

# Safeguarding & Child Protection Policy



<b>Approved by:</b>	Board of Directors	September 2023
<b>Signed by:</b>	Chair of Directors Julie Archer/Fiona McHale	December 2023 for amendments (see below)
<b>Written by:</b>	Pippa Hart, Senior Learning Manager  Reviewed November 2023 for role amendments	<b>230823</b>

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## 1. INTRODUCTION

Fairfield High School has a community of nearly 600 students based in a rural setting within the Golden Valley in Herefordshire. Students attend the school from a large geographical area, joining from over 20 primary schools across Herefordshire and the Welsh borders.

The safeguarding team deal effectively with a range of safeguarding and wellbeing concerns which reflects the individual and group needs of our students. Concerns can be raised by students, parents/carers or other agencies and schools.

### **The Designated Safeguarding Leads at Fairfield are:**

- **Pippa Hart (DSL)**
- Cheryl Harley (DDSL)
- Dan Kelly (DDSL)
- Jayne Conway (DDSL)
- Owen Lloyd (DDSL)

### **The Safeguarding Director is:**

- Fiona McHale

### **The Designated Person for CLA students is:**

- Carolyn Ford

### **The Designated Person for Prevent awareness (single point of contact) is:**

- Pippa Hart

### **The senior teacher responsible for online safety is:**

- Steve Waterhouse

*This policy should be read in conjunction with the Safer Recruitment Policy, Behaviour Policy, Physical Intervention Policy, Anti-Bullying Policy, School Visits Policy, Students with Medical Conditions policy, Whistle Blowing policy, Staff Code of Conduct, E-safety Policy and ICT Acceptable Usage Policy.*

Safeguarding is defined as –

- protecting children from maltreatment
- preventing impairment of children's mental and physical health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

1.2 Child Protection is defined as –

- the activity that is undertaken to protect specific children who are suffering or likely to suffer significant harm. (Working Together, DfE 2018)

This includes, but is not limited to, safeguarding children in specific circumstances, such as:

Neglect	Physical abuse
Emotional abuse	Sexual abuse
Bullying, including online and prejudice-based bullying	Racist, disability and homophobic or transphobic abuse
Gender based violence / violence against women and girls	Radicalisation and /or extremist behaviour
Child Sexual Exploitation and trafficking	The impact of new technologies on sexual behaviour: e.g. Youth Produced Sexual imagery
Teenage relationship abuse	Substance abuse
Gang / youth violence including initiation / hazing	Domestic abuse / violence
Female Genital Mutilation	Forced Marriage
Fabricated / induced illness	Poor parenting
Online including grooming via social networking, online gaming, video messaging	Child on child abuse
Self Harm behaviours	Children with mental health difficulties or illness
Up skirting	Contextual/extra familiar risks

This Safeguarding (including child protection) Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school.

<b>Purpose of a Safeguarding Policy</b>	To inform staff, parents, volunteers and directors about the school's responsibilities for safeguarding children. To enable everyone to have a clear understanding of how these responsibilities should be carried out.
<b>Safeguarding Children and Young People in Herefordshire Procedures</b>	The school follows the procedures established by Safeguarding Children and Young People in Herefordshire (SCYPiH)
<b>West Midlands Safeguarding Children's procedures</b>	Inter-agency safeguarding children procedures will be shared within a consortium of ten local safeguarding children boards from across the West Midlands. <a href="http://westmidlands.procedures.org.uk/">http://westmidlands.procedures.org.uk/</a>
<b>School Staff &amp; Volunteers</b>	<p><b>All</b> school staff have a responsibility to provide a safe environment in which children can learn.</p> <p>School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.</p> <p><b>All</b> school staff will receive appropriate regular safeguarding children training, so that staff are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. In addition, all staff members will receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. The DSL and DDSL will complete Designated Lead Safeguarding training every two years and will attend as a minimum annual safeguarding CPD and refreshers.</p> <p>New staff and volunteers will be made aware of the safeguarding policies and procedures during induction including Safeguarding Policy and Staff Behaviour Policy (code of conduct). Temporary staff and visitors will receive an introductory booklet upon arrival at reception.</p>

## **Fairfield Safeguarding Mission Statement**

To establish and maintain an environment where students feel secure, are encouraged to talk, and are listened to when they have a worry or concern.

Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being of a student.

Ensure students know that there are adults in the school whom they can approach if they are worried.

Ensure that students, who have additional/unmet needs are supported appropriately. This could include referral to early help services or specialist services if they are a child in need or have been / are at risk of being abused and neglected.

Consider how students may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

Staff members working with students are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a student, staff members should always act in the interests of the child.

## **Implementation, Monitoring and Review of the Safeguarding Policy**

The policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Lead and through staff performance measures.

## **2. STATUTORY FRAMEWORK**

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- [Working Together to Safeguard Children \(DfE 2018\)](#)
- [Keeping Children Safe in Education \(DfE September 2023\)](#)

- [Information Sharing \(HM Govt July 2018\)](#)
- The procedures of Herefordshire Safeguarding Children Partnership.
- The Children Act 1989
- The Education Act 2002 s175 / s157
- [What to do if you are worried a child is being abused \(DfE, 2015\)](#)
- [Use of reasonable force in schools \(DfE, 2013\)](#)
- [Mental Health and Behaviour in Schools: Departmental Advice \(DfE, 2018\)](#)
- [Preventing and Tackling Bullying: Advice for Head Teachers, Staff and Governing Bodies \(DfE, 2017\)](#)
- [Prevent Duty, Counter Terrorism and Security Act 2015](#)
- [Serious Crime Act 2015](#)
- [Sexting in Schools and Colleges: responding to incidents and safeguarding young people \(UK Council for Child Internet Safety, 2016\)](#)
- [Sexual violence and sexual harassment between children in schools and colleges](#)
- [Criminal exploitation of children and vulnerable adults county lines \(Home Office Guidance\)](#)
- [Child missing from home or care \(DfE statutory guidance\)](#)
- [Child sexual exploitation advice for practitioners \(DfE advice for practitioners\)](#)
- Children missing education (DfE advice for schools)
- Domestic abuse (Home Office advice)
- Drugs (DfE and ACPO guidance)

Working Together to Safeguard Children (DfE 2018) requires that we follow the procedures for protecting children from abuse which are established by Safeguarding Children and Young People in Herefordshire (SCYPiH)

### 3. THE DESIGNATED SENIOR LEAD (DSL)

**The governing body will ensure that Fairfield designates an appropriate senior member of staff to take lead responsibility for child protection and safeguarding. This person will have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.**

During term time the designated safeguarding lead and/or a deputy (DDSL) will always be available (during school hours) for staff in the school to discuss any safeguarding concerns:

The Designated Safeguarding Lead for Child Protection at Fairfield is:

NAME: **Pippa Hart**

There should be a Deputy Designated Safeguarding Lead (DDSL)

The Deputy Designated Safeguarding Lead at Fairfield are:

NAME: **Cheryl Harley**

NAME: **Jayne Conway**

**The broad areas of responsibility for the Designated (and Deputy) Safeguarding Lead are:**

The Designated and Deputy Designated Safeguarding Leads are trained to the same level. Deputy Designated Safeguarding Leads will undertake this role operationally with direct oversight and management from the Designated Safeguarding Lead who maintains lead responsibility.

When the school has concerns about a child, the Designated Safeguarding Lead will decide what steps should be taken in accordance with the Right Help Right Time document and initiate a response accordingly. This may include providing a single agency early help response, undertaking effective support or Graded Care Profile 2 or referral to Children's Social Care for a statutory social work assessment.

- the Designated Safeguarding Lead will support staff who make referrals to the Local Authority Children's Social Care and act as a source of support, advice and expertise for all staff
- the DSL and deputies should liaise with the three safeguarding partners and work with agencies in line with Working Together to Safeguard Children (2018), [the NSPCC – when to call police](#) should help the DSL understand when they should consider calling the police and what to expect if they do so.
- the Designated Safeguarding Lead will refer cases to the Police where a crime may have been committed. Designated Safeguarding Leads will report appropriate incidents irrespective of whether or not the individual concerned wants to pursue it as there have been increased cases of them not doing it.
- the Designated Safeguarding Lead will seek advice in regard to safeguarding matters related to radicalisation and make referrals to Channel as required



- the Designated Safeguarding Lead will ensure where necessary referrals have been made to the Disclosure and Barring Service when a person is dismissed or resigned due to risk/harm to a child
- the Designated Safeguarding Lead will lead regular case monitoring reviews of vulnerable children. These reviews, together with any actions arising from the review and the rationale for decision-making will be recorded in case files
- the Designated Safeguarding Lead will ensure safeguarding and child protection information is dealt with in a confidential manner and in accordance with the HSCP's information sharing guidance.
- the Designated Safeguarding Leads understand that compliance is measured via the annual audit return, as per the statutory duty to safeguard children across the local authority
- staff will be informed of relevant details only when the Designated Safeguarding Lead feels their having knowledge of a situation will improve their ability to deal with an individual child and / or family
- a written record will be made of what information has been shared with whom, and when
- the Designated Safeguarding Leads will ensure that safeguarding and child protection records are stored securely in a central place separate from academic records
- individual files will be kept for each child: the school will not keep family files
- the Designated Safeguarding Leads will ensure access to safeguarding and child protection records by staff other than by the Designated Safeguarding Leads is restricted, and a written record will be kept of who has had access to them and when
- the Designated Safeguarding Leads will ensure parents are usually (subject to the point below) aware of information held on their children and are kept up to date regarding any concerns or developments by the appropriate members of staff
- general communications with parents will be in line with any home school policies and give due regard to which adults have parental responsibility
- the Designated Safeguarding Leads will ensure that for best practice, case load supervision occurs regularly to identify next steps and escalation, in order to provide the best outcomes for children
- the DSL will take responsibility for understanding the filtering and monitoring systems and processes in place

## Training

The Designated and Deputy Safeguarding Leads will undergo formal training every two years. They will also undertake Prevent awareness training. In addition to this training, their knowledge and skills will be refreshed (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments) at least annually to:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as EHA process
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
- Ensure each member of staff has access to and understands the school's safeguarding and child protection policy and procedures, especially new and part time staff
- Obtain access to resources and attend any relevant or refresher training courses
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school may put in place to protect them

**The Designated Safeguarding Lead will not disclose to a parent any information held on a student if this would put the child at risk of significant harm.** In such circumstances, advice will be sought from Children's Social Care.

