St Joseph's Catholic Primary School

Safeguarding Children Policy 2022

Date	Action
Sept 2019	Amended with KCSIE updates – September 2019
Sept 2020	Amended with KCSIE updates – September 2020
July 2021	Amended with KCSIE updates - September 2021
July 2022	Amend with KCSIE updates September 2022
	Review annually and as required

Mission Statement

learning, growing, belonging…
happy together in God's family

St Joseph's is a school community where we:

- promote Christian values of love, care and respect
- equip our children with the tools of learning and help them achieve their maximum potential
- create an atmosphere of faith, in which we share and celebrate our Catholic beliefs
- work in partnership with the children, their families and the parish
- provide a happy and safe environment in which all members of the school community feel valued
- develop the individual needs of our children to give them the confidence to participate as responsible citizens of the future

1. INTRODUCTION - Purpose and Aims

In line with our Mission Statement, we are committed to safeguarding and promoting the welfare of our children. Ensuring that all pupils, staff and visitors are safe at all times. Safeguarding children – the action we take to promote the welfare of children and protect them from harm – is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.

At St Joseph's Catholic Primary School we aim to provide the best possible learning opportunities by having a pleasant, healthy and safe environment that caters for and respects all our children's physical, emotional and spiritual needs. In safeguarding children we are committed to ensuring that:

- The child's needs are paramount;
- All professionals who come into contact with children and families are alert to their needs and any risks of harm (actual or potential) posed to the children;
- All professionals share appropriate information in a timely way and can discuss concerns about an individual child with colleagues and local authority children's social care;
- High quality professionals are able to use their expert judgement to put the child's needs at the heart of the safeguarding system so that the right solution can be found for each individual child;
- All professionals contribute to whatever actions are needed to safeguard and promote a child's welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes;
- All safeguarding/child protection policies and procedures follow the Safeguarding Partnership guidance and DfE guidance (Working Together to Safeguard Children 2018; Keeping Children Safe in Education, 2022)

Removal of disqualification by association

- By amendment of regulation 9 of the Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendment) Regulations 2018 ("the 2018 Regulations"), we have removed disqualification by association for individuals working in childcare in non-domestic settings (e.g. schools and nurseries).
- Disqualification by association continues to apply for individuals providing and working in childcare in domestic settings (e.g. where childcare is provided in a childminder's home).
- The arrangements continue to disqualify individuals working in domestic and nondomestic settings if they themselves have been found to have committed a relevant offence.

Disqualification under the childcare Act 2006

Staff must inform the headteacher if their circumstances change. The disqualification criteria section of the DfE Disqualification under the childcare Act 2006 statutory guidance, references that there are certain orders, made in relation to the care of children, which can lead to disqualification.

This policy was written in consultation with school staff, governors, LA guidance and DFE guidance.

2. RELATIONSHIP TO OTHER POLICIES / PROCEDURES / GUIDANCE

This policy is related to the following policies and Guidance documents:

Child Protection Policy and Procedure	Keeping children safe in education September 2022
Behaviour Policy	Safe recruitment and vetting policy
Anti-bullying Policy	Dealing with allegations of abuse against teachers and other staff (DfE guidance)
Inclusion Policy	Whistleblowing Policy
Attendance (Staff) Policy	Attendance (Children) Policy
E-Safety Policy	Health and Safety Policy
Acceptable Use Policy	Complaints Procedure
School Security Systems	Disciplinary Procedure
Risk Assessments	Visitors Policy
Single Equality Policy and Scheme	Staff Handbooks and Code of Conduct
PHSE Policy and curriculum	Critical Incident Plans
Relationships and Sex Education Policy	Drug, alcohol and substance misuse Policy
Early Help Division: offering information, advise and support	Working Together to Safeguard Children 2018

3. DEFINITION OF SAFEGUARDING

Ofsted adopts the definition of safeguarding used in the Children Act 1989 and 2005, the Education Act 2002 and in the government guidance document Working together to safeguard children 2018.

This can be summarised as:

- Protecting children and young people from maltreatment.
- Preventing impairment of children and young people's health or development.
- Ensuring that children and young people are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

Effective safeguarding should be underpinned by two key principles:

- Safeguarding is everyone's responsibility:
- A child-centred approach

4. ROLES AND RESPONSIBILITIES

Designated Senior Lead for Children Protection: Alan Saunders (Headteacher)
Deputy Designated Senior Lead: Michelle Riches (DHT) and all StaySafe team members

Essential in the process of vigilant safeguarding is the recognition that external support may be needed in specific circumstances and early help is vital. Early help is about identifying problems early so that support can be offered to help things get better. The Family Support Model as used in Warrington sets out 4 levels of help depending on how much support is needed, from universal (level 1) through to intensive support (level 4). When a concern arises, the DSL and DDSLs consider a conversation with the Duty and Assessment team, a process which takes into account thresholds within the Family Support Model.

The Headteacher / Designated Senior Lead for Child Protection is responsible for:

- Ensuring we have a designated teacher for child protection who has received appropriate training and support for this role.
- Ensuring we have a nominated governor responsible for child protection.
- Ensuring every member of staff, volunteer and governor knows the name of the designated teacher responsible for child protection and their role.
- Ensuring that the school has appropriate recruitment and selection procedures in place which comply with all current guidance and legislation relating to the safeguarding of our children, and that these procedures are adhered to and monitored.
- Ensuring all staff, including temporary staff, and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated teacher responsible for child protection and are trained on this annually.
- Ensuring that parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations in the school prospectus.
- Supporting the class teachers in planning early intervention for vulnerable pupils, including Common Assessment Framework (CAF) assessments as appropriate.
- Notifying social services if there is an unexplained absence of more than two days of a pupil who is on the child protection register.
- Developing effective links with relevant agencies and co-operating as required with their enquiries regarding child protection matters including attendance at case conferences.
- Keeping written records of concerns about children, even where there is no need to refer the matter immediately.
- Ensuring all records are kept securely, separate from the main pupil file, and in locked locations.
- Developing and then following Local Authority procedures where an allegation is made against a member of staff or volunteer and informing the Local Authority Designated Officer (LADO).
- Ensuring we practice safe recruitment in checking the suitability of staff and volunteers to work with children.
- Taking appropriate steps to ensure that parents/carers are made aware of this policy by informing parents that the policy is available on the school website or on request from the school.
- Raising awareness of child protection issues and equipping children with the skills needed to keep them safe as part of the curriculum and beyond.
- Liaising with other agencies that support the pupil such as social services, Child and Adult Mental Health Service, education welfare service and educational psychology service.
- Ensuring that, where a pupil on the child protection register leaves, their information is transferred to the new school immediately and that the child's social worker is informed.
- Completing the annual self-assessment audit produced by the Safeguarding Partnership and the Education Safeguarding Team.
- Monitoring any instances of extremism (See Appendix 5)
- Raising and maintaining awareness of the impact of Female Genital Mutilation and look for signs that this may occur. (See Appendix 2)
- Being vigilant about child sexual exploitation and pass on any concerns to the CSE team. (See Appendix 3 and 4)
- Being vigilant around the use of the internet by our pupils and the potential for on-line bullying and/or exploitation. (see also Internet Safety Policy).
- Reporting to the LA and reported or suspected incidents of Domestic Violence.

The Safeguarding Children Governor, Paula Craig is responsible for:

- Ensuring that an annual item is placed on the governors' agenda to report changes to this policy/procedures, training undertaken by staff and governors, the number of incidents/cases (without names or details) and the place of child protection in the school's curriculum. This must be part of governing body minutes.
- Overseeing of procedures relating to allegations against staff, including the headteacher.

- Ensuring that policies are in place and are consistent with Local Authority Guidance and Policy and Safeguarding Partnership procedures.
- Support the Designated Senior Person/Headteacher in completing the annual self-assessment audit produced by the Safeguarding Partnership and the Education Safeguarding Team.

The Chair of Governors, Kathryn Price, is responsible for taking action according to LA procedures where there are allegations against the headteacher.

All staff are responsible for:

- Raising concerns about vulnerable, or potentially vulnerable pupils with the Designated Senior Person so that early intervention can be put into place, including a CAF assessment where appropriate.
- Implementing procedures for identifying and reporting cases, or suspected cases, of abuse directly to the Designated Person immediately, without consultation with anybody else. If the concern is about the Designated Person, advice should be sought from the Deputy Headteacher or Chair of Governors.
- Supporting pupils who have been abused in accordance with his/her agreed child protection plan.
- Establishing a safe environment in which children can learn and develop.
- Establishing and maintaining an environment where children feel secure, are encouraged to talk, and are listened to.
- Ensuring children know that there are adults in the school whom they can approach if they are worried.
- Including opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.

5. SUPPORT FOR CHILDREN

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk. When at school their behaviour may be challenging and defiant or they may be withdrawn.

Staff will endeavour to support the pupil through:

- The content of the curriculum.
- The school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- The school behaviour policy which is aimed at supporting vulnerable pupils in the school. The school will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred.

6. Capturing the child's Voice

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

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

- The children Act (1989) (as amended by section 53 of the Children Act 2004)
- The equality Act 2010
- The United Nations Convention on the Rights of the Child (UNCRC) (1991)
- Working together to safeguard children (2018)
- Keeping children safe in Education (2022)

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

7. SEND

Children with SEND may be more vulnerable to abuse, be more isolated from their peers and affected by bullying.

8. CHILD ON CHILD ABUSE

Introduction

Keeping Children Safe in Education, states that 'Governing bodies and proprietors should ensure their child protection policy includes procedures to minimise the risk of peer on peer abuse and sets out how allegations of peer on peer abuse will be investigated and dealt with. The document also states it is most important to ensure opportunities of seeking the voice of the child are heard, 'Governing bodies, proprietors and school or college should ensure the child's wishes and feelings are taken into account when determining what action to take and what services to provide. Systems should be in place for children to express their views and give feedback. Ultimately, any system and processes should operate with the **best** interests of the child at their heart.'

At St Joseph's Catholic Primary School we continue to ensure that any form of abuse or harmful behaviour is dealt with immediately and consistently to reduce the extent of harm to the young person, with full consideration to impact on that individual child's emotional and mental health and well-being.

Purpose and Aim

Children and young people may be harmful to one another in a number of ways which would be classified as child on child abuse. The purpose of this policy is to explore the many forms of peer on peer abuse and include a planned and supportive response to the issues.
At St Joseph's Catholic Primary School we have the following policies in place that should be read in conjunction with this policy: Anti Bullying Policy, Child Protection Policy and Cyber Bullying Policy.

Framework and Legislation

This policy is supported by the key principles of the Children's Act, 1989 that the child's welfare is paramount. Another key document that focuses adult thinking towards the views of the child is Working Together to Safeguard Children, highlighting that every assessment of a child, 'must be informed by the views of the child' and within that 'It is important to understand the resilience of the individual child when planning appropriate services. This is clearly echoed by Keeping Children Safe in Education, through ensuring procedures are in place in schools and settings to hear the voice of the child.

