.

- 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 LADO following the Whistleblowing Policy.
- 8.3 Whistle-blowing regarding the head teacher should be made to the Chair of the governing body whose contact details are readily available to staff.

9.0 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 Staff who are likely to need to use physical intervention will be appropriately trained in *Team Teach* techniques.
- 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 professional boundaries.⁷

10.0 Anti-Bullying

- 10.1 St. Catharine's Catholic Primary 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 e.g. 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. See Appendix 2 for further information.

11.0 Racist Incidents

⁷ Guidance on Safer Working Practices is available on the DfE website

- 11.1 St. Catharine's Catholic Primary School policy on racist incidents acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. We keep a record of racist incidents.

12.0 Prevention

- 12.1 We recognise that the school plays a significant part in the prevention of harm to children by providing them with good lines of communication with trusted adults, supportive friends and an ethos of protection.
- 12.2 The school community will therefore:
- 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 questionnaires, participation in anti-bullying activities, via the online pupil survey, during PSHCE lessons, 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 PSHCE, 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 will take place in Year 6 to prepare the children for transition to secondary school and more personal safety/independent travel. Teaching across the Curriculum will follow PinK (People in the Know) Curriculum and there will be bespoke lessons as required if specific issues arise.
 - 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.
 - 12.2.6 ensure all members of the community have access to the Early Help they may require – see Gloucestershire Local Authority Early Help Dashboard of Intervention. The School will liaise effectively with local multi-agency teams and with Local Authority Early Help Co-ordinators.

13.0 Health & Safety

- 13.1 St. Catharine's Catholic Primary School 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. The Off-Site Visits policy outlines the expected procedures when undertaking school trips and visits. Staff in school are aware that safeguarding is their responsibility when taking children on school visits.

14.0 Monitoring and Evaluation

St. Catharine's Catholic Primary School Child Protection Policy and procedures will be monitored and evaluated by:

- Governing body visits to the school
- Pupil surveys and questionnaires
- Scrutiny of attendance data
- Scrutiny of range of risk assessments
- Scrutiny of governing body minutes
- Logs of bullying/racist/behaviour incidents for SLT and GB to monitor
- Review of parental concerns and parent questionnaires
- SLT discussions

This policy also links to the following policies and/or procedures:

Acceptable Use Policies

Allegations Against Staff

Anti-bullying Policy

Attendance Policy

Behaviour Policy

Complaints Policy

E-Safety Policy

First Aid Policy

Health and Safety Policy

Intimate Care Policy

Local Offer – SEN information report

Off-site Visits Policy

Physical Intervention Policy and Procedures

Prevent Duty Procedures

PSHCE Policy

Sex and Relationships Education Policy

Staff Conduct Policy

Supporting Pupils with Medical Conditions Policy

Whistleblowing Procedures

Appendix 1

Recognising Signs of Child Abuse

Categories of Abuse:

- Physical Abuse
- 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 (CSE).

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 the DSL, deputy DSL 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:

- Any bruising to a pre-crawling or pre-walking baby

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

Bite Marks

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

Burns 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

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

Fractures

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

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

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

Scars

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

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 no 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/ Peer on peer abuse

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

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

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

“acting out” which may derive from other sexual situations to which the child or young person has been exposed.

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

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

Assessment of sexual abuse by young people

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. St Catharine’s Catholic Primary School would then record and seek advice through a Multi-Agency Referral Form.

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 unresponsive 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

If the school suspects neglect, use will be made of the newly launched Neglect toolkit, to ensure an effective Multi Agency Referral Form is written.

Appendix 2

Anti-Bullying

Bullying by race, gender, sexual orientation or disability

Racist Bullying

Racist bullying e.g. any incident which is perceived to be racist by the victim or any other person (MacPherson Report, 1999)

Incidents can include:

- Verbal abuse by name calling, racist jokes and offensive mimicry
- Physical threats or attacks
- Sending offensive text messages or e-mails
- Wearing of provocative badges or insignia
- Bringing racist leaflets, comics or magazines
- Inciting others to behave in a racist way
- Racist graffiti or other written insults, even against food, music, dress or customs
- Refusing to co-operate in work or in play.

Sexual Bullying, including Homophobic bullying

Sexual bullying affects boys and girls. A case of proven sexual assault is likely to lead to the exclusion of the perpetrator.