If a student moves from the school, the Designated Safeguarding Leads will ensure safeguarding records are forwarded on to the Designated Safeguarding Lead at the new school, with due regard to their confidential nature and in line with current government guidance on the transfer of such records. Direct contact between the two schools may be necessary, especially on transfer from primary to secondary schools. The school will record where and to whom the records have been passed and the date.

If sending by post, children's records will be sent by "Special/Recorded Delivery". For audit purposes, a note of all children's records transferred or received should be kept in either paper or electronic format. This will include the students name, date of birth, where and to whom the records have been sent and the date sent and/or received.

- if a student is permanently excluded and moves to a Pupil Referral Unit or Alternative Learning Provision, child protection records will be forwarded on to the relevant organisation
- if a student is being removed from school roll in order to be home educated, the school will ensure all relevant safeguarding information is shared with the Elective Home Education team and a meeting is held in line with the Herefordshire Elective Home Education policy.
- where a vulnerable young person is moving to a Further Education establishment, consideration should be given to the student's wishes and feelings on their child protection

information being passed on in order that the FE establishment can provide appropriate support

- when a Designated Safeguarding Lead resigns their post or no longer has child protection responsibility, there should be a full face-to-face handover/exchange of information with the new post holder. This exchange should be recorded as part of the incoming role holder's induction/performance management.

#### 4. THE DIRECTORS

The Directors must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training is effective and comply with the law at all times.

The nominated Director for safeguarding is:

NAME: **Julie Archer**

The responsibilities placed on governing bodies and proprietors include:

- their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- ensuring that an effective safeguarding policy is in place, together with a staff behaviour policy
- ensuring staff are provided with Part One and Annex A of Keeping Children Safe in Education (DfE 2023) and are aware of specific safeguarding issues
- ensuring that staff induction is in place with regards to child protection and safeguarding
- appointing an appropriate senior member of staff to act as the Designated Safeguarding Lead and ensuring that there is at least one Deputy Designated Safeguarding Lead (DDSL)
- ensuring that all of the Designated Safeguarding Leads (including deputies) undergo formal child protection training every two years (in line with SCYPiH guidance) and receive regular (annual) safeguarding refreshers (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments)
- prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns

- ensuring that students are taught about safeguarding in an age appropriate way
- ensuring appropriate filters and appropriate monitoring systems are in place to safeguard children from potentially harmful and inappropriate online material. Additional information to support governing bodies and proprietors is provided in Annex C of **Keeping Children Safe in Education (DFE 2023)**
- Having a designated director to take leadership responsibility for safeguarding arrangements at Fairfield

## 5. WHEN TO BE CONCERNED

### A child centred and coordinated approach to safeguarding:

Safeguarding and promoting the welfare of children is **everyone's responsibility**. In order to fulfil this responsibility effectively, all professionals should make sure their approach is **child centred**. This means that they should consider, at all times, what is in the best interests of the child.

Schools and their staff form part of the wider safeguarding system for children. This system is based on the principle of providing help for families to stay together where it is safe for the children to do so, and looking at alternatives where it is not, whilst acting in the **best interests** of the child at all times.

### Children potentially at greater risk of harm

Whilst ALL children are to be protected, some groups of children are potentially at greater risk of harm than others (both off and online). These include children who:

- need a social worker
- are absent from education
- are Elective Home educated
- receiving mental health support
- looked after children and previously looked after children.

### Children who may require early help

All staff should be aware of the **early help process**, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification

and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. This also includes staff monitoring the situation and feeding back to the Designated Safeguarding Lead any ongoing/escalating concerns so that consideration can be given to a referral to Children's Services (MASH) if the child's situation doesn't appear to be improving.

Staff and volunteers working within the School should be alert to the potential need for early help for children also who are more vulnerable. For example:

- Disabled or has certain health conditions and specific additional needs
- Has special educational needs (not just those who have an EHCP)
- Has a mental health need
- Is a young carer
- Is showing signs of being involved in anti-social or criminal behaviour
- Is frequently missing/goes missing from home or care
- Is at risk of modern slavery, trafficking, criminal or sexual exploitation
- Is at risk of being radicalised
- Has a family member in prison or affected by parental offending
- Is in a family circumstance presenting challenges for the child – substance misuse/adult mental health and domestic abuse
- Is misusing drugs or alcohol themselves
- Has returned home to the family from care
- Is at risk of 'honour' based abuse such as FGM or forced marriage
- Is a privately fostered child
- Is persistently absent from education, including persistent absences for part of the school day

Staff members should be aware of the main categories of maltreatment: **physical abuse, emotional abuse, sexual abuse and neglect**. They should also be aware of the indicators of maltreatment and **specific safeguarding issues** so that they are able to identify cases of children who may be in need of help or protection.

*See Appendix 4 for information on indicators of abuse*

### **Students with additional needs**

Additional barriers can exist when recognising abuse and neglect in this group of children.

This can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's impairment without further exploration;
- Assumptions that children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs;
- Communication barriers and difficulties

- Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a disabled child)
- Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased.
- A disabled child's understanding of abuse.
- Lack of choice/participation
- Isolation

The school ensures that assessment and referrals are made to support a child with additional needs at the earliest opportunity

When the school is considering either a fixed term or permanent exclusion of a vulnerable child and / or a child who is the subject of a child protection plan or where there is an existing child protection file, a multi-agency risk assessment meeting must be held prior to making the decision to exclude

In the event of a one-off serious incident resulting in an immediate decision to exclude, the risk assessment *must* be completed prior to convening a meeting of the Governing Body

### **Child on child abuse**

**All staff** at Fairfield High School are aware that children can abuse other children (often referred to as child on child abuse). It can happen both inside and outside of school or college and online. It is important that all staff recognise the indicators and signs of child on child abuse and know how to identify it and respond to reports.

Child on child abuse can take many different forms such as:

- cyber-bullying
- bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- physical abuse, hitting, kicking, shaking, biting, hair pulling ((this may include an online element which facilitates, threatens and/or encourages physical abuse)
- sending or posting sexually suggestive images including nude or semi-nude photographs via mobiles or over the internet by persons aged under 18 (referred to as youth Produced Sexual Imagery)
- consensual and non-consensual sharing of nudes and semi nudes images and or videos<sup>13</sup> (also known as sexting or youth produced sexual imagery)
- sexual assault, causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party;

- sexual violence or harassment such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- upskirting (up skirting is an illegal offence which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm)
- sexually harmful or problematic behaviour
- gang initiation or hazing type violence
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

All staff understand that even if there are no reports in their schools or colleges it does not mean it is not happening, it may be the case that it is just not being reported. As such it is important if staff have **any** concerns regarding child on child abuse they should speak to their designated safeguarding lead (or deputy).

Fairfield High School has a Child on child policy that ALL staff have received and understand the process to deal with any child on child incidents

Fairfield High School understands serious violence and what may signal that students are at risk from or are involved in serious violent crime. Indicators may include increased absences, a change in friendships/relationships with older individuals or groups, a significant decline in performance, self-harm, significant change in wellbeing or signs of assaulted/unexplained injuries. Unexplained gifts or new possessions could indicate that children have been appropriated, or are involved with, individuals associated with criminal networks or gangs.

### **Preventing radicalisation**

**Fairfield High School** seek to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movement

- in accordance with the Prevent Duty placed upon the school by the Counter Terrorism and Security Act 2015 we understand the specific need to safeguard children, young people and families from violent extremism.
- all staff are clear that this exploitation and radicalisation should be viewed as a safeguarding concern
- understand the referral processes in place within Herefordshire should a Prevent concern arise

- the school values freedom of speech and the expression of beliefs / ideology as fundamental rights underpinning our society's values. Both students and teachers have the right to speak freely and voice their opinions - however, free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued
- the school will promote the fundamental British values of democracy, the rule of law, individual liberty, and mutual respect and tolerance of those with different faiths and beliefs

### **Risk reduction**

Risk assessment may include consideration of the school's RE curriculum, SEND policy, the use of school premises by external agencies, integration of children by gender and SEN, anti-bullying policy and other issues specific to the school's community

In accordance with the Prevent Duty, Pippa Hart is the Prevent Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism

When any member of staff has concerns that a student may be at risk of radicalisation or involvement in terrorism, they should speak with the SPOC and to the Designated Safeguarding Lead if this is not the same person.