6.1 In most instances, the conduct of pupils towards each other will be covered by our behaviour policy. However, some allegations may be of such a serious nature that they may raise safeguarding concerns. St Joseph's Catholic Primary School recognises that children are capable of abusing their peers. It will not be passed off as 'banter' or 'part of growing up'.
- 6.1.1 Domestic abuse – an incident or pattern of actual or threatened acts of physical, sexual, financial and/or emotional abuse, perpetrated by an adolescent against a current or former dating partner regardless of gender or sexuality.
- 6.1.2 Child Sexual Exploitation – children under the age of 18 may be sexually abused in the context of exploitative relationships, contexts and situations by peers who are also under 18.
- 6.1.3 Harmful Sexual Behaviour – Children and young people presenting with sexual behaviours that are outside of developmentally 'normative' parameters and harmful to themselves and others.
- 6.1.4 Serious Youth Violence – Any offence of most serious violence or weapon enabled crime, where the victim is aged 1-19' i.e. murder, manslaughter, rape, wounding with intent and causing grievous bodily harm. 'Youth violence' is defined in the same way, but also includes assault with injury offences.

6.2 The term peer-on-peer abuse can refer to all of these definitions and a child may experience one or multiple facets of abuse at any one time. Therefore, our response will cut across these definitions and capture the complex web of their experiences.

6.3 There are also different gender issues that can be prevalent when dealing with peer on peer abuse (i.e. girls being sexually touched/assaulted or boys being subjected to initiation/hazing type violence).

6.4 St Joseph's Catholic Primary School aims to reduce the likelihood of peer on peer abuse through;
- 6.4.1 the established ethos of respect, friendship, courtesy and kindness;
- 6.4.2 high expectations of behaviour;
- 6.4.3 clear consequences for unacceptable behaviour;
- 6.4.4 providing a developmentally appropriate PSHE curriculum which develops pupils' understanding of healthy relationships, acceptable behaviour, consent and keeping themselves safe;

6.4.5 systems for any pupil to raise concerns with staff, knowing that they will be listened to, valued and believed;

6.4.6 robust risk assessments and providing targeted work for pupils identified as being a potential risk to other pupils and those identified as being at risk.

6.5 Research indicates that young people rarely disclose peer on peer abuse and that if they do, it is likely to be to their friends. Therefore, St Joseph's Catholic Primary School will also educate pupils in how to support their friends if they are concerned about them, that they should talk to a trusted adult in the school and what services they can contact for further advice.

6.6 Any concerns, disclosures or allegations of peer on peer abuse in any form should be referred to the DSL using St Joseph's Catholic Primary school's child protection procedures as set out in this policy. Where a concern regarding peer on peer abuse has been disclosed to the DSL(s), advice and guidance will be sought from Children Social Care and where it is clear a crime has been committed or there is a risk of crime being committed the Police will be contacted.

6.7 Working with external agencies the school will respond to the unacceptable behaviour. If a pupil's behaviour negatively impacts on the safety and welfare of other pupils then safeguards will be put in place to promote the well-being of the pupils affected and the victim and perpetrator will be provided with support.

9. ALLEGATIONS AGAINST STAFF

Allegations of abuse made against staff will be investigated according to procedures outlined in the DfE guidance "Dealing with allegations of abuse against teachers and other staff" and school policy. A confidential record of the outcome of the investigation and any action taken as a result will be retained and a copy given to the member of staff.

10. ARRANGEMENTS FOR MONITORING AND EVALUATING

Safeguarding children policy and procedures in the school will be an annual agenda item on full governing body meetings. The safeguarding children governor will meet with the headteacher in order to monitor safeguarding procedures using the self-assessment audit tool produced by the Safeguarding Partnership and The Education Safeguarding Team. Findings will be reported to the Governors' Business committee. Other indicators that will be used to whether we are being successful are:

- Attendance rates
- Number of child protection incidents at the school
- Number of bullying incidents at the school.
- Number of complaints of bullying made by parents
- Number of pupil exclusions and reasons for them
- Number and type of accidents in school
- Pupils' views – questionnaires, school council.
- Parents' views – questionnaires, Question Time.
- Staff views
- Governors' views from visits to school and other contacts
- Whether there are any trends in these indicators
- Managing allegations
- Whether there are any differences in these indicators:
    - by year group or key stage in the school
    - by subject/curriculum area
    - for boys and girls
    - for pupils from different ethnic backgrounds
    - for children in care
    - for children with learning difficulties
    - for children with disabilities
    - for gifted and talented children.

Appendices

1. **Female Genital Mutilation (FGM)**
2. **Forced marriages**
3. **Children at risk of Sexual Exploitation**
4. **Private fostering**
5. **Radicalisation and Extremism**
6. **Upskirting**
7. **Child on child abuse**
8. **Safeguarding During the Coronavirus (COVID-19) Outbreak**

Appendix 1 - Female Genital Mutilation (FGM)

1. Introduction

The Local Safeguarding Children and Adults Boards across Cheshire recognise that FGM has been carried out for centuries, and it directly causes serious short and long term medical and psychological complications. Consequently it is considered to be a physically abusive act.

This practice guidance covers female children under the age of 18 and adult females including those who come under the Care Act 2014 definition of an Adult at risk (see **Appendix 5: Glossary**). These groups of females will have similar needs for support and protection but different legislation and routes to safety will apply.

To prevent FGM in the future, agencies need to work closer with practising communities and foster stronger links so together we are able to break the taboo and silence surrounding the harmful practice of FGM.

2. What is FGM?

The World Health Organisation (WHO) states that female genital mutilation (FGM):

> *"Comprises of all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons."*
>
> **WHO Fact sheet No. 241 (February 2014)**

FGM is also known as Female Circumcision (FC) and Female Genital Cutting (FGC). These alternative definitions are better received in the communities that practice it, who do not see themselves as engaging in mutilation. There are also other terms used to describe these practices in different countries across the world.)

FGM is included within the revised (2013) government definition of Domestic Violence and Abuse.

Additional information about FGM can be found in **Multi-Agency Statutory Guidance on Female Genital Mutilation (Home Office, 2016)**.

3. Types of FGM

1. 'Clitoridectomy which is the partial or total removal of the clitoris and, in rare cases, the prepuce (the fold of skin surrounding the clitoris);
2. Excision which is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina); Type 1 and II account for 75% of all worldwide procedures;
3. Infibulation which is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, and sometimes outer, labia, with or without removal of the clitoris; Type III accounts for 25% of all worldwide procedure and is the most severe form of FGM;
4. All other types of harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

4. Who Practices FGM?

FGM is practised around the world in various forms across all major faiths. It has been estimated that currently, about three million girls, most of them under 15 years of age, undergo the procedure every year. The majority of FGM takes place in 29 African and Middle Eastern countries, BUT includes other parts of the world; Asia, and in industrialised nations through migration which includes; Europe, North America, Australia and New Zealand. Globally the WHO estimates that between 100 and 140 million girls and women worldwide have been subjected to one of the first three types of FGM.

There are substantial populations of people in the UK from countries where FGM is endemic; in London, Liverpool, Birmingham, Sheffield, Cardiff and Manchester (HM Government 2006). UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians, Eritreans and Ethiopians. However women from non-African communities that are at risk of FGM include Yemeni, Kurdish (Iraqi, Iranian and Turkish country of origin), Indonesian, Malaysian, Pakistani women and Indian women (Muslim Bohra Community).

It is important to recognise that the migrant populations may not practice FGM to the same level as their country of origin; a migrant's reason for being in the UK may well be avoidance of FGM and second and third generation migrant populations may have very different attitudes towards FGM than their parents. However despite their differing attitude towards FGM, this second or third generation may be the children or adults at greatest risk of having the procedure carried out.

5. Health Impact of FGM

FGM has **NO** health benefits, and causes harm in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. Many women appear to be unaware of the relationship between FGM and its health consequences; in particular the complications affecting sexual intercourse and childbirth which can occur many years after the mutilation has taken place.

5.1 Health Complications Are Common and Can Lead to Death

The highest maternal and infant mortality rates are in FGM-practising regions. The actual number of girls who die as a result of FGM is not known. However, in areas of Sudan where antibiotics are not available, it is estimated that one-third of the girls undergoing FGM will die.

6. Risk Factors

- The family comes from a community that is known to practice FGM;
- Any female child born to a woman who has been subjected to FGM must be considered to be at risk, as must other female children in the extended family;
- Any female who has a relative who has already undergone FGM must be considered to be at risk;
- The socio-economic position of the family and the level of integration within UK society can increase risk.

7. Protective Legislation

See also **Appendix 2: Legislation on Female Genital Mutilation**.

FGM has been a criminal offence in the UK since The Prohibition of Female Circumcision Act 1985. The Act was repealed by The Female Genital Mutilation Act 2003.

The **Serious Crime Act 2015** strengthened the legislative framework around tackling FGM. The Act introduced 'habitual UK resident' rather than 'permanent UK resident', and introducing FGM Protection Orders (similar to Forced Marriage Protection Orders).

FGM is considered to be a form of child abuse (it is categorised under the headings of both Physical Abuse and Emotional Abuse). A local authority may exercise its powers under Section 47 of the Children Act 1989 if it has reason to believe that a child is likely to suffer or has suffered FGM. Under the Children Act 1989, local authorities can apply to the Courts for various Orders to prevent a child being taken abroad for mutilation.

FGM is also an abuse of female adults usually categorized under honour based violence and domestic abuse definitions. Where a female adult is also defined as an Adult at Risk, additional support mechanisms would be available through local social care teams and adult safeguarding processes.

Private law remedies can be used as a form of legal protection. For example a Prohibited Steps Order under Section 8 Children Act 1989 can be used to prevent a child being taken abroad or from having the procedure. A Non Molestation Order under Part IV of the Family Law Act 1996 may also be used as protection for the child or adult. The Domestic Violence Crime and Victims Act 2004 make the breach of a Non Molestation Order a criminal offence.

It may be possible for victims of FGM to claim compensation from the **Criminal Injuries Compensation Authority**. The injuries must be reported to the police.

The Police have Police Protection powers where there is reasonable cause to believe that a child or young person, under the age of 18 years, is at risk of Significant Harm. A police officer may (with or without the cooperation of social care) remove the child from the parent and use the powers for 'police protection' (section 46 of the Children Act 1989) for up to 72 hours.

The Local Authority has further powers under Section 44 of the Children Act 1989. Under this section, the Local Authority may apply for an Emergency Protection Order (EPO). The Order authorizes the applicant to remove the girl and keep her in safe accommodation for up to 8 days. This Order is often sought to ensure the short term safety of the child.

An EPO can be followed by an application from the Local Authority for a Care Order, Supervision Order or an Interim Order (sections 31 and 38 of the Children Act 1989). Without such an application, the EPO will lapse and the local authority will no longer have Parental Responsibility for the child.

There will be cases where a Care Order is not appropriate, possibly because of the age of the young person. A Local Authority may ask the Court to exercise its inherent jurisdiction to protect the young person.

Once a young person has left or been removed from the jurisdiction, the options available to police, Local Authority and other services become more limited. In such situations an application may be made to the High Court to make the young person a Ward of Court and have them returned to the UK.