Sexual bullying can be characterised by:

- Abusive name calling
- Looks and comments about appearance, attractiveness, emerging puberty
- Sending offensive or suggestive text messages or e-mails
- Inappropriate and uninvited touching
- Sexual innuendoes and propositions
- Pornographic material, graffiti with sexual content
- In its most extreme form, sexual assault
- The use of the word 'gay'.

Sexual bullying can also be related to sexual orientation. Children do not necessarily have to be lesbian, gay or bi-sexual to experience such bullying.

Lesbian, gay, bisexual or transgender (LGBT) bullying

Lesbian, gay, bisexual, or transgender (LGBT) pupils, and those perceived as LGBT are at an increased risk of being bullied. Often, bullying towards LGBT pupils targets their non-conformity to gender norms; this may be considered as sexual harassment.

Bullying of children with Special Educational Needs or disabilities

- Abusive name-calling;
- Looks and comments about intellectual ability;

- Refusal to co-operate in work or play;
- Comments directed at the help or support of a Teaching Assistant (TA).

Cyber Bullying

Cyber bullying can be defined as the use of Information and Communications Technology (ICT), particularly mobile phones and the internet, deliberately to upset someone else.

Cyber bullying takes different forms:

- threats and intimidation;
- harassment or cyber stalking (e.g. repeatedly sending unwanted texts or instant messages);
- defamation;
- exclusion or peer rejection;
- impersonation;
- 'sexting' and the pressure to do so- sextortion;
- unauthorised publication of private information or images (including what are sometimes misleadingly referred to as 'happy slapping' images);
- manipulation.

Some cyber bullying is clearly deliberate and aggressive, but it is important to recognise that some incidents of cyber bullying are known to be unintentional and the result of simply not thinking about the consequences. What may be sent as a joke, may not be received as one, and indeed the distance that technology allows in communication means the sender may not see the impact of the message on the receiver. There is also less opportunity for either party to resolve any misunderstanding or to feel empathy. It is important that children are made aware of the effects of their actions.

St Catharine's Catholic Primary School responds to this through educating children through 'In the Net' e-safety focused sessions and PinK Curriculum.

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.

Further information about Child Sexual Exploitation and to access the CSE screening tool go to the GSCB website:

www.gscb.org.uk/article/113294/Gloucestershire-procedures-and-protocols

Domestic Violence

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

- psychological
- physical
- sexual
- financial
- emotional

It can be very difficult for children and young people living with domestic abuse, due to what they may be hearing, witnessing, or experiencing themselves. There is a dedicated website for children and young people, www.thehideout.org.uk, which helps them understand domestic abuse and take positive action if it is happening to them.

Multi Agency Risk Assessment Conference - MARAC

MARAC stands for Multi Agency Risk Assessment Conference. The meeting/conference is part of a process triggered by identifying a high risk victim of domestic abuse. A high risk victim is somebody at risk of serious harm or homicide. The purpose of the MARAC process is to share information with partner agencies and create a risk management plan to safeguard the victim and children. The emphasis is on action planning to safeguard victims and children at all times.

The Gloucestershire Domestic Abuse Support Service (GDASS) is a county-wide service designed to reduce the level of domestic abuse and improve the safety of victims and their families. They operate across the county offering a variety of support programmes for women and men over 16 years old experiencing domestic abuse. They can be contacted via the helpline on 0845 602 9035.

There are also national helplines available:

- National Domestic Violence Helpline (0808 2000 247).
- National Centre for Domestic Abuse (0844 8044 999).
- Men's Advice Line (0808 801 0327).

The GSCB website contains information for professionals regarding domestic violence: <http://www.gscb.org.uk/article/114605/Resources-for-professionals>

Fabricated and Induced Illness

There are three main ways of a parent / 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.

Children who have had illness fabricated or induced are likely to require co-ordinated help from a range of agencies such as health, social care (adults' and children's), education, schools and the voluntary and independent sectors over a sustained period of time. The nature of this input is likely to change as the child develops and his or her needs change; over time, therefore, the types of services required may differ considerably.