If a student is thought to be at risk of radicalisation advice will be sought from the Channel Team or the Multi Agency Safeguarding Hub. A referral will be made to the Multi Agency Safeguarding Hub, and if advised, information will be shared with the Channel Panel.

In all cases, in accordance with advice provided from the Channel team or Multi Agency Safeguarding Hub, the school will ensure appropriate interventions are secured which are in line with local procedures in order to safeguard children assessed as being **susceptible** to radicalisation.

If the school are concerned that a student may be at risk of significant harm in relation to radicalisation or involvement in violent extremism of a student, protection referral will be made to the Multi Agency Safeguarding Hub.

### **Curriculum**

Fairfield High School is committed to ensuring that our students are offered a broad and balanced curriculum that aims to prepare them for life in modern Britain. We encourage our students to be inquisitive learners who are open to new experiences and are tolerant of others. Our values support the development of the whole child as a reflective learner within a safe respectful learning environment. Teaching the school's core values alongside the fundamental British values supports



quality teaching and learning, whilst making a positive contribution to the development of a fair, just, and civil society.

### **Internet Safety**

The internet provides students with access to a wide-range of content, some of which is harmful. Extremists use the internet, including social media, to share their messages. The filtering systems used at Fairfield High School blocks inappropriate content, including extremist content. Where staff, students or visitors find unblocked extremist content they must report it to a senior member of staff (see ICT Acceptable Use Policy and Mobile Phone policies).

### **Staff Training**

Staff will be given training as part of their initial safeguarding training and refresher training to help them understand the issues of radicalisation, so that they are able to recognise the signs of vulnerability or radicalisation and know how to refer their concerns. The Designated Safeguarding Lead and Deputy Designated Safeguarding Leads will undertake the Home Office developed 'Workshop to raise awareness of Prevent (WRAP) training and the e learning package for 'Channel'.

### **Safeguarding Children in Specific Circumstances: Female Genital Mutilation / Forced Marriage / Modern Day Slavery**

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It can be known as female circumcision or female genital cutting and is often carried out for cultural, religious and social reasons within families and communities.

FGM is illegal in the UK and it's also illegal to take a British national or permanent resident abroad for FGM, or help someone trying to do this.

Female Genital Mutilation Act 2003 (section 74 of the Serious Crime Act 2015) places a statutory duty upon **teachers** (along with social workers and healthcare professionals) **to report to the police** where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. This is in addition to following the school's safeguarding reporting procedures. A Teacher means any person within the Education Act 2002 (section 141A(1)) employed or engaged to carry out teaching work at schools or other institutions.

Those failing to report such cases will face disciplinary sanctions.

If the school are concerned that a student has experienced or is at risk of FGM a Child Protection referral will be made to the Multi Agency Safeguarding Hub in accordance with interagency procedures produced by the HSCP -all teachers will follow mandatory reporting duties

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. Since February 2023 it has been a crime to carry out any conduct whose purpose is to cause a child to marry before their 18<sup>th</sup> birthday, even in violence, threats or another form of coercion are not used. This also applies to non-binding, unofficial 'marriages' as well as legal marriages.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they are bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.

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

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)
- breaching a Forced Marriage Protection Order

Modern Slavery is the term used within the UK and is defined within the Modern Slavery Act 2015. The Act categorises offences of Slavery, Servitude and Forced or Compulsory Labour and Human Trafficking (the definition of which comes from the Palermo Protocol).

These crimes include holding a person in a position of slavery, servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after.

Although human trafficking often involves an international cross-border element, it is also possible to be a victim of modern slavery within your own country.

### **Types of human trafficking**

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

- sexual exploitation
- forced labour
- domestic servitude
- organ harvesting
- child related crimes such as child sexual exploitation, forced begging, illegal drug cultivation, organised theft, related benefit frauds, etc.,
- forced marriage and illegal adoption (if other constituent elements are present)

## **Safeguarding Children in Specific Circumstances: Gang related violence (Contextual/Extra Familial Risk)**

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school and/or can occur between students outside of these environments.

All staff, but especially the Designated Safeguarding Lead (and deputies) should consider whether students are at risk of exploitation or abuse outside of their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including, but not limited to, sexual exploitation, criminal exploitation and serious youth

We are aware of indicators that may signal students are involved with serious violent crime. All staff recognise that these may include:

- Increased absences from school
- A change in friendships or groups (friendships with older children or groups)
- A decline in performance
- Changes to wellbeing or signs of self harm
- Unexplained injuries
- Unexplained gifts and possessions (this may indicate they have been approached with individuals associated with gangs).
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Fairfield High School identifies risk factors associated with children that have been permanently excluded from school. Further advice regarding youth violence is provided in the [Home Office's Preventing youth violence](#) and gang involvement and its [Criminal exploitation of children and vulnerable adults: county lines guidance](#)

Fairfield High School recognises the risks posed to children in relation to involvement in gang related activity, which may be street gang, peer group or organised crime. Students who are involved in gangs are more like to suffer harm themselves, through retaliatory violence, displaced retaliation, and territorial violence with other gangs or other harm suffered whilst committing a crime. In addition, students may experience violence as part of an initiation or hazing practices

The school understands that referral can be crucial in the early identification of children who may need additional support due to gang related activity and as such will provide an appropriate response/referral to the Early Help Hub.

Where there are concerns that a child or young person may be, or is at risk of becoming, involved in gang related activity, the Child exploitation team will be made aware in accordance with local procedures as part of the safeguarding response

If information suggests a child may be at risk of significant harm due to gang related activity a referral will be made to the Multi Agency Safeguarding Hub within Children's Social Care

## **Safeguarding Children in Specific Circumstances: Youth Generated Sexualised Imagery**

Fairfield High School recognises the impact of online social communication and the issue of sending or posting sexually suggestive images including nude or semi-nude photographs via mobiles or over

the internet. Fairfield High School pays due regard to the guidance issued by the UK Council for Child Internet Safety in relation to how to respond to incidents.

**All** staff have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking and or alcohol misuse, deliberately missing education and consensual and non-consensual sharing of nudes and semi-nudes images and/or videos can be signs that children are at risk.

In all cases where an incident of youth produced sexual imagery is reporting the following actions will be undertaken:

- the incident will be reported to the Designated Safeguarding Lead as soon as possible.
- the designated safeguarding lead will hold an initial review discussion or meeting with appropriate school staff.
- interviews will be held with the student involved (if appropriate).
- parents will be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the student at risk of harm.
- at any point in the process if there is a concern a student has been harmed or is at risk of harm a referral should be made to children's social care and/or the police immediately.

An immediate referral will be made to the Police and Social care in the following circumstances:

- the incident involves an adult
- there is reason to believe that a student has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example, owing to special educational needs)
- the imagery suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
- the imagery involves sexual acts and any student in the imagery is under 13
- there is reason to believe a student is at immediate risk of harm owing to the sharing of the imagery, for example, the student is presenting as suicidal or self-harming

If none of the above applies we may choose to deal with the incident without involving the police or social care. This will usually be the case where the Designated Safeguarding Lead is confident that they have enough information to assess the risks to the student/s involved and the risks can be managed within the school pastoral support and disciplinary framework.

All decisions and rationale for decision making will be recorded. All decisions will be based on the best interests of the student/s

Adults in the school will not view youth produced sexual imagery unless there is a good and clear reason to do so. Wherever possible the Designated Safeguarding Lead will respond to an incident based on what they have been told about the imagery.

All incidents will be recorded.

## **Safeguarding Children in specific circumstances: Child Sexual Exploitation (CSE) and Criminal Exploitation (CCE)**

### **Child Sexual Exploitation (CSE)**

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media.

CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship.

### **Child Criminal Exploitation (CCE)**

Some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

Children can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence, or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

Both CSE and CCE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or

criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation.

The school recognises that both boys and girls can be vulnerable to Child Sexual Exploitation and as such ensure staff are alert to signs and indicators.

The school recognises that there are various 'models' of CSE which include but not limited to:

gangs and groups	boyfriend/girlfriend model
child on child	familial
online	abuse of authority

- where concerns are identified in relation to Child Sexual Exploitation the Right Help Right time document will be consulted in order to ensure the student receives support at the earliest possible opportunity
- a multi-agency response via the Early Help Hub/MASH may be initiated through in response to a referral. Where parental consent cannot be obtained, advice will be sought from the Multi Agency Safeguarding Hub.
- if a student is thought to be at risk of significant harm through child sexual exploitation a referral will be made to the Multi Agency Safeguarding Hub within children's social care
- in all cases intelligence will be shared with West Mercia Police using the information sharing form which will also be copied to the Point Of Contact for CSE within Herefordshire Council

### **Mental Health**

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

If staff have a mental health concern about a student that is also a safeguarding concern, they will report this on MyConcern and follow the safeguarding process.