When a British national seeks assistance at a British Embassy or High Commission overseas and wishes to return to the UK, the Foreign and Commonwealth Office (FCO) will do what it can to assist or repatriate the individual.

International legislation

There are two international conventions containing articles which can be applied to FGM. Signatory states, including the UK, have an obligation under these standards to take legal action against FGM. These include: **The UN Convention on the Rights of the Child** and **The UN Convention on the Elimination of All Forms of Discrimination against Women**. FGM breaches several of these rights.

8. Identifying FGM

There are three circumstances relating to FGM which require identification and intervention:

- Where a girl / woman is at risk of FGM;
- Where a girl / woman has undergone FGM;
- Where a prospective mother has undergone FGM.

Professionals and volunteers in most agencies have little or no experience of dealing with female genital mutilation. Encountering FGM for the first time can cause people to feel shocked, upset, helpless and unsure of how to respond appropriately to ensure that a child, and/or a mother/any female adult, is protected from harm or further harm. The following agency specific guidance may help support the professional.

8.1 When a girl / woman is at risk of FGM

Indicators that FGM may soon take place:

- Parents state that they or a relative will take the child out of the country for a prolonged period;
- A child may talk about a long holiday (usually within the school summer holiday) to her country of origin or another country where the practice is prevalent;
- A child may confide to a professional that she is to have a 'special procedure' or to attend a special occasion;
- A professional hears reference to FGM in conversation, for example a child may tell other children about it.

8.2 Where a girl / woman has undergone FGM

Signs that FGM has taken place:

- Prolonged absence from school with noticeable behaviour changes on the girl's return;
- Longer/frequent visits to the toilet at any time, but particularly after a holiday abroad;
- Some girls may find it difficult to sit still and appear uncomfortable or may complain of pain between their legs;
- Some girls may speak about 'something somebody did to them, that they are not allowed to talk about';
- A professional overhears a conversation amongst children about a `special procedure' that took place when on holiday;
- Young girls refusing to participate in P.E regularly without a medical note;
- Recurrent Urinary Tract Infections (UTI) or complaints of abdominal pain.

8.3 Where a prospective mother has undergone FGM

Routine questioning for FGM is now incorporated into antenatal care. However, all professionals in all agencies should be alert to the risks of FGM and recognise the opportunity during the antenatal period to explore this with the pregnant women.

If you identify a female under 18 has had FGM you have a duty under the Serious Crime Act (2015) to report this to the Police via the non emergency number 101.

Any information or concern that a child (including unborn) or an Adult at Risk is at risk of, or has undergone, FGM **MUST ALSO** result in a safeguarding referral to the Local Authority Social Care department following the usual procedure for your area. If there is immediate danger, call 999.

9. Procedure Within Social Care for Safeguarding Children and Adults at Risk

Professionals should make a safeguarding referral in accordance with their local procedures. If a professional feels that a child is at risk of immediate significant harm they should not discuss the referral with the parents/carers/family until a Strategy meeting has been convened

The initial referral to Children's social care should be treated as a Child Protection referral and an immediate strategy discussion should be held to determine immediate safeguards required to protect the child. A multi agency Strategy Meeting must be called within two working and chaired by a Senior Social Care representative. The Strategy Meeting must consider the risks of FGM to all children in the household. In situations where the referral relates to an unborn the Pre-Birth assessment must be completed prior to birth and ideally started at 26 weeks. The pre-birth assessment must consider the mothers views on FGM and her partners and extended family members views on FGM in order to determine the risks presented to the child upon birth.

Each agency involved in the multi-agency strategy meeting must share relevant information that their agency holds, which will contribute to the multi-agency plan and investigation required to safeguard the child/women. During this period agencies should continue to look for appropriate support for the Child/women in order to address any emotional/physical harm caused as a consequence of the FGM or prospect of FGM.

If a referral is received concerning one female in a family, consideration must be given to whether other females in that family are also at similar risk. There should be consideration of other females from associated families once concerns are raised about an incident or the perpetrator of FGM.

See **Appendix 3: Useful Contacts**.

See also **Appendix 7: Decision-Making and Action Flowchart for Safeguarding Children at Risk of FGM**.

9.1 Representation at the Strategy Meeting

Professionals in attendance at the strategy meetings must include (as a minimum) appropriate representation from:

- Children's Social Care;
- Cheshire Police;

- Appropriate health processional; and
- Any other professional deemed appropriate according to the individual case.

9.2 Agenda for Strategy Meeting

The FGM Strategy Meeting should cover, at a minimum, the following issues:

- Family history and background information;
- Establish whether parents or the girl/woman has had access to information about the harmful aspects of FGM and the law in the UK. If not this information should be made available to them;
- Scope of the investigation, what needs to be addressed and who is best placed to do this;
- Roles and responsibilities of individuals and organisations within the investigation, with particular reference to the role of the police;
- Whether a medical examination/treatment is required (including therapeutic services) and, if so, who will carry out what actions, by when and for what purpose. An identified professional should contact SARC for guidance and advice;
- Establish whether the case meets the criteria for mandatory reporting and agree which agency will do this;
- What action may be required if attempts are made to remove the child / adult from the country;
- Identify key outcomes for the child/adult and their family and implications and impact on the wider community.

Regulated professionals i.e. teachers, social workers and healthcare professionals have a duty under the Serious Crime Act (2015) to report any cases of FGM identified in a female under 18 years of age to the police via the non-emergency number: 101.

10. Assessment

Where a female has been identified as at risk or has had FGM, it may not be appropriate to take steps to remove the child or Adult at Risk from an otherwise loving family environment. Experience has shown that often the parents themselves can experience pressure to agree to FGM and see it as the best thing they can do for their daughter's marriageable status. It is also important to recognise that those seeking to arrange the mutilation are unlikely to perceive it to be harmful and, on the contrary, believe it to be legitimised by longstanding traditions. Therefore it is essential that when first approaching a family about the issue of FGM a thorough assessment should be undertaken, with particular focus on:

- Parental/carer attitudes and understanding about the practice and where appropriate;
- Child/young person/Adult at Risk's knowledge, understanding and views on the issue;
- For an Adult at Risk a Capacity assessment will be required to see whether the legislation of the Mental Capacity Act 2005 applies;
- Consideration of whether there are any issues relating to domestic abuse.

Every attempt should be made to work with parents/carers on a voluntary basis to prevent abuse. It is the responsibility of the multi agency partnership to look at every possible way that parental/family co-operation can be achieved. However, the child's/adult's best interest is always paramount, and as a result, any indication of increased risk of the procedure taking place should be responded to swiftly.

Some thought and consideration should be given to where the assessment is undertaken. For example it may be beneficial to talk to the family/affected female outside the home environment to encourage them to talk freely and acknowledge the impact FGM would have.

An interpreter must be used in all interviews with the family, especially the affected female, if their first language is not English. **The interpreter must not be a family relation and must not be known by the family**. The interpreter should be female. In cases where an interpreter is not used and English is not the female's first language, the reasons for not using an interpreter must be recorded, as part of the assessment.

Appropriate communication aids must be offered for affected females who have difficulties communicating due to disability/illness and this should be documented within the record.

All interviews should be undertaken in a sensitive manner, and should only be carried out once.

With regards to children - parental consent and the child's agreement should be sought before interviews take place. All attempts must be made to work in partnership with parents; where consent is not given, legal advice should be sought. Children of sufficient age and understanding should be given every opportunity to be interviewed alone.

Adults who are vulnerable / At Risk need to be interviewed alone and a Capacity assessment completed. Capacity is a decision and time specific - the decisions to be assessed may include whether they can consent to travel abroad when there is a risk of their family arranging for them to undergo FGM. If they are not able to make a decision or safeguard themselves, then a Best Interests decision should be made. When an adult lacks Capacity and needs to be safeguarded the Local Authority can apply to the Court of Protection to give them powers to protect an individual. Adults at Risk who are assessed as having Capacity but are at risk of coming to harm can be protected using the powers contained within the inherent jurisdiction of the high court. Other adults may be protected for example through non molestation orders.

The Strategy Meeting should reconvene as agreed to discuss the outcomes and recommendations from the initial investigations and assessment. The multi agency group will need to agree next steps for support and level of need. At all times the primary focus is to prevent the female undergoing any form of FGM by working in partnership with parents, carers and the wider community to address risk factors. However where the assessment identifies a continuing risk of FGM then, the first priority is protection and the local authority should consider the need for:

- Legal action;
- Criminal prosecution;
- An Initial Child Protection Case Conference/Adult Safeguarding Conference.

If a Child Protection Conference is deemed necessary and a Child Protection Plan is to be formulated, the Category of Abuse should be Physical Abuse.

For Adults, a Safeguarding Plan will be formulated and monitored in accordance with the Local Safeguarding Adult Board Procedures (See **Appendix 6: Decision-Making and Action Flowchart for Safeguarding Adults at Risk**).

Following all enquiries into FGM, regardless of the outcome, consideration must be given to the therapeutic/counselling needs of the female and the family.

Medical examination, if necessary must only be undertaken with the child's and the parents' consent or the consent of the adult female. If the adult lacks the Capacity to consent to the examination; then a Best Interests decision can be made for them. Where parents do not consent, legal advice should be sought.

In the majority of cases there should only be one medical examination of the child or woman. In cases where subsequent medicals are required, clear reasons for this decision should be recorded as part of the assessment.

If a medical/surgical procedure is required, and parents refuse consent, legal advice must be sought immediately.

Children in Immediate Danger

Where the child appears to be in immediate danger of FGM and parents cannot satisfactorily guarantee that they will not proceed with it, and then an Emergency Protection Order should be sought.

Adults in Immediate Danger

When an adult is in immediate danger, contact the police. If concerned, irrespective of whether the adult has capacity or not, take legal advice as applications to either the Court of Protection or High Court may be required.

If there is no evidence of risk to the Adult at Risk or Child (ren)

If the safeguarding enquiry concludes that there is no clear evidence of risk to the female then Social Care will:

- Consult the female's GP and a child's Health Visitor or School Nurse about this conclusion and invite her/him to notify Social Care if any further information challenges it;
- Notify appropriate professionals involved with the family of the enquiry and the stage at which it was concluded;
- Inform the family and the referrer that the enquiry has been concluded;
- Consider whether any child may be a Child in Need or if the adult requires a community care assessment and, if so, offer appropriate services and offer the family/carers any appropriate support services.

11. Procedure for Safeguarding Children and Adults from FGM within Education / Leisure and Community and Faith Groups

See also **Keeping Children Safe in Education (DfE, September 2018)**.

Teachers, other school staff, volunteers and members of community groups may become aware that a female is at risk of FGM) through a parent / other adult, a child or other children disclosing that:

- The procedure is being planned;
- An older child or adult in the family has already undergone FGM.

A professional, volunteer or community group member who has information or suspicions that a female is at risk of FGM should consult with their agency or group's designated safeguarding adviser (if they have one) and should make an immediate Referral to children's social care in accordance with their local safeguarding procedures.