For those children who are suffering, or at risk of suffering significant harm, joint working is essential, to safeguard the welfare of children and – where necessary – to take action, within the criminal justice system, regarding the perpetrators of crimes against children. In using this guidance all agencies and professionals should:

- be alert to potential indicators of illness being fabricated or induced in a child;
- be alert to the risk of harm which individual abusers, or potential abusers, may pose to children in whom illness is being fabricated or induced;
- share, and help to analyse information, so that an informed assessment can be made of the child's needs and circumstances;
- contribute to whatever actions (including the cessation of unnecessary medical tests and treatments) and services are required to safeguard and promote the child's welfare and:
 - regularly review the outcomes for the child against specific planned outcomes;
 - work co-operatively with parents unless to do so would place the child at increased risk of harm.
- assist in providing relevant evidence in any criminal or civil proceedings, should this course of action be deemed necessary.

Comprehensive advice can be found at:

www.gov.uk/government/publications/safeguarding-children-in-whom-illness-is-fabricated-or-induced

Female Genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

There are 4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / 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 girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of the human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity

- Repeated urinal tract infection
- Disclosure

Reporting Requirements

Regulated health and social care professionals in England and Wales must report 'known' cases of FGM in under 18s to the police. (Home Office 2016).

If you think that a child may be at risk of female genital mutilation or if you suspect that FGM has already happened, even if not recently, you must seek help and advice.

Call FGM helpline on 0800 028 3550 or email fgmhelp@nspcc.org.uk.

If you think that a child is at immediate risk call police on 999.

Forced Marriage (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.

For Government guidance on forced marriage go to www.gov.uk/forced-marriage

The 'One Chance' rule

As with FGM there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay**.

Gangs and Youth Violence

Being part of a friendship group is a normal part of growing up and it can be common for groups of children and young people to gather together in public places to socialise. Belonging to such a group can form a positive and normal part of young people's growth and development. These groups should be distinguished from 'street gangs' for whom crime and violence are a core part of their identity, although 'delinquent peer groups' can also lead to increased antisocial behaviour and youth offending. Although some group gatherings can lead to increased antisocial behaviour and youth offending, these activities should not be confused with the serious violence of a gang.

Overall, children particularly vulnerable to suffering harm in the gang context are those who are:

- not involved in gangs, but living in an area where gangs are active;
- not involved in gangs, but at risk of becoming victims of gangs;
- not involved in gangs but at risk of becoming drawn in, for example, siblings or children of known gang members; or
- gang-involved and at risk of harm through their gang-related activities (e.g. drug supply, weapon use, sexual exploitation and risk of attack from own or rival gang members).

Young people who become involved in gangs and commit violent crime as a result of this involvement have significant needs themselves. They should be held responsible for their actions and harmful behaviour but practitioners also have a responsibility to safeguard and promote the welfare of these young people and to prevent further harm both to themselves and to other potential victims.

There are a number of areas in which young people are put at risk by gang activity both through participation in and as victims of gang violence. Safeguarding procedures can provide a key tool for all agencies working with young people to assist them when working together to prevent young people from being drawn into gangs, to support those who have been drawn into the margins of gangs; and to protect those who are at immediate risk of harm either as members or victims of gangs.

Potential signs of involvement in gangs

Many of these factors are normal adolescent behaviour and, indeed, many gang symbols and patterns of speech have been adopted more widely by young people who are not in gangs, but they may be useful in identifying concerns prior to referral and should be taken into account during a robust assessment. Parents or other practitioners involved with the family may be best placed to recognise these signs.

These may include:

- child withdrawn from family;
- sudden loss of interest in school. Decline in attendance or academic achievement;
- started to use new or unknown slang words;
- holds unexplained money or possessions;
- stays out unusually late without reason;
- sudden change in appearance – dressing in a particular style or ‘uniform’ similar to that of other young people they hang around with, including a particular colour;
- dropped out of positive activities;
- new nickname;
- unexplained physical injuries;
- graffiti style ‘tags’ on possessions, school books, walls;
- constantly talking about another young person who seems to have a lot of influence over them;
- broken off with old friends and hangs around with one group of people;

- increased use of social networking sites;
- started adopting certain codes of group behaviour e.g. ways of talking and hand signs;
- expressing aggressive or intimidating views towards other groups of young people, some of whom may have been friends in the past;
- scared when entering certain areas; and
- concerned by the presence of unknown youths in their neighbourhoods.