The school will access a range of advice to help them identify children in need of extra mental health support. This includes working with external agencies such as CAMHS and local mental health support groups.

**Children absent from education/Children missing in education** (see separate CME Policy for further detail)

Children absent from education for prolonged periods and/or on repeat occasions can act as a vital warning sign to a range of safeguarding issues including neglect, child sexual and child criminal

exploitation- particularly county lines. Fairfield High School will actively work with families to prevent the risk of children becoming a child missing education in the future.

Children Missing in Education (CME) may cover instances where:

- A child has a repeated pattern of absence
- The reason for a child's absence is unclear or unexplained
- A member of staff has concerns about the nature of a student's absence
- A parent informs the school that their child is leaving the school

The school's designated safeguarding lead (DSL), or deputy DSL, will be consulted, and may complete a child protection form (HSCB Referral Form) or may complete the LA CME form when a child has been absent without the school's permission for a period of 10 days or more.

If a student leaves, the school will contact the student's new school to ensure that he/she has started to attend. However, if a student leaves and a new school is not identified, the LA's CME officer will be contacted.

The school will also notify the LA if a student:

- Fails to attend school regularly
- Has been absent without the school's permission for a continuous period of 10 school days or more

The school operates a policy of first day calling for all absences and the school admission form requires for 3 contact numbers to be given for each child in order to ensure that a parent/guardian or their named emergency contact can be reached.

## 6. DEALING WITH A DISCLOSURE

If a student discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the student to talk freely
- Reassure the student but not make promises which it might not be possible to keep

- Never promise a student that they will not tell anyone - as this may ultimately not be in the best interests of the student
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Safeguarding Lead without delay

### **Supporting staff following a disclosure**

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguarding Lead.

**If a staff member receives a disclosure about potential harm caused by another staff member, they should see section 11 of this policy– *Allegations involving school staff/volunteers.***

## **7. RECORD KEEPING**

All concerns, discussions and decisions made and the reasons for those decisions should be recorded via 'My Concern' an online secure safeguarding package. If in doubt about recording requirements staff should discuss with the designated safeguarding lead.

When a child has made a disclosure, the member of staff/volunteer should:

- Make a record of the disclosure as soon as possible after the conversation. Use My Concern (online reporting software) wherever possible or the school record of concern sheet if the online recording system is unavailable
- Do not destroy the original notes in case they are needed by a court



- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the student
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

All records need to be sent to the Designated Safeguarding Lead promptly. No copies should be retained by the member of staff or volunteer.

The Designated Safeguarding Lead will ensure that all safeguarding records are managed in accordance with the Education (Student Information) (England) Regulations 2005.

If a student who is/or has been the subject of a child protection plan changes school, the Designated Safeguarding Lead will inform the social worker responsible for the case and transfer the appropriate records to the Designated Safeguarding Lead at the receiving school, in a secure manner, and separate from the child's academic file.

## **8. CONFIDENTIALITY**

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).
- If a student confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the student in a manner appropriate to the student's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the student/s safe.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

## **9. SCHOOL PROCEDURES**

If any member of staff is concerned about a student, he or she must inform the Designated Safeguarding Lead or in their absence the Deputy Safeguarding Lead (DDSL) via the My Concern online safeguarding programme. The Designated Safeguarding Lead will decide whether the concerns should be referred to Children's Services (MASH) using the Levels of Need as a guide. If it is decided to make a referral to Children's Services (MASH) this will be discussed with the parents, unless to do so would place the child at further risk of harm.

While it is the DSLs role to make referrals, any staff member can make a referral to Children's Services (MASH). If a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out FGM), a referral should be made to Children's Services and/or the Police immediately. Where referrals are not made by the DSL, the DSL should be informed as soon as possible.

If a teacher (persons employed or engaged to carry out teaching work at schools and other institutions in England) , in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 the **teacher** must report this to the police. **This is a mandatory reporting duty.** See Appendix 1- Keeping Children Safe in Education (DfE 2023): Annex A for further details.

**The MASH**  
**Herefordshire Children's Services (01432) 260800**

**Emergency Duty Team**

**(01905) 768020 (out of hours' number for when MASH are unavailable)**

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. The recording should be on the My Concern software programme.

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

### **Visitors**

Visitors should sign in at reception where they will be issued with a visitor's badge. Staff should be alert to strangers and immediately report concerns to the school office or a member of SLT.

## **10. COMMUNICATION WITH PARENTS**

Fairfield High School will ensure the Safeguarding (Child Protection) Policy is available publicly on the school website. Paper copies can be requested from the school office.

Parents should be informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- The behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats / forced to remain silent if alleged abuser informed;
- Leading to an unreasonable delay;
- Leading to the risk of loss of evidential material;

(The school may also consider not informing parent(s) where it would place a member of staff at risk).

## **11. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS**

An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.

### **What staff should do if they have concerns about safeguarding practices within the school?**

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or education setting's safeguarding arrangements. Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school or college's senior leadership team.

If staff members have concerns about another staff member then this should be referred to the Head Teacher. Where there are concerns about the Head Teacher, this should be referred to the Chair of Directors as appropriate.

The Chair of Directors is:

NAME: **Julie Archer**

In the absence of the Chair of Directors, the Vice Chair should be contacted.

## **Procedures**

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words – including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Head Teacher.

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Head Teacher/Chair of Directors will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer:

**The LADO in Herefordshire can be contacted on [01432 261739](tel:01432261739)**

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

The Head Teacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

Where a staff member feels unable to raise an issue with their employer/through the whistleblowing procedure or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them.

NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

## **Safer working practice**

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the school code of conduct / staff behaviour

## **Organisations or individuals using the premises**

An allegation may be received relating to an incident that has happened when an individual or organisation has been using the school premises for the purposes of running activities for children (for example community groups, sports associations, service providers running extra-curricular activities). If this occurs Fairfield High School will follow our safeguarding policy and procedures, including informing the LADO.

## 12. Safer Recruitment

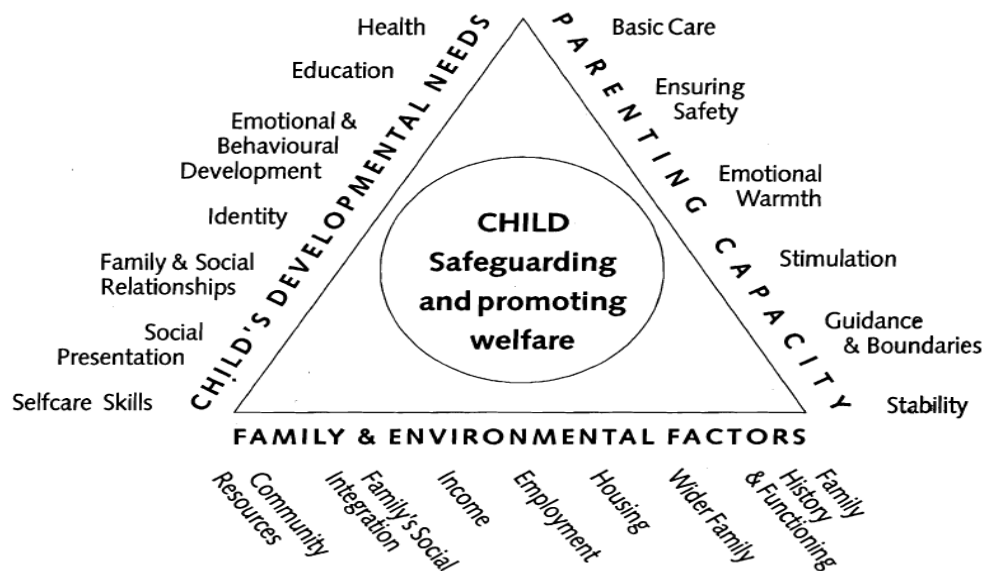
The school is responsible for ensuring safer recruitment best practice (see Safer Recruitment Policy for detailed information on policy and practice).

### APPENDICES

#### Appendix 1

#### Definitions and indicators of abuse and neglect

The framework for understanding children's needs:



*Working Together to Safeguard Children (DFE, 2018)*

Physical abuse

<b>Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.</b>	
<b>Child</b>	
Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size Burns and Scalds – shape, definition, size, depth, scars	Aggression towards others, emotional and behaviour problems
Improbable, conflicting explanations for injuries or unexplained injuries	Frequently absent from school
Untreated injuries	Admission of punishment which appears excessive
Injuries on parts of body where accidental injury is unlikely	Fractures
Repeated or multiple injuries	Fabricated or induced illness -
<b>Parent</b>	<b>Family/environment</b>
Parent with injuries	History of mental health, alcohol or drug misuse or domestic violence.
Evasive or aggressive towards child or others	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Explanation inconsistent with injury	Marginalised or isolated by the community.
Fear of medical help / parents not seeking medical help	Physical or sexual assault or a culture of physical chastisement.
Over chastisement of child	

<b>Emotional abuse</b>	
<b><i>Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, not giving the child opportunities to express their views, 'making fun' of what they say or how they communicate - hearing the ill-treatment of another and serious bullying (including cyber bullying).</i></b>	
<b>Child</b>	
Self-harm	Over-reaction to mistakes / Inappropriate emotional responses
Chronic running away	Abnormal or indiscriminate attachment
Drug/solvent abuse	Low self-esteem
Compulsive stealing	Extremes of passivity or aggression
Makes a disclosure	Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly pre school
Developmental delay	Depression

Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)	Desperate attention-seeking behaviour
<b>Parent</b>	<b>Family/environment</b>
Observed to be aggressive towards child or others	Marginalised or isolated by the community.
Intensely involved with their children, never allowing anyone else to undertake their child's care.	History of mental health, alcohol or drug misuse or domestic violence.
Previous domestic violence	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
History of abuse or mental health problems	Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Mental health, drug or alcohol difficulties	Wider parenting difficulties
Cold and unresponsive to the child's emotional needs	Physical or sexual assault or a culture of physical chastisement.
Overly critical of the child	Lack of support from family or social network.