The Referral should not be delayed in order to consult with the designated safeguarding adviser, a manager or group leader, as multi-agency safeguarding intervention needs to happen quickly.

Once concerns are raised about FGM there should also be consideration of possible risk to other females in the practicing community.

Regulated professionals i.e. teachers, social workers and healthcare professionals have a duty under the Serious Crime Act (2015) to report any cases of FGM identified in a female under 18 years of age to the police via the non-emergency number: 101.

12. Procedure for Safeguarding Children and Adults from FGM within the Health Sector

Health professionals in GP surgeries, sexual health clinics, Women's Health, A&E and maternity services are the most likely to encounter a girl or woman who has been subjected to FGM. All girls and women who have undergone FGM should be given information about the legal and health implications of practicing FGM. Health Professionals should remember that some females may be traumatised from their experience and have already resolved to never allow their daughters to undergo this procedure.

Mandatory recording and reporting for Healthcare providers

Healthcare professionals have a duty under the Serious Crime Act (2015) to report any cases of FGM identified in a female under 18 years of age to the police via the non-emergency number: 101.

It is mandatory for health professionals to record the presence of FGM in a patient's healthcare record whenever it is identified through the delivery of NHS healthcare. The patient's health record should always be updated with whatever discussions or actions have been taken. If the patient has had FGM, referral to a specialist FGM clinic should always be considered. In addition to any referral to social care and / police.

In maternity departments it should be part of routine enquiry to ask women whether they have undergone FGM. However FGM may be identified in many other clinical settings, including family planning clinics, sexual health services, obstetrics & gynaecology, General Practice, Accident & Emergency, mental health services. In all circumstances staff must act upon warning signs such as a history of repeat urinary tract infections, a planned holiday to countries / areas of high prevalence for a girl to undergo a special ceremony, or a family history of FGM.

If a patient is identified as being at risk of FGM this information must be shared with the GP and Health Visitor or School Nurse (dependent on the child's age), as part of child safeguarding actions.

Since April 2014, it is be a mandatory requirement for NHS hospitals to record:

- If a patient has had FGM;
- What type of FGM;
- If there is a family history of FGM;
- If an FGM-related procedure has been carried out on a women - (deinfibulation).

Since September 2014, all acute hospitals have reported this data via the FGM Enhanced Dataset. From 1st October 2015 this same duty extended to include Mental Health Trusts and GP practices. This is part of a wide ranging programme of work by the Department of Health to improve the way in which the NHS will respond to the health needs of girls and women affected by FGM.

It will need to be determined locally how the collection of information to support the FGM Enhanced Dataset will be managed, including any data capture mechanisms. Healthcare providers are encouraged to consider an implementation plan across their organisation, which considers what steps, can be taken to monitor reporting compliance.

GPs, and Practice Nurses

GPs and Practice Nurses should be vigilant to any health issues such as resistance to partake in cervical smear testing. When a female attends the practice presenting with symptoms related to urology/gynaecology/sexual health problems you must specifically ask about FGM and the pathway in **Appendix 9: Flowchart for General Practice Staff** followed. In addition consider asking those that attend for health checks or travel vaccinations from affected communities about FGM and advising on the health impacts.

In accordance with the mandatory reporting requirements; the GP/Nurse should document in the patients record:

- If a patient has undergone FGM;
- What type of FGM;
- If there is a family history of FGM;
- If any FGM-related procedure has been carried out on a women - (including deinfibulation).

Further clarification questions (see **Appendix 1: Guidance for Interviewing Parents/Children/Adults at Risk**) should be asked to determine if there are any safeguarding issues. The FGM Risk Assessment Guidance found in the **Female Genital Mutilation Risk and Safeguarding Guidance for Professionals (DoH)**, will help to determine the most appropriate referral pathway. They should be offered/referred for additional support. Document in the record any advice or leaflets that are provided. Professionals should follow the "What to do if you are concerned about a child flowchart", contact the Named and Designated professionals for advice if required and make a referral to Children's Social Care where there are safeguarding concern

In all cases of FGM identified (irrespective of age or whether there are safeguarding issues identified or not), the information should be submitted via the FGM template (distributed to GP practices), to the Named GP for Safeguarding Children who will ensure the practice receive support if required and will upload the data to the FGM Enhanced Dataset

Midwives and nurses should be aware of how to care for women and girls who have undergone FGM during the antenatal, intrapartum and postnatal periods. They should discuss FGM at the initial booking visit to all women. They should document if the woman has:

- Undergone FGM;
- What type of FGM;
- If there is a family history of FGM;
- Has an FGM-related procedure has been carried out on a women - (including deinfibulation).

They must also document what plan is in place for delivery. It should be documented that the woman has been told about the health risks and the law and given a leaflet in an appropriate language (if available) that explains the health risks of FGM, the law and local support services. All this information should be shared with appropriate health

professionals (including the GP and the Health Visitor). Professionals should consult with their safeguarding leads for guidance and support

Re-infibulation is illegal in the UK. If a girl or woman who has been de-infibulated requests re-infibulation/re-suturing after the birth of a child, and/or the child is female or there are daughters in the family, health professionals should consult with their safeguarding leads and with Children's Social Care to ensure a referral has been made.

Whilst the request for re-infibulation is not in itself a safeguarding issue, the fact that the girl or woman is apparently not wanting/able to comply with UK law due to family pressure and / or does not consider that the procedure is harmful raises concerns in relation to female children she may already have or may have in the future.

Some women may be pressured to ask for re-infibulation by their partner. This would come under the category of Domestic Violence and Abuse and local protocols must be followed.

Health visitors are in a good position to reinforce information about the health consequences and the law relating to FGM. Health visitors should discuss the risks of FGM and document the parent's response and the advice and any leaflets given to explain the law relating to FGM. Any concerns about a parent's attitude towards FGM should be taken seriously and appropriate referrals made. Professionals should consult with their safeguarding leads about making a referral to social care and inform the family's GP of the referral.

School Nurses are in a good position to reinforce information about the health consequences and the law relating to FGM. The school nurse should work closely with the child's school supporting them with any concerns, and be vigilant to any health issues such as recurrent urinary tract infection that may indicate FGM has been undertaken. If the school nurse has contact with any family that originates from a country where FGM is practised, they should discuss the risks of FGM and document the parent's response along with any advice and leaflets provided to explain the law relating to FGM. Any concerns about a parent's attitude towards FGM should be taken seriously and appropriate referrals made.

Mental Health Practitioners need to be aware of the risks associated with FGM if girls/women from FGM practising countries attend, particularly with Post Traumatic Stress Disorder for example. If a disclosure is made regarding FGM, this should be documented and professionals should consult with their child or adult safeguarding lead about the appropriate course of action.

Emergency Departments and Walk-in Centres need to be aware of the risks associated with FGM if girls/women from FGM practising countries attend, particularly with urinary tract infections (UTIs), menstrual pain, abdominal pain, or altered gait for example. Their assessment should include consideration of the risks associated with FGM. This should be documented and professionals should consult with their child or adult safeguarding lead about making a referral to social care.

Health Services for Asylum Seekers & Refugees: Where initial health assessments for asylum seekers and refugees are undertaken, the health professional can introduce a discussion about FGM. They should document if the female has undergone FGM and what type. They must also document that the woman has been told about the law and given a leaflet in an appropriate language (if possible) that explains the risks of FGM, the law and local support services. All this information should be shared with appropriate health professionals (GP, Health Visitor etc). Professionals should consult with their safeguarding lead about making a referral to Social Care.

13. Procedures for Police Officers/Police Staff

See also **Referrals Procedure**.

From 31st October 2015 it is a legal requirement that any case of FGM in those under 18 years old is reported to the Police via the 101 non-emergency number.

This may mean that the police are the first point of contact and they should follow the agreed local pathway for referral to Children's Social Care (see **Appendix 7: Decision-Making and Action Flowchart for Safeguarding Children at Risk of FGM** and **Appendix 8: Decision-Making and Action Flowchart for Safeguarding Children – Actual FGM**).

There is a risk that the fear of prosecution of family members may prevent those concerned from seeking help and support from relevant agencies and in particular medical help as a result of long term complications caused by FGM.

In many communities where the practice of FGM is prevalent, children who may have undergone/be due to undergo FGM may accept it as part of their religious/cultural upbringing due to a lack of understanding of the potential criminal offence being committed and future health complications that may prevail.

Police should work with other agencies to obtain relevant support and guidance for the victim. Where relevant they can work with other professionals to prevent FGM by educating parents/carers about the legislation relating to FGM and possible consequences.

Police staff working with Children - If a girl is at risk of undergoing or has already undergone FGM, the duty inspector must be made aware and support should be sought from the Public Protection Investigation Unit where the victim resides or in their absence the CID. Relevant safeguards should be put in place immediately in order to prevent any risk of harm to the child.

Risks to any other children should be considered and acted upon immediately. The investigation should be dealt with as a child safeguarding issue taking cognisance of any honour-based violence issues.

If any officer believes that the girl could be at immediate risk of Significant Harm, they should consider the use of Police Protection powers under section 46 of the Children Act 1989.If it is believed or known that a girl has undergone FGM, a Strategy Meeting must be held as soon as practicable, and dependent upon urgency, to discuss the implications for the child and the coordination of the criminal investigation.

A second Strategy Meeting (if required) should take place within the timeframe agreed at the initial Strategy Meeting.

Children and young people should be interviewed under the relevant procedure/guidelines (e.g. Achieving Best Evidence) to obtain the best possible evidence for use in any prosecution.

Where a medical examination is deemed necessary it should be conducted by a doctor trained in identifying FGM. If it has been decided at the strategy meeting that a safeguarding medical is required an identified professional must contact St Mary's SARC for further advice and guidance. This is to ensure that a holistic assessment which explores any other medical, support and safeguarding needs of the girl or young woman is offered and that appropriate referrals are made as necessary.

14. When an Adult Female has Undergone/is about to Undergo FGM

If an adult female is at risk of undergoing or had already undergone FGM, these incidents should be dealt with by the Public Protection Investigation Unit as a form of Domestic Violence and Abuse/Honour Based Violence incident. Relevant risk assessments (such as the domestic abuse risk indicator checklist) and safeguards should be put in place and referrals to partner agencies made as appropriate in order to ensure the victim receives all relevant support.

If the adult female is an Adult at risk, the adult safeguarding process should be initiated and an urgent Strategy Meeting arranged. Note however if the adult has Capacity and does not give consent the safeguarding process would not be taken forward unless there was a wider 'public interest' element to the case. Immediate protection may be secured through the Court of Protection or the High Court.

Part of the investigation should entail identification of any persons who seek to aide, abet or procure someone to commit FGM and with a view to identifying other victims. Early Crown Prosecution investigative advice will be sought by the Police under the FGM Protocol between Cheshire Constabulary and CPS Mersey-Cheshire Dec 2013.

Appendices

Appendix 2

Guidance for tackling Forced Marriages

Schools are well placed to raise concerns and take action to prevent young people from being forced into marriage whilst on extended visits to their parents' home country or that of extended family. While the majority of extended holidays or visits to family overseas are for valid reasons, this guidance aims to raise awareness amongst education professionals of children at risk of forced marriage.