The information in this section is taken from the following document:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/97862/gang-violence-detailreport.pdf

The Avenger Task Force is an initiative led by police to revolutionise the approach to gangs in Gloucester. The multi-agency project, involving representatives from Gloucestershire Constabulary, Gloucestershire City Council and Gloucestershire County Council's Youth Support Team, aims to reduce the number of youngsters involved in gangs by offering support to those who are or may be vulnerable. The Avenger Task Force has set up an anonymous reporting hotline for anyone wanting to report gang activity - ATF@gloucestershire.police.uk.

Gender-based Violence / Violence Against Women and Girls (VAWG)

“Gender-based violence is the general term used to capture violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders, within the context of a specific society.” (Bloom 2008).

This is not to say that gender-based violence against men does not exist. For instance, men can become targets of physical or verbal attacks for transgressing predominant concepts of masculinity, for example because they have sex with men. Men can also become victims of violence in the family – by partners or children. However, it has been widely acknowledged that the majority of persons affected by gender-based violence are women and girls, as a result of unequal distribution of power in society between women and men. Further, women and girls victims of violence suffer specific consequences as a result of gender discrimination.

See the domestic violence section for support helplines.

Honour-based Violence

Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage
- being held against your will or taken somewhere you don't want to go
- assault

Warning signs of honour-based violence:

- Broken communication between victim and friends
- Absence from education/the workplace
- Criticism of the victim for 'western' adoption of dress/make-up
- Restrictions in leaving the house or being accompanied outside the home
- Depressive or suicidal tendencies in an otherwise happy person.

There is an Honour-based violence monitoring form available on the GSCB website: www.gscb.org.uk/article/113294/Gloucestershire-procedures-and-protocols

Private Fostering

Private fostering is when a child or young person aged under 16 (or under 18 if they are disabled), is cared for and provided with accommodation for 28 days or more by an adult who is not a close relative. A close relative is an aunt, uncle, step-parent, grandparent or sibling, but not a cousin, great aunt/uncle or a family friend. Schools have a duty to report such an arrangement to ensure children are kept safe.

Private fostering covers a diverse range of situations. Here are some of the most common:

- Children sent to this country for education or health care by birth parents living overseas.
- Children living with a friend's family as a result of parental separation, divorce

or arguments at home.

- Teenagers living with a family of a boyfriend or girlfriend.
- Children whose parents' study or work involves unsociable hours, which make it difficult for them to use ordinary day care or after school care.

Although it is a private arrangement there are certain duties and responsibilities under the Children Act 1989 and 2004, to ensure that children who are privately fostered are protected. It is the job of Gloucestershire's Children & Young People's Directorate to check that these regulations are being observed.

The law requires that the directorate makes regular visits to ensure that children are safe and well cared for, and that advice is available to those caring for them. They have to check various aspects of the fostering arrangements, including undertaking safeguard checks on the carers, and assessing whether or not they find the arrangement acceptable. The Children & Young People's Directorate has the power to stop a person from private fostering if the carer is not suitable, or the accommodation is not suitable. Alternatively, if they consider something is particularly unsatisfactory, they can make it a requirement that the carer take action to remedy the problem.

If you have concerns about a child being privately fostered, or you wish to clarify the rules and regulations you can contact a private fostering social worker on 01242 532613 or email private.fostering@gloucestershire.gov.uk or visit www.gloucestershire.gov.uk/privatefostering.

Radicalisation and The Prevent Duty

The Counter-Terrorism and Security Act, which received Royal Assent on 12 February 2015, places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). The Department for Education has published The Prevent Duty departmental advice for schools and childcare providers at:

<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>

The Counter-Terrorism and Security Act 2015 also places a duty on local authorities to ensure Channel panels are in place. Schools and colleges which are required to have regard to Keeping Children Safe in Education are listed in the Act as partners of the panel. 'Channel' is the name for the process of referring a person for early intervention and support, including:

- identifying people at risk of being drawn into terrorism
- assessing the nature and extent of that risk, and
- developing the most appropriate support plan for the people concerned.

The Channel process is about safeguarding children, young people and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from risk before a crime occurs.

A short general awareness course online can be accessed here:

http://course.ncalt.com/Channel_General_Awareness/01/index.html

Further information about the Channel panels can be accessed here:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf

Sexting

'Sexting' is the exchange of self-generated sexually explicit images, through mobile picture messages or webcams over the internet. It may be common but 'sexting' is illegal. By sending an explicit image, a young person is producing and distributing child abuse images and risks being prosecuted, even if the picture is taken and shared with their permission.