<b>Neglect</b>	
<i><b>Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.</b></i>	
<b>Child</b>	
Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialisation
Inadequately clothed	Frequent lateness or non-attendance at school
Dry sparse hair	Abnormal voracious appetite at school or nursery
Untreated medical problems	Self-harming behaviour
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold	Constant tiredness
Swollen limbs with sores that are slow to heal, usually associated with cold injury	Disturbed peer relationships
<b>Parent</b>	<b>Family/environment</b>
Failure to meet the child's basic essential needs including health needs	Marginalised or isolated by the community.
Leaving a child alone	History of mental health, alcohol or drug misuse or domestic violence.
Failure to provide adequate caretakers	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Keeping an unhygienic dangerous or hazardous home environment	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Unkempt presentation	Lack of opportunities for child to play and learn
Unable to meet child's emotional needs	Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Mental health, alcohol or drug difficulties	

<b>Sexual abuse</b>	
<i>Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact or non-contact activities, such as involving children in looking at sexual images or being groomed on line / child exploitation.</i>	
<b>Child</b>	
Self-harm - eating disorders, self-mutilation and suicide attempts	Poor self-image, self-harm, self-hatred
Running away from home	Inappropriate sexualised conduct
Reluctant to undress for PE	Withdrawal, isolation or excessive worrying
Pregnancy	Sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn	Poor attention / concentration (world of their own)
Pain, bleeding, bruising or itching in genital and /or anal area	Sudden changes in school work habits, become truant
Sexually exploited or indiscriminate choice of sexual partners	
<b>Parent</b>	<b>Family/environment</b>
History of sexual abuse	Marginalised or isolated by the community.
Excessively interested in the child.	History of mental health, alcohol or drug misuse or domestic violence.
Parent displays inappropriate behaviour towards the child or other children	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Conviction for sexual offences	Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Comments made by the parent/carer about the child.	Grooming behaviour
Lack of sexual boundaries	Physical or sexual assault or a culture of physical chastisement.

## **Female Genital Mutilation**



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 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

### **Child sexual exploitation**

Child sexual exploitation takes different forms - from a seemingly 'consensual' relationship where sex is exchanged for attention, affection, accommodation or gifts, to serious organised crime and child trafficking. Child sexual exploitation involves differing degrees of abusive activities, including coercion, intimidation or enticement, unwanted pressure from peers to have sex, sexual bullying (including cyber bullying), and grooming for sexual activity. There is increasing concern about the role of technology in sexual abuse, including via social networking and other internet sites and mobile phones. The key issue in relation to child sexual exploitation is the imbalance of power within the 'relationship'. The perpetrator always has power over the victim, increasing the dependence of the victim as the exploitative relationship develops.

Many children and young people are groomed into sexually exploitative relationships but other forms of entry exist. Some young people are engaged in informal economies that incorporate the exchange of sex for rewards such as drugs, alcohol, money or gifts. Others exchange sex for accommodation or money as a result of homelessness and experiences of poverty. Some young people have been bullied and threatened into sexual activities by peers or gangs which is then used against them as a form of extortion and to keep them compliant.

The key indicators of child sexual exploitation include:

#### **Health**

- physical symptoms (bruising suggestive of either physical or sexual assault)
- chronic fatigue

- recurring or multiple sexually transmitted infections
- pregnancy and/or seeking an abortion
- evidence of drug, alcohol or other substance misuse
- sexually risky behaviour.

### **Education**

- truancy/disengagement with education or considerable change in performance at school

### **Emotional and Behavioural Issues**

- volatile behaviour exhibiting extreme array of mood swings or use of abusive language
- involvement in petty crime such as shoplifting, stealing
- secretive behaviour
- entering or leaving vehicles driven by unknown adults
- reports of being seen in places known to be used for sexual exploitation, including public toilets known for cottaging or adult venues (pubs and clubs)

### **Identity**

low self-image, low self-esteem, self-harming behaviour, e.g. cutting, overdosing, eating disorder, promiscuity

### **Relationships**

- hostility in relationships with staff, family members as appropriate and significant others
- physical aggression
- Placement breakdown
- reports from reliable sources (e.g. family, friends or other professionals) suggesting the likelihood of involvement in sexual exploitation
- detachment from age-appropriate activities
- associating with other young people who are known to be sexually exploited
- known to be sexually active

- sexual relationship with a significantly older person, or younger person who is suspected of being abusive
- unexplained relationships with older adults
- possible inappropriate use of the Internet and forming relationships, particularly with adults, via the Internet
- phone calls, text messages or letters from unknown adults;
- adults or older youths loitering outside the home
- persistently missing, staying out overnight or returning late with no plausible explanation
- returning after having been missing, looking well cared for in spite of having no known home base
- missing for long periods, with no known home base
- going missing and being found in areas where they have no known links

Please note: Whilst the focus is often on older men as perpetrators, younger men and women may also be involved and staff should be aware of this possibility.

### **Social Presentation**

- change in appearance
- going out dressed in clothing unusual for them (inappropriate for age, borrowing clothing from older young people)

### **Family and Environmental Factors**

- history of physical, sexual, and/or emotional abuse; neglect; domestic violence; parental difficulties

### **Housing**

- pattern of previous street homelessness;
- having keys to premises other than those known about

### **Income**

- possession of large amounts of money with no plausible explanation

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funding

# Keeping children safe in education

## Statutory guidance for schools and colleges

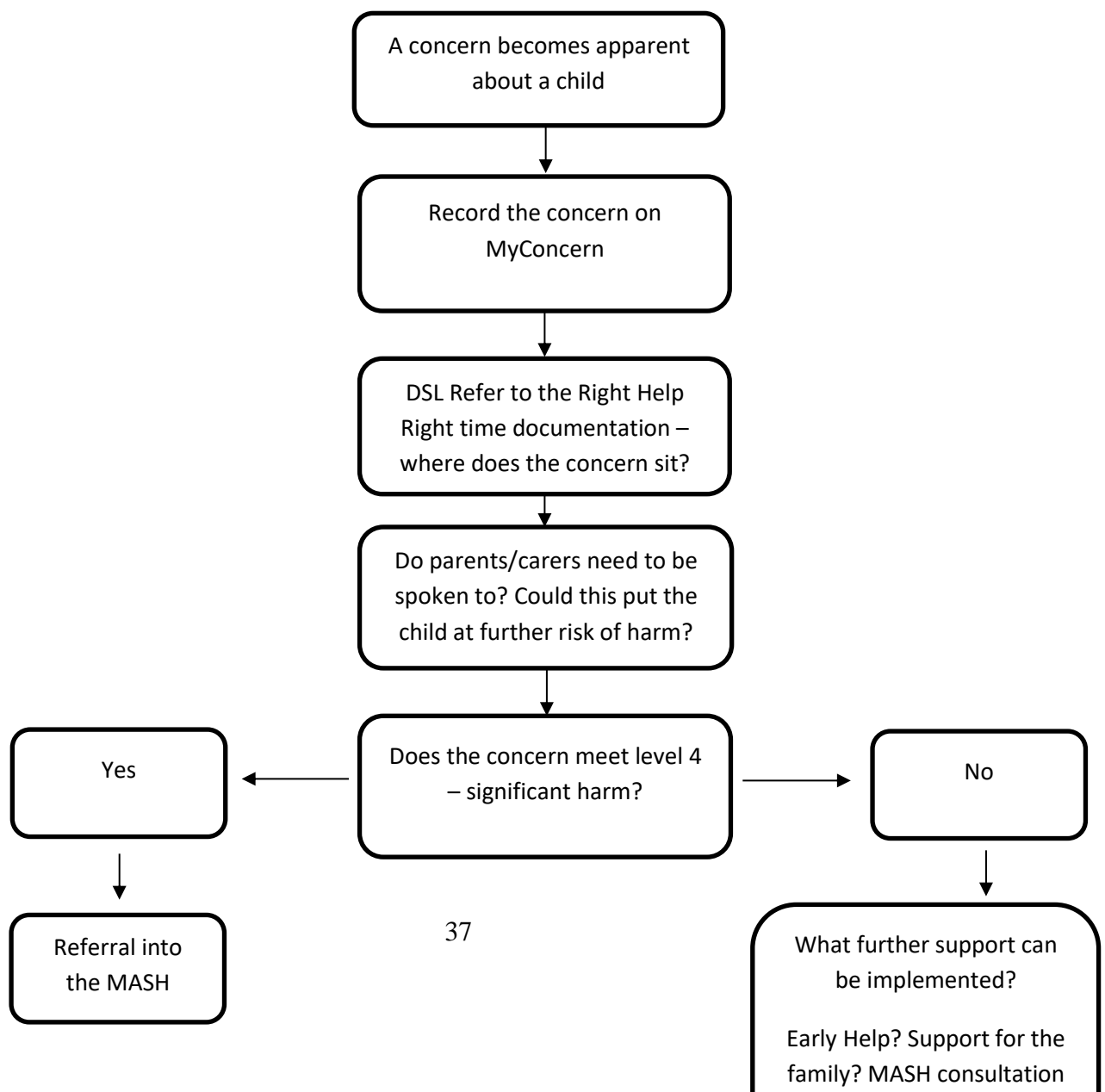
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May 2016: For information only

Guidance will commence: 5 September 2016



## Be alert

- Be aware of the signs of abuse and neglect
- Identify concerns early to prevent escalation.
- Know what systems the school have in place regarding support for safeguarding e.g. induction training , staff behaviour policy / code of conduct and the role of the Designated Safeguarding Lead ( DSL ) .