What is forced marriage?

A forced marriage is a marriage in which one or both spouses do not or, (in the case of some adults with learning or physical disabilities, cannot) consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure.

This is not the same as an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the prospective spouses.

Since June 2014 forcing someone to marry has become a criminal offence in England and Wales under the Anti-Social Behaviour, Crime and Policing Act 2014.

Who is at risk?

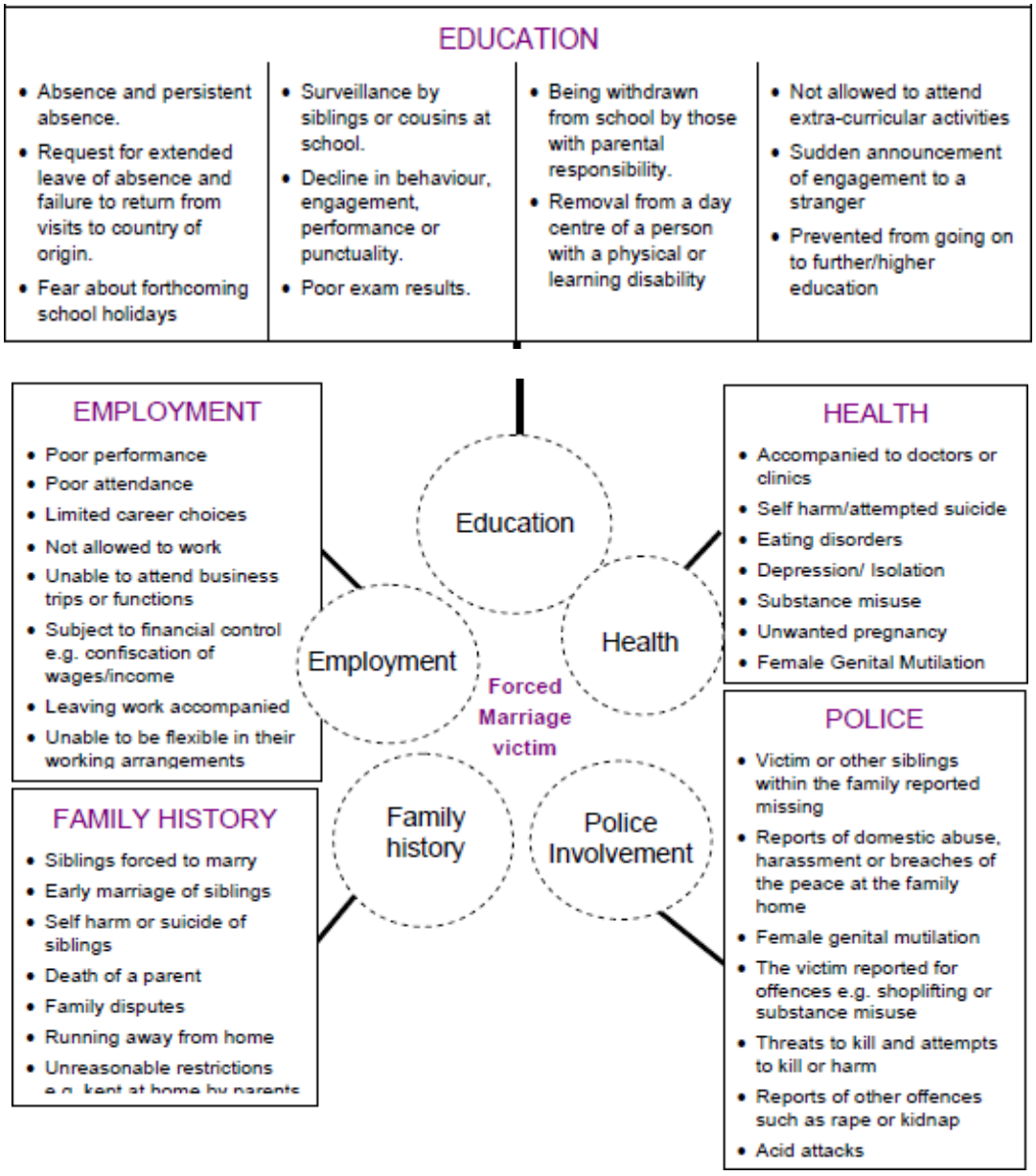
Research indicates that hundreds of people in the UK (particularly girls and young women) and some as young as 7 years old are forced into marriage each year. Where the age was known, 15% of cases involved victims below 16 years, 25% involved victims aged 16-17, 33% involved victims aged 18-21, 15% involved victims aged 22-25, 7% involved victims aged 26-30, 3% involved victims aged 31+. 82% of cases involved female victims and 18% involved male victims.[1]

The key motives for forcing a child into marriage have been identified as:

- Controlling unwanted behaviour and sexuality (including perceived promiscuity such as kissing or hand-holding, or being gay, lesbian, bisexual or transgender);
- Controlling unwanted behaviour, for example, alcohol and drug use, wearing make-up or behaving in a 'westernized manner'
- Preventing 'unsuitable' relationships, e.g. outside the ethnic, cultural religious or caste group
- Protecting 'family honour' or 'izzat'
- Rejecting a proposal of marriage
- Responding to peer group or family pressure
- Attempting to strengthen family links
- Achieving financial gain
- Ensuring land, property and wealth remain within the family
- Protecting perceived cultural ideas
- Protecting perceived religious ideals that are misguided
- Ensuring care for a child or vulnerable adult with special needs when parents or existing carers are unable to fulfil that role
- Assisting claims for residence and citizenship
- Long-standing family commitments

[1] Source: Forced Marriage Unit statistics January to December 2013

CHART OF POTENTIAL WARNING SIGNS OR INDICATORS[2]



[2] Taken from '*Multi-Agency Practice Guidelines: Handling Cases of Forced Marriage*', HM Government (2014)

What can Schools & College do to tackle Forced Marriage?

- Signposting where appropriate to further support and advice regarding forced marriage.
- Displaying relevant information e.g. details of the NSPCC Helpline, Child Line, and appropriate local and national support groups on forced marriage.
- Educating teachers and other staff about the issues surrounding forced marriage and the presenting symptoms – appropriate training should be included in continuing professional development (CPD).
- Encouraging young people to access appropriate advice, information and support.

Managing Requests for Holidays/Extended Absence

When managing requests for absence, it is useful for school clusters to share a common absence request form which requests information on all siblings who attend other schools. Sometimes younger siblings tell teachers information that has a bearing on older members of the family so it is important that schools liaise with each other when considering requests for leave of absence during term-time.

Where head teachers require a meeting with parents to discuss applications for extended leave of absence during term time, this can provide an opportunity to gather important information.

When parents/carers make requests for extended holiday leave, consider whether the parents/carers are volunteering information on the following:

- The precise location of where the pupil is going;
- The purpose of the visit;
- The child/children know and corroborate the purpose of the visit;
- The return date and whether it is estimated or fixed.

Parents/carers may not always be able to provide a definite return date due to return flights being booked as last minute availability occurs. The circumstances triggering a trip may also necessitate a flexible return date.

You should also consider other historical factors such as:

- persistent unexplained absence from school;
- child not allowed to attend extra-curricular activities;
- close supervision of child by family/carers;
- maltreatment of siblings.

If a return date has been specified and a child has not returned to school, school must contact their Attendance Improvement Officer. In no circumstances should a school remove the student from the roll without first making enquiries about the child's disappearance and referring the case to the police and Children's Services as appropriate.

What to do if you suspect a student is being forced into marriage:

A child at risk of forced marriage or FGM may also be at risk of other forms of honour based abuse. Extreme caution should be taken in sharing information with any family members or those with influence within the community as this may alert them to your concerns and may place the student in danger.

The "one chance" rule:

Practitioners may only have **one chance** to speak to a potential victim of forced marriage and thus they may only have one chance to save a life. If a victim is allowed to walk out of the door without support being offered, that one chance might be wasted.

What you should do:

- ✓ Take the issue seriously and recognise the potential risk of harm to the victim.
- ✓ See them on their own in a private place where the conversation cannot be overheard.
- ✓ Gather as much information as possible about the victim – it may be the only opportunity.
- ✓ Remind of their rights i.e. that they have the right to enter into marriage with their full and free consent and the right to make decisions about their lives.
- ✓ **Follow our child protection procedures and talk to the Senior Designated Professional without delay in order to get support from other agencies.**
- ✓ **The SDP should contact the Duty and Assessment Team and/or Education and Safeguarding Team**

Do not:

X Send the victim away and dismiss the allegation of forced marriage as a domestic issue.
X Inform the victim's family, friends or members of the community that the victim has sought help.
X Attempt to be a mediator.
X Involve an elder from the family, member of the community or member of professional organisation.

In cases of forced marriage, it is important that agencies do not actively initiate, encourage or facilitate family counselling, mediation, arbitration or reconciliation – whether offered by community councils, religious or professional groups. There have been cases of women being murdered by their families during mediation. Mediation can also place someone at risk of further emotional and physical abuse.

If the parents are vague about plans for overseas trips or there are other concerns amongst staff, expert advice is available from:

The Forced Marriage Unit [FMU] TEL 020 7008 0151

https://www.gov.uk/forced-marriage#forced-marriage-unit

This service provides advice and guidance for British nationals being forced into marriage overseas**.**

Further Guidance and references:
Please visit **https://www.gov.uk/forced-marriage** for further information practice guidelines and resources for professionals protecting, advising and supporting victims.

Multi-Agency Statutory Guidance for dealing with forced marriage 2014: Guidance is for all persons and bodies who exercise public function in relation to safeguarding and promoting the welfare of children and vulnerable adults.

Multi-Agency practice guidelines: Handling cases of forced marriage 2014: Step-by-step advice for frontline workers. This is essential reading for health professionals, educational staff, police, children's social care, adult social services and local authority housing.

E- Learning for professionals: The Forced Marriage Unit has designed an e-learning training package to support professionals, including education, social and health care professionals, police officers, housing officers, the voluntary sector and others dealing with forced marriage in the course of their work.
Using real life case studies, the training gives professionals a basic understanding of the main issues surrounding forced marriage, how cases can present and how to respond appropriately. This tool complements the multi-agency practice guidelines for professionals and should be read alongside the training. You can access the tool on the **Forced marriage eLearning website**

But It's Not Fair by Aneeta Prem is a fictional account of different perspectives on forced marriages that's useful reading for school children and teachers. The publication is free and can be ordered from the FMU or downloaded.

Promoted by the FMU, the organisation **http://www.freedomcharity.org.uk/** has produced a very clever app that offers help, assistance and instruction to children, friends of children, professionals with an interest and any other parties.

Forced Marriage: A Survivors Handbook – guidance and advice for victims or potential victims of forced marriage.

Marriage: it's your choice: these are business-card sized and contain contact details for the FMU. They can be given to any potential victim. They are small enough to be placed in wallets/purses.