Children and young people may take part in sexting because they:

- feel like 'everyone else is doing it' and want to fit in with friends - especially if they are boasting about sending or having photos on their mobile phone;
- worry about being seen as 'not sexy', 'frigid' or 'shy' and go along with things they are uncomfortable with;
- feel under pressure to sext as a way of 'proving' their sexuality;
- feel harassed, threatened or blackmailed into sending pictures;
- feel it's easier just to 'give in' to somebody who keeps asking for things;
- think they 'owe' it to their boyfriend or girlfriend or are made to feel guilty if they don't do what is asked;
- are in love with the person and trust them completely and feel like it is okay;
- have a long distance or online relationship with someone and want to have a sexual relationship with them;
- feel proud of their body and want to share it with other people.

The ChildLine website contains valuable information for children and young people who feel pressured into sexting:

<https://www.childline.org.uk/explore/onlinesafety/Pages/Sexting.aspx>

The NSPCC has information to help parents talk to their children about sexting:

<http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/sexting/>

Trafficking

Child trafficking is child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold. They are often subject to multiple forms of exploitation.

Children are trafficked for:

- child sexual exploitation
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture
- criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs, bag theft.

Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another or even from one street to another.

Signs of child trafficking

Signs that a child has been trafficked may not be obvious but you might notice unusual behaviour or events. These include a child who:

- spends a lot of time doing household chores
- rarely leaves his/her house, has no freedom of movement and no time for playing
- is orphaned or living apart from his/her family, often in unregulated private foster care
- lives in substandard accommodation
- isn't sure which country, city or town they're in
- is unable or reluctant to give details of accommodation or personal details
- might not be registered with a school or a GP practice
- has no documents or has falsified documents
- has no access to his/her parents or guardians
- is seen in inappropriate places such as brothels or factories
- possesses unaccounted for money or goods
- is permanently deprived of a large part of his/her earnings, required to earn a minimum amount of money every day or pay off an exorbitant debt
- has injuries from workplace accidents
- gives a prepared story which is very similar to stories given by other children.

It is important to remember that children who have been trafficked may find it hard to understand that what is happening is abuse - especially if they have been groomed. Victims of grooming may believe they are in a relationship with their abuser(s) and be unaware that they are being exploited. Children may not understand that trafficking is child abuse and that they've done nothing wrong. They might think they played a part in their abuse or they're guilty of breaking the law.

The NSPCC website states that “children who have been trafficked may find it difficult to tell anyone what's happened to them. They may also tell their stories with obvious errors, inconsistencies or a lack of reality.”

Children are often too scared to speak out. They may be frightened of:

- what will happen to themselves, their friends and their family
- all adults and authorities
- being prosecuted for a crime
- being returned to their home country where their situation may be even worse
- Juju or witchcraft rituals performed during their experiences
- judgement from their community and families

They may also feel very guilty or ashamed about the abuse they've suffered.

Some traffickers compose stories for victims to learn in case they are approached by the authorities.

If a child is suffering from Post-Traumatic Stress Disorder (PTSD) they may have difficulty in recalling details or have blanks in their memory.