## Question behaviours

- Talk and listen to the views of children, be non -judgemental.
- Observe any change in behaviours and question any unexplained marks / injuries
- To raise concerns about poor or unsafe practice , refer to the HT or principal, if the concerns is about the HT or Principal, report to Chair of Directors. Utilise whistleblowing procedure.

## Ask for help

- Record and share information appropriately with regard to confidentiality
- If staff members have concerns, raise these with the school's or college's Designated Safeguarding Lead ( DSL)
- Responsibility to take appropriate action, do not delay.

## Refer

- DSL will make referrals to children services but in an emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to Children's Services (01432) 260800.

### Appendix 3 Multi-Agency Referral Form

This form is to be used by all professional agencies referring a child/young person to Children’s Wellbeing Services (Children’s Social Care) for assessment as a child in need of:

- Support services
- Child protection; or
- Accommodation (to become looked after)

**It is your responsibility to provide as much information as possible and to inform the parent / carer of your referral unless in doing so you believe that the child / young people would be placed at risk of significant harm.** To assist your decision in whether a referral to social care is the correct option for the child and for support in ensuring you submit a good quality referral you should refer to the following guidance when completing this form:

- [HSCBs Standards & Guidance for Multi-Agency Referrals to Children’s Social Care](#)
- [Herefordshire Levels of Need Threshold Guidance](#)

If you are still unsure whether a referral is appropriate, please telephone the Multi-Agency Safeguarding Hub on **(01432) 260800**; MASH secure email: [cypd@herefordshire.gcsx.gov.uk](mailto:cypd@herefordshire.gcsx.gov.uk)

The out of hours Emergency Duty Team for MASH is (01905) 768020 (\*out of hours number for when MASH are unavailable).

If a referral is made by telephone / direct contact the MARF should be completed within **TWO** working days.

If you do not have any relevant information for specific section please state ‘No Information Available’ or ‘Not Applicable’. Please **do not** leave any sections blank.

Guidance on how to submit this for securely is included within the Standards & Guidance Document above.

**If an up-to-date [Early Help Assessment \(EHA\)](#) is available please attach and provide additional information using this form.**

**If a Graded Care Profile 2 (GCP2) has been completed please attach it to this form. HSCB recommends a GCP2 is completed, by a licensed user, when there are concerns of child neglect and when an EHA is identified for Neglect.**

**If a [Child Exploitation Screening Tool](#) has been completed please attach it to this form.**

**If Domestic Abuse is a concern and you have completed a Domestic Abuse Assessment please submit it with this form.**

If your agency has access to **Anycomms+** (a secure files transfer system hosted by Herefordshire Council) send the file to the service listed as: **Children’s Safeguarding & Family Support**

**Please securely submit the completed MARF to [cypd@herefordshire.gcsx.gov.uk](mailto:cypd@herefordshire.gcsx.gov.uk)**

Informing the Family			
Have you informed the child / family that you are making this referral?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If ‘No’ please state why not:	Do not leave blank		

**If a practitioner believes a child is at risk of significant harm they have a duty to make a referral. These referrals do not require consent but it is good practice to inform an adult with parental responsibility that the referral is being made, UNLESS doing so would place the child at risk of significant harm or may lead to the loss of evidence.**

Who has been informed? If anyone has not been informed, why not?	Do not leave blank
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### Details of the Children

*Record details of unborn baby, infant or young person being assessed. If unborn, state name as 'unborn baby' and mother's name e.g. unborn baby of Ann Smith.*

Name:				AKA/ Previous Names			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Date of birth or Expected Due date:	
Address:						School / nursery / college attended:	
						Schools / colleges – insert unique Student No. (UPN):	
						Health Professionals – insert NHS No.	
						Religion:	
						Ethnicity:	
Post Code:						Childs first language:	
Contact phone no. for Carer/ Parent:						Parents first language:	
Is an interpreter or signer required?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the child have a disability? If Yes, please give details:						Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Family composition / significant others (attach genogram if available)

*(E.g. family structure including siblings, other significant adults etc. who live with the child and who do not live with the child and parents /carers / siblings. Significant adults also includes those not relate to the child e.g. lodger etc.)*

Name:	Date of Birth:	Relationship to child:	Parental Responsibility		Address (if difference from child above)
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### Referral Information

**Please refer to the Herefordshire Levels of Needs and Service Response Guidance in completing this section, and communicating your specific concerns as to how the child's health and development are being adversely affected by the issues that are causing you concern.** Include your professional judgement, backed up by an explanation of the evidence which that is based upon including:



<ul style="list-style-type: none"> <li>• What is the foundation / evidence of your concerns and how and why have the concerns arisen?</li> <li>• What appear to be the needs of the children? And what appear to be the needs of the family that are impacting on the children?</li> </ul>		
<p><b>Child' s development needs</b></p> <p>This includes: health, education, identity, self-care skills, social presentation, family &amp; social relationships, emotional &amp; behavioural development &amp; any special needs / disabilities.</p> <ul style="list-style-type: none"> <li>• <b>Parenting capacity</b></li> </ul> <p>This includes: basic care, ensuring safety, emotional warmth, stimulation, guidance, boundaries &amp; stability.</p> <ul style="list-style-type: none"> <li>• <b>Family &amp; social environment factors</b></li> </ul> <p>This includes: community resources, family's social integration, income, employment, housing, wider family, history &amp; functioning (this includes adult factors that may be impacting on parenting capacity &amp; child development, e.g., drug or alcohol misuse, mental health problems, domestic abuse, special needs / disability, history of offending behaviour etc.)</p>		
Which Level of Need do you feel this referral meets?	Level 3 <input type="checkbox"/>	Level 4 <input type="checkbox"/>
<p>Communicate your specific concerns as to how the child's health &amp; development are being adversely affected by the issues that are causing you concern. Include your professional judgement, backed up by an explanation of the evidence which that is based upon including:</p> <p>What is the foundation / evidence for your concerns and how and why has the concern/s arisen?</p> <p>What appear to be the needs of the child/ren? And what appear to be the needs of the family?</p> <p><i>Do not leave blank - the whole box will expand to accommodate the information.</i></p>		
<b>Is an Early Help Assessment in Place (EHA)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has an Early Help Assessment been offered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has an Early Help Assessment been offered but declined?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the parents / carers /family engaging in the Early Help Assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Early Help Assessment been effective, if not, why not?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If an Early Help Assessment has been put in place, but has not been effective, please explain why not?		
<b>Has a Graded Care Profile 2 been completed for the child/ren?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the parents / carers /family engaging in the GP2?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the GCP2 Graded Care Profile been effective, if not, why not?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please explain why the GCP2 has not been effective?		
<b>Has a Child Exploitation Screening Tool (CE) been completed for the child/ren?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the parents / carers /family engaging in the Child Exploitation Screening Tool?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Child Exploitation Screening Tool been effective, if not, why not?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please explain why the Child Exploitation Screening Tool has not been effective?		
<b>Has a Domestic Abuse Assessment i.e. A DASH RIC form/ a MARAC Referral / A DA RIM been completed?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If applicable: Please list the Domestic Abuse Assessment(s) that you have completed and attach it / them to this referral.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Child Exploitation Screening Tool been effective, if not, why not?			
Any other relevant information: Do not leave blank – state None if that is the case.			
Agency:	Contact Name:	Address:	Telephone Number:

<b>Is there likely to be any risk to staff when they contact the family?</b>			
Do not leave blank – state None if that is the case.			
Name:		Contact phone no.	
Address:		Email Address:	
		Organisation:	
		Role:	

Date:		Signed:	
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Is this confirmation of a telephone referral?	Yes <input type="checkbox"/>	If yes, date and time of telephone referral:	Date:	
	No <input type="checkbox"/>		Time:	

<b>Other information attached:</b>
Examples: Completed Early Help Assessment. Completed Graded Care Profile 2, Genogram, Body map, School attendance record, Chronology etc.
<b>Please contact MASH after 24 hours if you have not heard outcome of referral.</b>
<p>If you have completed the Multi-Agency Referral Form (MARF) electronically please email the form from a <b>secure email address</b> to <a href="mailto:cypd@herefordshire.gcsx.gov.uk">cypd@herefordshire.gcsx.gov.uk</a>. If you have handwritten the form, scan the form and send securely to the email above.</p> <p>If your agency has access to <b>Anycomms+</b> (a secure files transfer system hosted by Herefordshire Council) send the file to the service listed as: <b>Children’s Safeguarding &amp; Family Support</b>.</p> <p>For further guidance please telephone MASH by calling 01432 260800. If you do not have access to a secure account, please see the guidance at the footer of this page.</p> <p>Note*The out of hours Emergency Duty Team for MASH is (01905) 768020 (*when MASH are unavailable).</p>

**Appendix 4 See it, name it, Stop it**

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# Abusive, harmful or hurtful behaviour.