All schools can prominently display posters/ leaflets with guidance and contact information for those who are worried about forced marriage and FGM. A variety of resources can be accessed from Foreign & Commonwealth Office and Home Office pages: https://www.gov.uk/forced-marriage

Appendix 3

The Identification of children at risk of sexual exploitation
A recent inquiry undertaken by the Office of the Children's Commissioner reported that at least 16,500 children were identified as being at risk of child sexual exploitation (CSE) during one year. The same research also estimates that the actual numbers of children at risk of and suffering child sexual exploitation are much higher because professionals in the study did not always recognise and respond appropriately to the issue**.** Schools are well placed to prevent, identify and respond to children at risk of sexual exploitation. This guidance aims to raise the awareness of child sexual exploitation in order to support education professionals to identify and respond appropriately to pupils at risk.

What is Child Sexual Exploitation?
The sexual exploitation of children and young people (CSE) under-18 is defined as that which:

'involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.' (Department for Education, 2012)

Child sexual exploitation is a form of abuse which involves children (male and female, of different ethnic origins and of different ages) receiving something in exchange for sexual activity.

Who is at risk?
Child sexual exploitation can happen to any young person from any background. Although the research suggests that females are more vulnerable to CSE, boys and young men are also victims of this type of abuse.

The characteristics common to all victims of CSE are not those of age, ethnicity or gender, rather their powerlessness and vulnerability. Victims often do not recognise that they are being exploited because they will have been groomed by their abuser(s). As a result, victims do not make informed choices to enter into, or remain involved in, sexually exploitative situations but do so from coercion, enticement, manipulation or fear. Sexual exploitation can happen face to face and it can happen online. It can also occur between young people.

In all its forms, CSE is child abuse and should be treated as a child protection issue.

WARNING SIGNS AND VULNERABILITIES CHECKLIST
The evidence available points to several factors that can increase a child's vulnerability to being sexually exploited.

The following are typical **vulnerabilities in children prior to abuse**:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss

- Gang association either through relatives, peers or intimate relationships (in cases of gang-associated CSE only)
- Attending school with young people who are sexually exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families
- Friends with young people who are sexually exploited
- Homeless
- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation or a foyer
- Low self-esteem or self-confidence
- Young carer

The following signs and behaviour are generally seen in children who are **already being sexually exploited.**

- Missing from home or care
- Physical injuries
- Drug or alcohol misuse
- Involvement in offending
- Repeat sexually-transmitted infections, pregnancy and terminations
- Absent from school
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites
- Estranged from their family
- Receipt of gifts from unknown sources
- Recruiting others into exploitative situations
- Poor mental health
- Self-harm
- Thoughts of or attempts at suicide

Evidence shows that any child displaying several vulnerabilities from the above lists should be considered to be at high risk of sexual exploitation. If you identify a child who you consider to be suffering from or at high risk of CSE, it is important that the Senior Designated Professional (SDP) in school is informed so that they can contact Children's Services.

Consent?

The report from the Office of the Children's Commissioner also highlights confusion about issues of consent to sexual activity amongst professionals *and* victims of CSE. Professionals frequently described victims of sexual exploitation as being 'promiscuous', 'liking the glamour', engaging in 'risky behaviour' and generally presenting with challenging behaviour.

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

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

Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18 years and not just those in a specific age group.

What can schools do to tackle Child Sexual Exploitation?

1. Training and Awareness
The SDP should ensure that all staff and volunteers who work with children and young people are made aware of Child Sexual Exploitation and the indicators of concern in order to identify and respond to concerns at an early stage.

2. Promotion of healthy relationships through the curriculum
Educational institutions play an important role in helping children and young people gain an understanding of acceptable and unacceptable relationships and sexual behaviour and to gain a sense of self-worth and respect for others. The PSHE curriculum, including Sex and Relationship Education (SRE), provides a vehicle for this important learning which can help prevent children and young people becoming involved in sexual exploitation.

By enabling children and young people to explore what makes a safe and healthy relationship, schools can help to develop the awareness and skills to recognise and manage potential risks of harm, stay safe and seek help if they need it. It is important that this message is repeated throughout a child's time at school to support prevention through the promotion of safe practices. Both primary and secondary schools have a vital role to play in this preventive education and awareness raising.

3. Identification
Schools may wish to map pupils against the CSE vulnerabilities checklist provided in this document and target interventions appropriately with regular review.

In addition, schools should be vigilant to the link between children going missing and the risk of CSE. The SDP should ensure that attendance staff and those monitoring truancy during the school day are fully briefed on CSE and monitor/log unexplained absences and those pupils leaving during the school day with the potential for CSE in mind.

Many schools ensure a staff presence at entrances/exits to the school at the beginning and end of the school day. These staff should be mindful of who is dropping-off and collecting pupils; gather details, including vehicle details, if there are any concerns.

4. Referral

What to do if you are concerned about a child:

If you have concerns that a child is at risk of or suffering Child Sexual Exploitation you should contact Children's Services without delay on

443404.

5. Useful Contact Numbers and Websites:

In an emergency call the police – **999**

Women's Aid and Refuge run the 24hr National Domestic Violence Helpline – **0808 2000 247**
They also provide guidance and support to those experiencing domestic abuse. Further information about the services they offer can be found at www.womensaid.org.uk

Broken Rainbow UK Broken Rainbow is the first and only UK organisation dedicated to confronting and eliminating domestic violence and abuse within and against the LGBT communities. Further information about their services can be found at www.brokenrainbow.org.uk and they can be contacted on **0845 2 60 55 60**

Missing People is a national charity that provides advice and support to missing people and their families. Further information about their services can be found at www.missingpeople.org.uk and they can be contacted on **116 000**

The Samaritans – www.samaritans.org - **08457 90 90 90**

The National Stalking Helpline provides guidance and information to anyone who is currently or has previously been affected by harassment or stalking. Further information about the services they offer can be found at www.stalkinghelpline.org and they can be contacted on **0808 802 0300**

FRANK provide confidential drugs advice – further information can be found at www.talktofrank.com or they can be contacted on **0300 123 6600**

DVD/Films

'My Dangerous Loverboy' www.mydangerousloverboy.com
Website which includes short DVD films, e.g. animation called 'Me, Jenny and Kate', the trailer for the film of 'MDL' and details of resources and projects, e.g. 'Love and Lies' education pack.

'Sick Party' www.genesisleeds.org.uk/sick-party-dvd-clip
'Sick Party' DVD is produced by Eddy Marshall, Genesis 2013 Basis – Increasing Safety Reducing Risk. Tel: 0113 243 0036

'THINK AGAIN' www.mesmac.co.uk/blast-resources
Resource pack with DVD to work with boys/young men – Blast Project

'East Enders Plot – Tiffany' www.cse.siyonatech.com/
The sexual exploitation of young people – can you recognise the signs (Child Line and Association of Police Officers) – Eastenders plot 20 minute clip

'THISTLE' www.blaenau-gwent-lscb.org.uk/thistle.html
A short awareness film – 7 minutes – on CSE, made by young people for young people with Gwent Police

Organisations

National Working Group http://www.nwgnetwork.org/
You can sign up to this organisation to receive newsletters and access resources

Barnardo's - Tackling Child Sexual Exploitation

CEOP (Child Exploitation and Online Protection Centre) works with child protection partners across the UK and overseas to identify online and offline threats to children and young people. More information about their work can be found at www.ceop.police.uk

BLAST! Project for boys and young men www.mesmac.co.uk
This website provides support and guidance for boys and young men experiencing sexual exploitation. Their website contains information and resources for young people and professionals around CSE.

Governmental Reports

Department for Education (2011) *Tackling Child Sexual Exploitation: Action Plan (*2011) and *Progress Report* (July 2012) https://www.gov.uk/government/publications/tackling-child-sexual-exploitation-action-plan

Department for Children, Schools and Families (2009) *Safeguarding Children and Young People from Sexual Exploitation: Supplementary Guidance to Working Together to Safeguard Children* https://www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance

Department for Education (2012) *What to do if you suspect a child is being sexually exploited: A step-by-step guide for frontline practitioners* https://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited

Department for Education (2014) *Health Working Group Report on Child Sexual Exploitation* https://www.gov.uk/government/publications/health-working-group-report-on-child-sexual-exploitation

Reports on CSE

Barnardo's (2011) Puppet on a string: the urgent need to cut children free from sexual exploitation http://www.barnardos.org.uk/ctf_puppetonastring_report_final.pdf

Barnardo's (2012) Tackling child sexual exploitation: Believe in Children: Barnardo's Helping Local Authorities to develop effective responses http://www.barnardos.org.uk/tackling_child_sexual_exploitation.pdf

Child Exploitation and Online Protection Centre (CEOP) (June 2011) Out of Mind, out of Sight: breaking down the barriers to understanding child sexual exploitation http://ceop.police.uk/Documents/ceopdocs/ceop_thematic_assessment_executive_summary.pdf

Child Line (2012) Caught in a trap: the impact of grooming in 2012 https://www.nspcc.org.uk/news-and-views/our-news/nspcc-news/12-11-12-grooming-report/caught-in-a-trap-pdf_wdf92793.pdf

Children's Commissioner (November 2012) 'I thought I was the only one. The only one in the world' The Office of the Children's Commissioner inquiry into child sexual exploitation in gangs and groups: Interim Report http://www.childrenscommissioner.gov.uk/content/publications/content_636

Harper, Z. and Scott, S. (2005) Meeting the needs of sexually exploited young people in London: Summary Report. Barkingside: Barnardo's [online]. Available at: www.barnardos.org.uk/full_london_report.pdf

Jago, S. and Pearce, J. (2008) Gathering evidence of the sexual exploitation of children and young people: a scoping exercise. University of Bedfordshire http://www.beds.ac.uk/__data/assets/pdf_file/0018/40824/Gathering_evidence_final_report_June_08.pdf

Lillywhite, R. and Skidmore, P. (2006) Boys are not sexually exploited? A Challenge to Practitioners. Child Abuse Review, Vol. 15, pp.351-361 http://mesmac.co.uk/files/boys_are_not-a_challenge_to.pdf

www.trixonline.co.uk/website/index.htm - brief reports on CSE/Grooming and Gangs (2013-14)

Domestic Violence

Safety plan for teenagers experiencing relationship abuse: support for professionals www.nspcc.org.uk/Inform/resourcesforprofessionals/abusiverelationships/safety-plan-guidance_wdf99874.pdf

Further information and local resources

www.paceuk.info/ - **Parents Against Child Sexual Exploitation** - comprehensive website containing information and advice about Child Sexual Exploitation. The site is aimed specifically at parents but also contains some information for professionals.

Appendix 4 - Private Fostering Guidance for Schools and other Education Settings

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

This guidance aims to raise the awareness of the role of education professionals in highlighting cases of private fostering and safeguarding children at risk.

What is a private fostering arrangement?

A private foster carer is someone *other than* a parent or a close relative who cares for a child for a period of 28 days or more, in agreement with the child's parent. It applies only to children under 16 years, or under 18 if they are disabled.

Private foster carers can be part of the child's wider family, a friend of the family, the parents of the child's boyfriend or girlfriend or someone unknown but willing to foster the child. A cousin, great aunt or a co-habitee of a mother or father would therefore be a private foster carer.

Close relatives - a grandparent, a brother or sister, an aunt or an uncle, a step parent - are *not* private foster carers.

Who may be privately fostered?
This list is by no means exhaustive and indicates the scale and variety of situations and agencies these arrangements can cover.

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

Children who are trafficked into the UK are especially vulnerable and are often living in de facto private fostering arrangements. Child trafficking is the movement of children for exploitation, including domestic servitude, commercial sexual exploitation and to support benefit claims (see www.ecpat.org.uk for further information). Where trafficking is suspected, a safeguarding referral should be made to Warrington Children's Services.

What to do if you are aware of a private fostering arrangement:
By law, a parent, private foster carer or other persons involved in making a private fostering arrangement must notify Children's Services as soon as possible. However, parents and carers often do not tell professionals or agencies about such arrangements; they may not be aware that they need to (and this may apply particularly to new communities in the UK such as migrant families from new-EU states), or they chose not to tell agencies about these arrangements.

Children's Services are **not** involved in making private fostering arrangements but are responsible for checking that the arrangements are suitable for the child. As a professional it is important for you to notify Children's Services if you are in contact with a child or young person who is being privately fostered. This will help protect the child against abuse or neglect and provide some reassurance that the child is being looked after properly.

Signs to watch out for

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

What schools can do:

- Ensure that all staff are aware of the definition of private fostering and the Local Authority's responsibilities when such arrangements occur;
- Look at admission files to check on the home situation, and make a note to follow up any circumstances which are not clear.
- Whenever staff become aware of private fostering arrangements they should notify the Senior Designated Professional for safeguarding (SDP);
- The SDP or another appropriate member of staff should speak to the families of children who might be involved in private fostering and check that they are aware of their duty to notify the Local Authority of the arrangement. School staff should actively encourage the parents and/or carer to notify Children's Services of the arrangement

If you believe that a private fostering arrangement has not been reported to Children's Services you should contact them directly:

Customer Services Centre: 443404

What happens after the Local Authority is notified?

When the Local Authority receives notification about a private fostering arrangement, Social Care will arrange for a colleague to visit the child within seven working days. They will contact the parent or person with parental responsibility, run checks on the carer and talk to the young person. This will be to ensure the young person is happy, safe and thriving in the arrangement and that they are able to access education, medical care and any other services they may need. The Local Authority will also check that the accommodation is safe and suitable and enable the carer to access suitable training if required. Providing everything is in order, the family will continue the arrangement with the social worker providing checks at regular intervals to ensure the young person is safe, happy and has access to all the services to meet their needs.

Further Guidance & Resources:

http://privatefostering.org.uk/
'Child Trafficking and Private Fostering', ECPAT UK

Appendix 5 – Preventing Radicalisation and Extremism in School

Working Together to Safeguard Children 2015 specifies that Local Safeguarding Children Boards, local authorities and their partners should be commissioning and providing services for children who are likely to suffer, or may have suffered significant harm, due to radicalisation and extremism. (Chapter 1, Section 17).

From 1 July 2015 all schools and child care providers must have regard to the statutory guidance issued under section 29 of the Counter-Terrorism and Security Act 2015. Paragraphs 57-76 of the guidance are concerned specifically with schools and childcare providers [1], registered early years childcare providers and registered later years childcare providers are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism".

This duty is known as the **Prevent duty**. It applies to a wide range of public-facing bodies which are listed in schedule 6 of the Act as specified authorities in England and Wales, and Scotland. The specified authorities are those judged to have a role in protecting vulnerable children, young people and adults and/or the national security.

The Prevent strategy, published by the Government in 2011, is part of an overall counter-terrorism strategy called CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

In addition, the Counter-Terrorism and Security Act 2015 (the CT and S Act) sections 36 to 41 set out the duty on local authorities and partners to establish and cooperate with a local Channel programme of 'Channel panels' to provide support for people, children and adults, vulnerable to being drawn into terrorism. It is essential that Channel panel members, partners to local panels and other professionals ensure that children, young people and adults are protected from harm.

Channel is about ensuring that vulnerable children and adults of any faith, ethnicity or background receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism, and before they become involved in criminal terrorist related activity.

[1] Including early years and later years childcare provision in schools that is exempt from registration under the Childcare Act 2006 and those registered under Chapter 2 or 2A of Part 3 of the Childcare Act 2006, including childminders. Also those registered under Chapter 3 or 3A of Part 3 of the Childcare Act 2006, including childminders.

AMENDMENT

In December 2016, **Section 5, Issues** was updated to include a link to the GOV.UK website to report online material promoting terrorism or extremism.

Contents

1. Definition

Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups.

"Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas" (HM Government Prevent Strategy 2011).

Since the publication of the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been attempts to radicalise vulnerable children and young people to develop extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

Keeping children safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding children from other risks. Children should be protected from messages of all violent extremism.

2. Risks

Children and young people can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet via social media or other websites. This can put a young person at risk of being drawn into criminal activity and has the potential to lead to the child or young person suffering significant harm'.

This may take the form of a "grooming" process where the vulnerabilities of a young person are exploited to form an exclusive friendship which draws the young person away from other influences that might challenge the radical ideology. The risk of radicalisation can develop over time and may relate to a number of factors in the child's life. Identifying the risks require practitioners to exercise their professional judgement and to seek further advice as necessary. The risk may be combined with other vulnerabilities or may be the only risk identified.

On-line content in particular social media may pose a specific risk in normalising radical views and promoting content that is shocking and extreme; children can be trusting and may not necessarily appreciate bias, which can lead to being drawn into such groups and to adopt their extremist views.

Recent case evidence indicates that specific groups such as young Muslim women have been targeted for radicalisation and grooming, which has led to attempts to travel to the Middle East placing them at risk. Any information about a young person or child that raises concerns should be discussed with their parents, schools, Children's Services and the police as part of the risk assessment.

3. Indicators

With regard to issues that may make an individual vulnerable to radicalisation, these can include:

- **Identity Crisis** - Distance from cultural / religious heritage and uncomfortable with their place in the society around them;
- **Personal Crisis** - Family tensions; sense of isolation; adolescence; low self-esteem; disassociating from existing friendship group and becoming involved with a new and different group of friends; searching for answers to questions about identity, faith and belonging;
- **Personal Circumstances** - Migration; local community tensions; events affecting country or region of origin; alienation from UK values; having a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- **Unmet aspirations** - Perceptions of injustice; feeling of failure; rejection of community values;
- **Criminality** - Experiences of imprisonment; previous involvement with criminal groups.

However those closest to the individual may first notice the following changes of behaviour:

- General changes of mood, patterns of behaviour, secrecy;
- Changes of friends and mode of dress;
- Use of inappropriate language;
- Possession of violent extremist literature;
- The expression of extremist views;
- Advocating violent actions and means;
- Association with known extremists;
- Seeking to recruit others to an extremist ideology.

There an obvious difference between espousing radical and extreme views and acting on them and practitioners should ensure that assessments place behaviour in the family and social context of the young person and include information about the young person's peer group and conduct and behaviour at school. Holding radical or extreme views is not illegal, but inciting a person to commit an act in the name of any belief is in itself an offence.

4. Protection and Action to be Taken

Any practitioner identifying concerns about the child or young person should report them to the designated safeguarding lead in their organisation, who will discuss these concerns with the police. The LSCB **Referrals Procedure** should be followed. A multi-agency assessment meeting (MASH) will determine the appropriate response and level of support to the family. Consideration of referrals to the Channel programme may be appropriate in some cases. Response should be proportionate, with the emphasis on supporting vulnerable children and young people, unless there is evidence of more active involvement in extremist activities.

Consideration should be given to the possibility that sharing information with parents may increase the risk to the child and therefore may not be appropriate. However, experience has shown that parents are key in challenging radical views and extremist behaviour and should be included in interventions unless there are clear reasons why not.

Wherever possible the response should be appropriately and proportionately provided from within the normal range of universal provision of the organisation working with other local agencies and partners. Responses could include curriculum provision, additional tutoring or mentoring, additional activities within and out of school and family support.

Where a higher level of targeted and multi-agency response is indicated a formal multi-agency assessment should be conducted. The assessment process may lead to a Strategy discussion, Section 47 Enquiry and an Initial Child Protection Conference, if there are concerns about the child or young person suffering significant harm.

Where concerns are identified in respect of potential signs of radicalisation which indicate the child young person is vulnerable, the person raising the concerns should discuss their concerns with the Channel police lead who will decide if a referral to Channel is required or if services at tier 2 are sufficient to manage concerns.

Where there is an identified risk/ potential risk that a child young person may be involved/ potentially involved in supporting or following extremism, further investigation by the police will be required, prior to other assessments and interventions.

5. Issues

Protecting children and young people from radicalisation and extremism requires careful assessment and working collaboratively across agencies as initially concerns may be inconclusive and protecting child or young person against a potential risk can be dependent on a wider range of factors. Sharing information effectively and keeping the child and young person in focus should be the main aim of any interventions and services.

Reporting online material, which promotes extremism such as illegal or harmful pictures or videos, can be done through the **GOV.UK Website**. Although professionals should follow the **Referrals Procedure**, non professionals may make a report anonymously.

Further Information

Prevent Strategy

Prevent Duty Guidance: for England and Wales

Channel Duty Guidance: Protection vulnerable people from being draw into terrorism

ADCS resources Radicalisation and Extremism

Educate Against Hate

PREVENT Single Point of Contact: Head teacher/DSP

The police non-emergency number 101

Crimestoppers 0800 555 111

Anti-Terrorism Hotline 0800 789 321

Lynsay Mullin **of the Cheshire Police Prevent Team can be contacted on:**
Email: prevent@cheshire.pnn.police.uk

Please copy Steven Panter into these emails**:** spanter@warrington.gov.uk

Appendix 6: Upskirting

"[Upskirting] 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".

'Upskirting' is a criminal offence.

Staff will need to show that they are familiar with the term and can discuss the implications of the practice with the whole school community.

Appendix 7: Child on child abuse

Abuse of peers by peers is an important area to maintain vigilance. Child on child abuse occurs when a young person is exploited, bullied and / or harmed by their peers who are the same or similar age; everyone directly involved in peer on peer abuse is under the age of 18.

Appendix 8: Safeguarding During the Coronavirus (COVID-19) Outbreak

This appendix has been created in line with the DfE's 'Coronavirus (COVID-19): safeguarding in schools, colleges and other providers' guidance.

Statement of intent

We understand that we face a time of great uncertainty and, as a school, we are doing all we can to provide clarity and safety to the school community. This appendix includes provisions which the school will have due regard for during the coronavirus pandemic. The information in this section is under constant review and is updated to reflect changes to government and local guidance as it is released.

1. Key definitions

1.1 For the purpose of this policy, the following definitions will be utilised:

· **Education hub:** a cluster of schools and colleges collaborating and sharing resources, staff and pupils in a local area.

· **Children of critical workers:** children of parents who work in the following industries:

- Health and social care, e.g. doctors and nurses
- Education and childcare, e.g. teachers and DSLs
- Local and national government, e.g. administrative occupations
- Food and essential goods retail, e.g. supermarket workers and grocers
- Public safety and national security, e.g. police and ministry of defence workers
- Transport, e.g. freight transport workers and train drivers
- Utilities, communication and financial services, e.g. bankers, oil workers, and telecommunications (999 and 111 critical services)

· **Vulnerable children:** those who have a social worker and those with EHC plans. Those who have a social worker include children who have a child protection plan and those who are looked after by the LA. A child may also be deemed to be vulnerable if they have been assessed as being in need or otherwise meet the definition in section 17 of the Children Act 1989.

2. The role of the DSL and their deputies

2.1 In light of the current crisis, the school has additional measures in place to ensure the safety and wellbeing of its pupils – this approach is led by the DSL.

2.2 As more pupils return to school, the school makes it a priority to have a trained DSL or their deputy on site. Where possible, this will be the school's DSL or deputy; however, where absence or illness makes this unfeasible, the school will consider the following two options:

- The school's DSL or deputy will be made available via telephone or online communication.
- The school will reach out to other schools and they will share a trained DSL or deputy where possible either in person or on video or voice call.

2.3 Where a DSL is unavailable on site, a member of the SLT will take responsibility for coordinating safeguarding within the school. Their role will include:

- Updating and managing access to child protection files.
- Liaising with the offsite DSL or deputy.
- Liaising with children's social care services where required.

2.4 During phased reopening, the DSL and their deputy are responsible for:

- Sharing their time and resources with other schools, where necessary.
- Ensuring staff are kept up-to-date with the latest safeguarding information and developments, including via the safeguarding partners, newsletters and professional advice groups.
- Being responsible for amending this document in line with the continual changes to education policy released by the DfE and communicating all changes to staff and volunteers.
- Working with the VSH and wider LA to protect vulnerable children.
- Providing support to teachers and pastoral staff to ensure that contact is maintained with pupils who are not yet returning to school and their families.
- Ensuring staff are aware of reporting channels for safeguarding concerns.
- Ensuring there is a consistent approach to safeguarding children throughout the coronavirus pandemic.
- Speaking to pupils directly where possible to identify any concerns and ensuring pupils are provided with clear communication channels so they can report any concerns they have, including reports of peer-on-peer abuse.
- Providing all volunteers and volunteer staff with copies of this policy.
- Identifying a suitable member of the SLT to assume the role of temporary DSL should both themselves and their deputies become unable to work.
- Sharing their contact information with the school community.
- Identifying vulnerable children and communicating additional safeguarding provisions to pupils and their families.

2.5 The DSL will report back to the governing board on all relevant safeguarding concerns.

2.6 The DSL will work with the local safeguarding partners to ensure pupils remain safe during phased reopening.

2.7 All online or telephone communication will be made using school accounts or telephone numbers. If any staff need to use their personal number, this is withheld.

3. Attendance

3.1 The school will resume its regular attendance register to record attendance during phased reopening.

3.2 The school will report to the DfE the number of pupils in school using the online form. This form will be submitted by 12:00pm each weekday.

3.3 Parents will not be penalised if their child does not attend school.

3.4 The school will record and investigate any absences where it expected a child to attend school and did not or where parents have arranged care for their child who subsequently did not attend. Where relevant, the school will report to social workers any pupil absence.

3.5 The school encourages the attendance of vulnerable pupils where appropriate, i.e. where there are no shielding concerns for the pupil or their household, and/or following a risk assessment for pupils with an EHC plan.

3.6 Individuals who are, or live with someone who is, shielding are not expected to return to school. If a pupil is, or lives with someone who is, shielding but cannot receive education at home, the school will ensure they can attend in the safest possible way, e.g. by adhering to stringent social distancing measures.

3.7 The school will ensure that all pupils' emergency contact information is correct and encourage parents to provide as many contact numbers as possible.

3.8 Pupils who were attending an alternative school as part of the hub approach are encouraged to return to our own school where this is possible, in line with 9.3 of this appendix.

4. Staff training and safeguarding induction

4.1 The school will ensure that all existing school staff have read part one of the most up-to-date version 'Keeping children safe in education' (KCSIE) and are suitably trained in this policy and any local safeguarding arrangements.

4.2 The headteacher will risk assess any volunteers or staff from other schools to determine their suitability to work with children.

4.3 Under no circumstances will a volunteer who has not been checked be left unsupervised or allowed to work in regulated activity.

4.4 The headteacher will ensure any volunteers or staff from other schools are suitably trained in safeguarding and ensure that they have read the relevant sections of KCSIE, are aware of the school's safeguarding policy and procedures, and any additional local safeguarding arrangements.

4.5 The headteacher will use their professional judgement to assess how much additional safeguarding training temporary staff or volunteers require.

4.6 The school will follow safer recruitment processes, in line with the relevant policies, when acquiring new staff.

4.7 New staff or volunteers will continue to be provided with a safeguarding induction and the most up-to-date copy of this policy.

4.8 Anyone who has not undergone suitable DBS checks will not be left unattended with pupils.

4.9 Existing staff who have not worked in regulated activity during partial school closure will not require a new DBS check; however, the school will carry out a check on anyone who causes a concern.

4.10 All staff will receive updates from the DSL regarding confirmation of local safeguarding processes and confirmation of the DSL and their deputy's arrangements, e.g. working schedule and contact information.

4.11 The school will report anyone to the TRA who they consider a safeguarding risk by emailing Misconduct.Teacher@education.gov.uk – all referrals received by the TRA will continue to be considered but hearings may not be scheduled for the current time.

4.12 Where required, the school will have a rotary system which allows the headteacher to be aware of who will be in school at any one given time.

4.13 The school will ensure the SCR is kept up-to-date in line with KCSIE. The SCR will be used as a record of attendance for staff and volunteers as well as acting as a log of any risk assessments carried out on volunteers and staff on loan from other schools.

5. Online safety and security

5.1 The school will continue to ensure that appropriate filters and monitoring systems are in place to protect pupils when they are online on the school's IT systems.

5.2 All online programmes used will be checked by the school's headteacher to ensure they are reputable and GDPR compliant.

5.3 The ICT technician will work to ensure any loaned devices are secure and have the necessary antivirus malware protection downloaded.

5.4 Any online queries which require the ICT technician will be addressed over the phone or online as much as possible – face-to-face contact is kept to a minimum.

5.5 Where the ICT technician is unavailable, the school will seek the support of other ICT staff, either internally or from another school.

5.6 The DSL will report back to the governing board how they are ensuring pupils remain safe online during partial school closure.

5.7 Pupils will report any suspicious online activity they encounter to the headteacher.

5.8 Staff will adhere to the Staff Code of Conduct at all times when delivering education online.

5.9 Staff will continue to look out for signs of a child being at risk online and report concerns over a pupil's safety online to the DSL. Where relevant, the DSL will make referrals to the police and children's social care.

5.10 The school will collaborate with parents and carers to reinforce the importance of online safety and encourage parents to set age-appropriate parental controls on digital devices and use internet filters to block malicious websites.

5.11 Pupils are provided with useful information and contact details of individuals and organisations they can turn to should they feel unsafe online, e.g. Childline or the UK Safer Internet Centre.

6. Mental health and pastoral care

6.1 The school understands how the coronavirus pandemic can cause pupils and staff to feel anxious and concerned and will offer any essential support required to those in need.

6.2 The headteacher will encourage line managers to hold one-to-one meetings with their staff over the phone or via a video call to ensure they feel supported during this stressful time.

6.3 Pupils will be provided with different resources they can access to help them cope with their mental health, including Childline and other online services.

6.4 Face-to-face support will only be provided where two-metre social distancing can be adhered to.

6.5 The school will have due regard for the Social Emotional Mental Health (SEMH) Policy when identifying early signs of mental health issues in pupils.

6.6 Teachers will have due regard for the negative impact the current pandemic may have had on pupils, especially when setting expectations for pupils' work.

6.7 Pastoral support will be offered to any family who requires it.

6.8 The school will help parents and pupils make a weekly plan or structure that includes time for education, playing and relaxing.

6.9 The school will consider one-to-one support for those who may benefit the most from it, e.g. for pupils with SEND.

7. Working from home

7.1 Teachers who remain working from home will plan lessons with the safety of pupils in mind – the school does not expect teachers to live stream or provide pre-recorded videos.

7.2 Staff working from home will find a quiet room with a neutral background to talk to pupils, parents or carers via video.

7.3 Teachers will ensure all online planning processes for children who are working online will have clear reporting routes to the school and external agencies so they can raise concerns whilst online.

7.4 The school will collaborate with the LA where possible when planning online lessons and activities, and considering online safety.

7.5 The DSL will ensure every pupil has their contact information so they know how they can talk to them about any safeguarding concern.

7.6 Pupils will be provided with online safety information by their teacher.

7.7 Pupils will be directed to practical online support, such as Childline, where they feel unsafe and require support outside of school.

7.8 Parents are given a list of websites their child will be accessing and any information of online sessions with staff their child will be participating in during partial school closure.

7.9 Parents are provided with the contact details of the DSL so they can report any concerns they have.

7.10 When communicating online, staff will:

- Communicate within school hours as much as possible.

- Communicate through the school channels approved by the SLT.
- Use school email accounts over personal accounts wherever possible.
- Use school devices over personal devices wherever possible.
- Not share personal information.

8. Peer-on-peer abuse

8.1 The DSL will implement robust reporting procedures for peer-on-peer abuse during partial school closure and communicate these to all staff, pupils and parents.

8.2 Reports made regarding peer-on-peer abuse will be risk assessed by the DSL on a case-by-case basis and, where required, investigated immediately and reported to the relevant authority, e.g. the police or CSCS where required.

8.3 Both the alleged perpetrator and victim will be provided with support whilst the report is being investigated.

8.4 Pupils will be provided with the contact details of relevant bodies who can provide support to them during this time, e.g. Childline.

8.5 The DSL will keep the victim, the alleged perpetrator and their families up-to-date where necessary with details of the investigation, including the conclusion and how appeals can be made.

8.6 Individuals will be given a copy of the school's amended Complaints Procedures Policy to assist them with the appeals process.

8.7 Communications will be made online or by telephone unless face-to-face contact is unavoidable.

9. Pupils moving schools

9.1 Where school pupils are attending another setting, the school will continue to do whatever they reasonably can to provide the receiving institution with any relevant welfare and child protection information.

9.2 The DSL will ensure that the receiving school has access to pupils' EHC plans, child in need plans, child protection plans or, for LAC, their personal education plan and know who the child's social worker (and, for LAC, who the responsible virtual school head is).

9.3 Vulnerable pupils and those of critical workers who are attending another setting, may return to school.

10. Monitoring and review

10.1 The DSL is responsible for continually monitoring DfE updates and updating this appendix in line with any government changes and guidance from the local safeguarding partners.

10.2 Any changes to this appendix will be communicated to all staff, parents and relevant stakeholders.