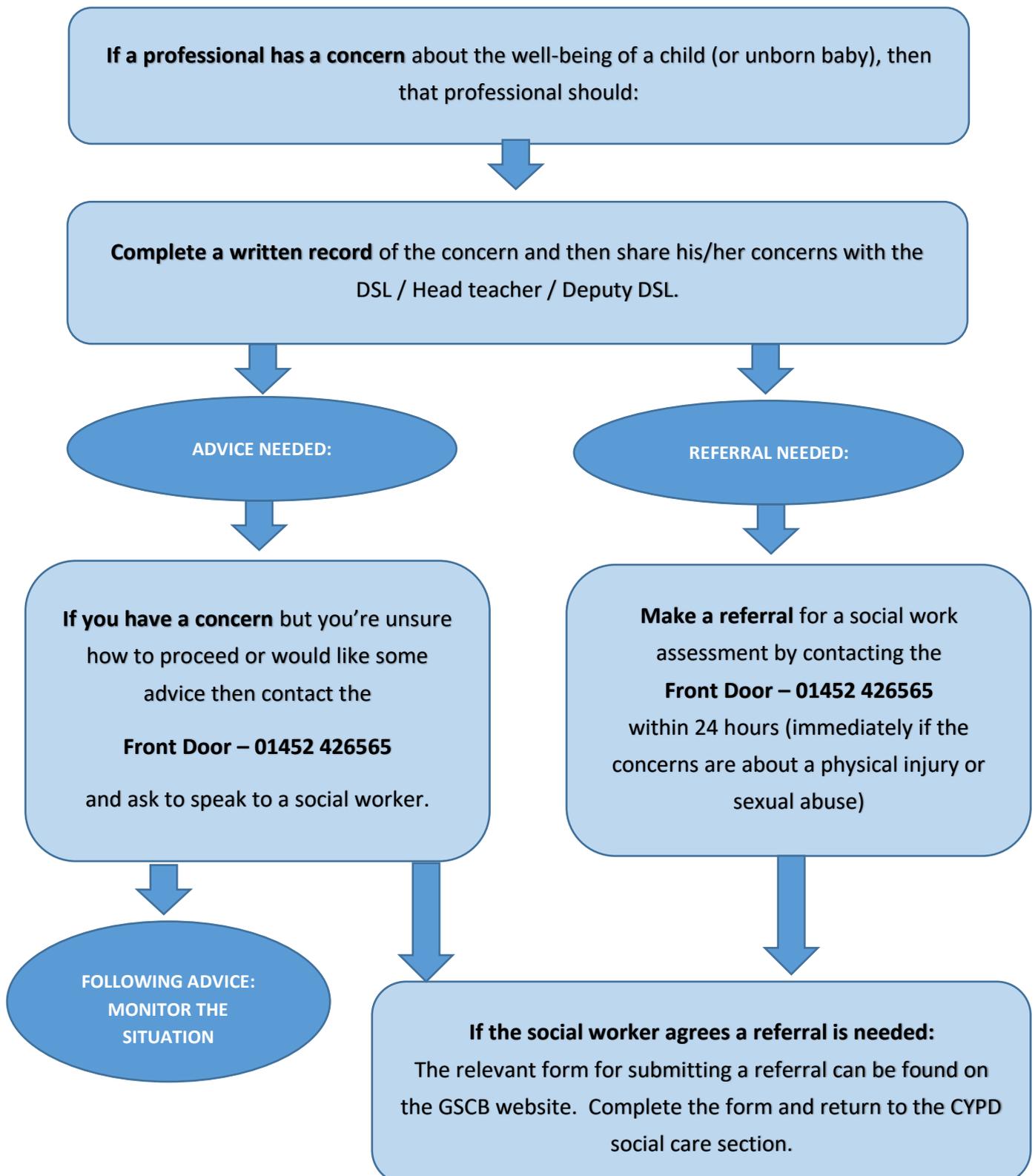
Reporting concerns

If a UK agency or organisation thinks a child has been trafficked they should follow their own child protection procedures to ensure the child's safeguarding needs are assessed and addressed. They should also report their concerns to a first responder for the National Referral Mechanism (NRM) such as the [NSPCC's Child Trafficking Advice Centre](#).

Appendix 3

Making a child protection referral

It is usually the responsibility of the DSL to make referrals, however all staff can refer their concerns directly to the Children's Help Desk. It is the responsibility of the Head teacher and the DSL to ensure all staff know the procedure and have the confidence to use it.



Listening to children who report abuse

It is important to remember:

1. To take what the child says seriously.
2. React calmly, because over-reacting can frighten children and compound feelings of guilt.
3. Tell the child that he/she is not to blame. Children are the victims of child abuse, never the cause.
4. Explain to the child as early as possible what will happen next.
5. If you are not clear about what the child is telling you, check your understanding of what has happened with the child.
6. Keep questions to a minimum and never lead the child, as leading questions may invalidate a child's testimony in court.
7. Use the words the child uses.
8. Record your conversation with the child as soon as possible after the event.

Some Dos and Don'ts

1. Be alert to signs of abuse and neglect. It can happen anywhere.
2. Be prepared to react calmly. Children are more likely to allow you to help them if you are prepared to listen and appear not to panic.
3. Keep a clear record of your concerns and what action you took.
4. Consult the Gloucestershire Safeguarding Children Board for advice (Tel: 01452 426565).
5. Do not promise the child that you will not tell anyone else. Instead explain to them that you will need to talk to other people.
6. Do not try to deal with the problem alone. Children are best protected when all agencies work together.