**See it**



**Name it**



**Stop it**

**If in doubt, speak  
to a member of staff.**



**FAIRFIELD  
HIGH SCHOOL**

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Appendix 5

Brook sexual behaviours traffic light tool

Behaviours: age 9 to 13

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

<p><b>What is a green behaviour?</b></p> <p>Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, consensual activities and positive choices</p> <p><b>What can you do?</b></p> <p>Green behaviours provide opportunities to give positive feedback and additional information.</p> <p><b>Green behaviours 9-13</b></p> <ul style="list-style-type: none"> <li>solitary masturbation</li> <li>use of sexual language including swear and slang words</li> <li>having girl/boyfriends who are of the same, opposite or any gender</li> <li>interest in popular culture, e.g. fashion, music, media, online games, chatting online</li> <li>need for privacy</li> <li>consensual kissing, hugging, holding hands with peers</li> </ul>	<p><b>What is an amber behaviour?</b></p> <p>Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.</p> <p><b>What can you do?</b></p> <p>Amber behaviours signal the need to take notice and gather information to assess the appropriate action.</p> <p><b>Amber behaviours 9-13</b></p> <ul style="list-style-type: none"> <li>uncharacteristic and risk-related behaviour, e.g. sudden and/or pro-vocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing</li> <li>verbal, physical or cyber/virtual sexual bullying involving sexual aggression</li> <li>LGBT (lesbian, gay, bisexual, transgender) targeted bullying</li> <li>exhibitionism, e.g. flashing or mooning</li> <li>giving out contact details online</li> <li>viewing pornographic material</li> <li>worrying about being pregnant or having STIs</li> </ul>	<p><b>What is a red behaviour?</b></p> <p>Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur</p> <p><b>What can you do?</b></p> <p>Red behaviours indicate a need for immediate intervention and action.</p> <p><b>Red behaviours 9-13</b></p> <ul style="list-style-type: none"> <li>exposing genitals or masturbating in public</li> <li>distributing naked or sexually pro-vocative images of self or others</li> <li>sexually explicit talk with younger children</li> <li>sexual harassment</li> <li>arranging to meet with an online acquaintance in secret</li> <li>genital injury to self or others</li> <li>forcing other children of same age, younger or less able to take part in sexual activities</li> <li>sexual activity e.g. oral sex or intercourse</li> <li>presence of sexually transmitted infection (STI)</li> <li>evidence of pregnancy</li> </ul>
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**Behaviours: age 13 to 17**

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

<p><b>What is a green behaviour?</b></p> <p>Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, con- sensual activities and positive choices</p> <p><b>What can you do?</b></p> <p>Green behaviours provide opportunities to give positive feedback and additional info</p> <p><b>Green behaviours</b></p> <ul style="list-style-type: none"> <li>• solitary masturbation</li> <li>• sexually explicit conversations with peers</li> <li>• obscenities and jokes within the current cultural norm</li> <li>• interest in erotica/pornography</li> <li>• use of internet/e-media to chat online</li> <li>• having sexual or non-sexual relationships</li> <li>• sexual activity including hugging, kissing, holding hands</li> <li>• consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability</li> <li>• choosing not to be sexually active</li> </ul>	<p><b>What is an amber behaviour?</b></p> <p>Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.</p> <p><b>What can you do?</b></p> <p>Amber behaviours signal the need to take notice and gather information to assess the appropriate action.</p> <p><b>Amber behaviours</b></p> <ul style="list-style-type: none"> <li>• accessing exploitative or violent pornography</li> <li>• uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress,</li> <li>• withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing</li> <li>• concern about body image</li> <li>• taking and sending naked or sexually provocative images of self or others</li> <li>• single occurrence of peeping, exposing, mooning or obscene gestures</li> <li>• giving out contact details online</li> <li>• joining adult- only social networking sites and giving false personal information</li> <li>• arranging a face to face meeting with an online contact</li> </ul>	<p><b>What is a red behaviour?</b></p> <p>Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, develop- mental or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur</p> <p><b>What can you do?</b></p> <p>Red behaviours indicate a need for immediate intervention and action.</p> <p><b>Red behaviours</b></p> <ul style="list-style-type: none"> <li>• exposing genitals or masturbating in public</li> <li>• preoccupation with sex, which interferes with daily function</li> <li>• sexual degradation/humiliation of self or others</li> <li>• attempting/forcing others to expose genitals</li> <li>• sexually aggressive/exploitative behaviour</li> <li>• sexually explicit talk with younger children</li> <li>• sexual harassment</li> <li>• non-consensual sexual activity</li> <li>• use of/acceptance of power and control in sexual relationships</li> <li>• genital injury to self or others</li> <li>• sexual contact with others where there is a big difference in age or ability •</li> <li>• sexual activity with someone in authority and in a position of trust</li> <li>• sexual activity with family members</li> </ul>
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	alone	
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Simon Hackett (2010) has proposed a continuum model to demonstrate the range of sexual behaviours presented by children and young people, from those that are normal, to those that are highly deviant:

<https://www.nspcc.org.uk/globalassets/documents/publications/harmful-sexual-behaviour-framework.pdf>

<b>Normal</b>	<b>Inappropriate</b>	<b>Problematic</b>	<b>Abusive</b>	<b>Violent</b>
<ul style="list-style-type: none"> <li>Developmentally expected</li> <li>Socially acceptable</li> <li>Consensual, mutual, reciprocal</li> <li>Shared decision making</li> </ul>	<ul style="list-style-type: none"> <li>• Single instances of inappropriate sexual behaviour</li> <li>• Socially acceptable behaviour within peer group</li> <li>• Context for behaviour may be inappropriate</li> <li>• Generally consensual and reciprocal</li> </ul>	<ul style="list-style-type: none"> <li>• Problematic and concerning behaviours</li> <li>• Developmentally unusual and socially unexpected</li> <li>• No overt elements of victimisation</li> <li>• Consent issues may be unclear</li> <li>• May lack reciprocity or equal power</li> <li>• May include levels of compulsivity</li> </ul>	<ul style="list-style-type: none"> <li>• Victimising intent or outcome</li> <li>• Includes misuse of power</li> <li>• Coercion and force to ensure victim compliance</li> <li>• Intrusive</li> <li>• Informed consent lacking, or not able to be freely given by victim</li> <li>• May include elements of expressive violence</li> </ul>	<ul style="list-style-type: none"> <li>• Physically violent sexual abuse</li> <li>• Highly intrusive</li> <li>• Instrumental violence which is physiologically and/or sexually arousing to the perpetrator</li> <li>• Sadism</li> </ul>

## Appendix 6

### Support for Young People:

If you think that a child has been harmed or is being neglected, contact the Multi Agency Safeguarding Hub on 01432 260800, EDT out of hours 01905 768020

For advice and guidance regarding support with child on child abuse you can contact the Education Safeguarding Lead at Herefordshire council on 01432 383887

Early Help means providing the right help at the right time to help children (Aged 0 to 19) and families work through any difficulties they may have in their life- 01432 260261.

The Police are also there to offer support and guidance to both alleged victims and children alleged to have caused harm, they can be contacted on 101.

### **Herefordshire;**

WMRSASC- 01905 724514- is a free, confidential and non-judgemental support service for survivors who have experienced rape, assault, incest, sexual abuse, sexual harassment or any form of sexual attack, whether physical, verbal or emotional.

[West Mercia Rape & Sexual Abuse Support Centre \(wmrsasc.org.uk\)](http://wmrsasc.org.uk)

Herefordshire rape and sexual abuse support centre-01432 266551 ;

[Overview - Herefordshire Rape and Sexual Abuse Support Centre \(HRSASC\) - NHS \(www.nhs.uk\)](http://www.nhs.uk)

### **Worcester**

The Glade

<https://www.churchstreetsurgery.co.uk/info.aspx?p=13>

is the link above worth investigating as support for children who have been involved in a case of sexual abuse/rape (Worcester based)

### **Gloucester**

And Hope House (Gloucester based)

<https://www.nhs.uk/services/service-directory/hope-house-gloucestershire-sarc/N10506285?gsdServiceId=364>

[Gloucestershire Rape and Sexual Abuse Centre](#)

Free, confidential and non-judgemental support and information.

[Hope House Sexual Assault Referral Centre](#)

One-to-one support at Gloucestershire Royal Hospital.

### **National charities:**



### [Victim Support](#)

A national charity dedicated to helping anyone affected by crime – not just victims and witnesses, but friends, family and anyone else caught up in the aftermath.

### [Rape Crisis](#)

A national charity offering confidential help, advice and a range of Rape Crisis Centres around the UK.

### [Galop](#)

A national charity providing advice and support to members of the LGBT community.

### [Survivors UK](#)

A national charity supporting men who have been raped or sexually assaulted.

### [Crimestoppers](#)

A national charity with a free helpline for reporting crime anonymously.

### [Refuge](#)

Refuge supports women, children and men with a range of services, including refuges, independent advocacy, community outreach and culturally specific services.

### [Women's Aid](#)

Women's Aid is a national charity working to end domestic abuse against women and children.

### [Men's Advice Line: 0808 801 0327](#)

Confidential helpline for men experiencing domestic violence from a partner or ex-partner (or from other family members).

## **Useful Publications and Websites**

### **Government Publications**

Sexual harassment and sexual violence in schools

[www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-schools-and-colleges](http://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-schools-and-colleges)

Keeping Children safe in Education - [www.gov.uk/government/publications/keeping-children-safe-in-education](http://www.gov.uk/government/publications/keeping-children-safe-in-education)

Preventing youth violence and gang involvement

[www.gov.uk/government/publications/advice-to-schools-and-colleges-on-gangs-and-youth-violence](http://www.gov.uk/government/publications/advice-to-schools-and-colleges-on-gangs-and-youth-violence)

Preventing and tackling bullying in schools

[www.gov.uk/government/publications/preventing-and-tackling-bullying](http://www.gov.uk/government/publications/preventing-and-tackling-bullying)

## **Other useful documents**

### Sexting

Sexting in schools and colleges-Responding to incidents and safeguarding young people

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/609874/6\\_2939\\_SP\\_NCA\\_Sexting\\_In\\_Schools\\_FINAL\\_Update\\_Jan17.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/609874/6_2939_SP_NCA_Sexting_In_Schools_FINAL_Update_Jan17.pdf)

### Peer-on-peer abuse

Farrer &Co - Peer-on-peer abuse toolkit, guidance on peer-on peer abuse policy and template peer-on-peer abuse policy

[www.farrer.co.uk/Global/Peer-on-peer%20abuse%20toolkit%202014.pdf](http://www.farrer.co.uk/Global/Peer-on-peer%20abuse%20toolkit%202014.pdf)

### Anti-bullying alliance

There are some useful links on the section on sexual bullying:-

Sexual bullying: developing effective anti-bullying practice- A guide for school staff and other professional

[www.anti-bullyingalliance.org.uk/sites/default/files/field/attachment/Sexual%20bullying%20-%20anti-bullying%20guidance%20for%20teachers%20and%20other%20professionals%20-%20Feb17\\_1.pdf](http://www.anti-bullyingalliance.org.uk/sites/default/files/field/attachment/Sexual%20bullying%20-%20anti-bullying%20guidance%20for%20teachers%20and%20other%20professionals%20-%20Feb17_1.pdf)

Preventing abuse among children and young people-guidance from Stop it Now

[www.stopitnow.org.uk/files/stop\\_booklets\\_childs\\_play\\_preventing\\_abuse\\_among\\_children\\_and\\_young\\_people01\\_14.pdf](http://www.stopitnow.org.uk/files/stop_booklets_childs_play_preventing_abuse_among_children_and_young_people01_14.pdf)

What is Age appropriate?

<http://www.stopitnow.org/ohc-content/what-is-age-appropriate>

### Brook Traffic lights

<https://www.brook.org.uk/our-work/using-the-sexual-behaviours-traffic-light-tool>

### NSPCC-Harmful sexual behaviour

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/harmful-sexual-behaviour/>

### NCB Harmful sexual behaviour

<https://www.ncb.org.uk/resources-publications/resources/workforce-perspectives-harmful-sexual-behaviour>

NSPCC –Is this sexual abuse?

<https://www.nspcc.org.uk/globalassets/documents/research-reports/nspcc-helplines-report-peer-sexual-abuse.pdf>

Online sexual harassment

Project deSHAME- Digital Exploitation and Sexual Harassment Amongst Minors in Europe  
Understanding, Preventing, Responding

<https://www.childnet.com/our-projects/project-deshame>

Sexism

It's Just Everywhere- a study on sexism in schools –and how we tackle it

<https://ukfeminista.org.uk/wp-content/uploads/2017/12/Report-Its-just-everywhere.pdf>

•Relationship Education , Relationship and Sex Education HMSO

[www.gov.uk/government/news/relationships-education-relationships-and-sex](http://www.gov.uk/government/news/relationships-education-relationships-and-sex)

#### **Appendix 7: Concerns that do not meet the harm threshold (low level concerns about staff)**

The section is based on Keeping Children Safe in Education (KCSIE) Part Four: Allegations made against or concerns raised in relation to teachers, including supply teachers, other staff, volunteers and contractors, Section 2: Concerns that do not meet the harm threshold. This section applies to all concerns (including allegations) about members of staff, including supply teachers, volunteers and contractors, which do not meet the harm threshold set out in KCSIE Part Four, Section 1.

Concerns may arise through, for example:

- Suspicion
- Complaint
- Disclosure made by a child, parent or other adult within or outside the school
- Pre-employment vetting checks

We recognise the importance of responding to and dealing with any concerns in a timely manner to safeguard the welfare of children.

#### **Traffic Light system for identifying the spectrum of behaviour in staff.**

Allegations that may meet the harms threshold – covered in KCSIE Part Four Section 1:

### **Allegation**

Behaviour which indicates that an adult who works with children has:

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

Allegation/concerns that do not meet the harms threshold - covered in [KCSIE Part Four, Section 2](#) -and referred to in this guidance as 'low level concerns':

### **Low-Level Concern**

Does not mean that it is insignificant, it means that the adult's behaviour towards a child does not meet the threshold set out above. A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' – that an adult may have acted in a way that:

- is inconsistent with an organisation's staff code of conduct, including inappropriate conduct outside of work, and
- does not meet the allegation threshold, or is otherwise not serious enough to consider a referral to the LADO - but may merit consulting with and seeking advice from the LADO, and on a no-names basis if necessary.

Appropriate conduct:

### **Appropriate Conduct**

Behaviour which is entirely consistent with the organisation's staff code of conduct, and the law.

## **Definition of low-level concerns**

The term 'low-level' concern is any concern – no matter how small – that an adult working in or on behalf of the school may have acted in a way that:

- Is inconsistent with the staff code of conduct, including inappropriate conduct outside of work, **and**
- Does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the designated officer at the local authority

Examples of such behaviour could include, but are not limited to:

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

## **Sharing low-level concerns**

We recognise the importance of creating a culture of openness, trust and transparency to encourage all staff to share low-level concerns so that they can be addressed appropriately.

All low level concerns will be ultimately received by the Headteacher to ensure that we identify and record properly any potential patterns of behaviour, where upheld.

We will create this culture by:

- Ensuring staff are clear about what appropriate behaviour is, and are confident in distinguishing expected and appropriate behaviour from concerning, problematic or inappropriate behaviour, in themselves and others
- Empowering staff to share any low-level concerns in line with the Whistleblowing Policy
- Empowering staff to self-refer where appropriate
- Addressing unprofessional behaviour and supporting the individual to correct it at an early stage
- Providing a responsive, sensitive and proportionate handling of such concerns when they are raised
- Helping to identify any weakness in the school's safeguarding system

### **Responding to low-level concerns**

If the concern is raised via a third party, the headteacher will collect evidence where necessary by speaking:

- Directly to the person who raised the concern, unless it has been raised anonymously
- To the individual involved and any witnesses

The headteacher will use the information collected to categorise the type of behaviour and determine any further action, in line with the school's Staff Code of Conduct.

### **Record keeping**

All low-level concerns will be recorded in writing. In addition to details of the concern raised, records will include the context in which the concern arose, any action taken and the rationale for decisions and action taken.

Records will be:

- Kept confidential, held securely and comply with the DPA 2018 and UK GDPR
- Reviewed so that potential patterns of concerning, problematic or inappropriate behaviour can be identified. Where a pattern of such behaviour is identified, we will decide on a course of action, either through our disciplinary procedures or, where a pattern of behaviour moves from a concern to meeting the harms threshold as described in KCSIE Part Four, Section 1, we will refer it to the designated officer at the local authority
- Retained at least until the individual leaves employment at the school

Where a low-level concern relates to a supply teacher or contractor, we will notify the individual's employer, so any potential patterns of inappropriate behaviour can be identified.

### **References**

We will not include low-level concerns in references unless:

- The concern (or group of concerns) has met the threshold for referral to the designated officer at the local authority and is found to be substantiated; and/or
- The concern (or group of concerns) relates to issues which would ordinarily be included in a reference, such as misconduct or poor performance

This Appendix should be read in conjunction with the most recent version of Keeping Children Safe in Education, the Staff Code of Conduct and the Whistleblowing Policy.