Record of concern form

Child's Name :

Child's DOB :

Male/Female:

Date and Time of Concern :

Your account of the concern :
(what was said, observed, reported and by whom)

Additional information :
(your opinion, context of concern/disclosure)

Your response:
(what did you do/say following the concern?)

--

Your Name :

Your Signature :

Your Position in School :

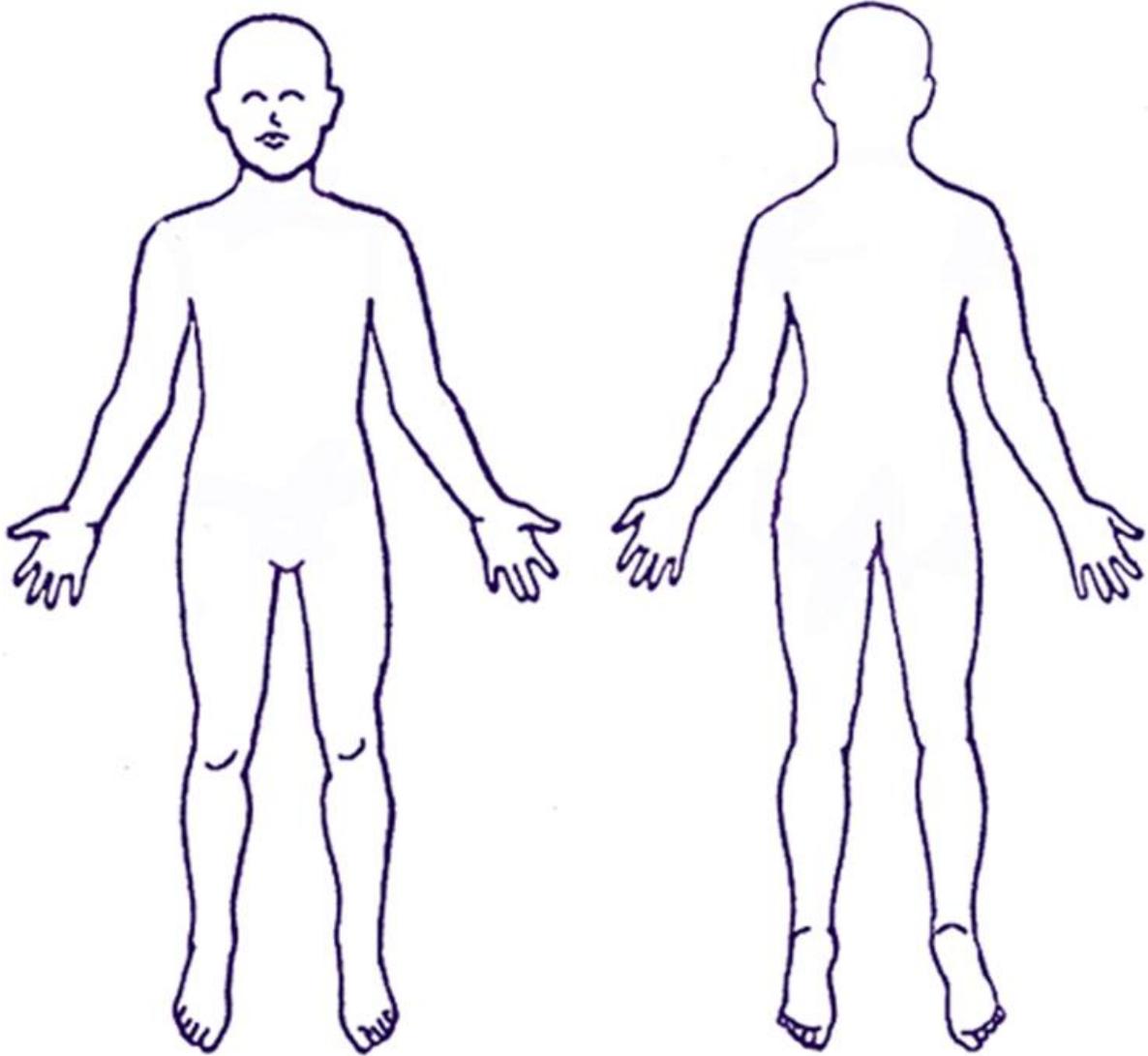
Date and Time of this Recording :

Action and Response of DSL

Name:Date:.....

Follow-up information

Body chart



Notes: