

St Austin's R.C. Primary School



Growing **in** **F**aith **T**ogether

Safeguarding & Child Protection Policy

**Reviewed March 2018 in line with 'Keeping Children Safe
in Education' document September 2016**

Introduction

- 1.1 This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications: 'Working Together to Safeguard Children' 2013, Revised Safeguarding Statutory Guidance 2 'Framework for the Assessment of Children in Need and their Families' 2000, 'What to do if You are Worried a Child is Being Abused' 2003. The guidance reflects, 'Keeping Children Safe in Education' 2016.
- 1.2 This policy should also be read in conjunction with St Helens' Threshold of Need Document/Procedure and St Helens' Escalation Policy.
 - 1.2.1 The Governing body takes seriously its responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.
- 1.3 We recognize that all adults, including temporary staff¹, volunteers and governors, have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern.
- 1.4 All staff believe that our school should provide a caring, positive safe and stimulating environment that promotes the social, physical and moral development of the individual child.
- 1.5 The aims of this policy are:
 - 1.5.1 To support the child's development in ways that will foster security, confidence and independence.
 - 1.5.2 To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.
 - 1.5.3 To raise the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse. Staff training will be given yearly.
(Reference Appendices 1 and 2).
 - 1.5.4 To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those

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

children.

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

2.0 Safe School, Safe Staff

2.1 We will ensure that:

- 2.1.1 All members of the governing body understand and fulfil their responsibilities, namely to ensure that:
 - there is a Safeguarding & Child Protection policy
 - the school operates safer recruitment procedures by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training
 - the school has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned
 - a senior leader has Lead Designated Child Protection Officer (DCPO) responsibility
 - on appointment, the DCPOs undertake interagency training and also undertake DCPO 'new to role' and an 'update' course every 2 years
 - all other staff have Safeguarding training updated as appropriate
 - any weaknesses in Child Protection are remedied immediately
 - a member of the Governing Body is, usually the Chair, is nominated to liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Headteacher
 - Safeguarding & Child Protection policies and procedures are reviewed annually and that the Safeguarding & Child Protection policy is available on the school website or by other means

 - The Governing Body considers how children may be taught about safeguarding. This may be part of a broad and balanced curriculum covering relevant issues through personal social health and economic education (PSHE) R.E. and through sex and relationship education (SRE)
- 2.1.2 The Lead DCPO, Mrs Patsy Wade, is a member of the Senior Leadership Team and the Head teacher. The Deputy Designated Child Protection Officer is Mrs J Ramsey. These Officers have

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

- undertaken the relevant training and new staff members, upon appointment, will undertake 'DCPO new to role' training followed by biannual updates.
- 2.1.3 The DCPO's who are involved in recruitment and at least one member of the governing body will also complete safer recruitment training, to be renewed every 3 years.
 - 2.1.4 All members of staff and volunteers are provided with child protection awareness information at induction, including in their arrival pack, the school safeguarding statement so that they know who to discuss a concern with.
 - 2.1.5 All members of staff are trained in and receive regular updates in e-safety and reporting concerns.
 - 2.1.6 All other staff and governors, have child protection awareness training, updated by the DCPO as appropriate, to maintain their understanding of the signs and indicators of abuse.
 - 2.1.7 All members of staff, volunteers and governors know how to respond to a pupil who discloses abuse
 - 2.1.8 All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the school's Safeguarding & Child Protection Policy
 - 2.1.9 Our lettings policy will seek to ensure the suitability of adults working with children on school sites at any time.
 - 2.1.10 Community users organising activities for children are aware of the school's child protection guidelines and procedures.
 - 2.1.11 We will ensure that child protection type concerns or allegations against adults working in the school are referred to the LADO³ for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS)⁴ for consideration for barring following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.
 - 2.2 Our procedures will be regularly reviewed and up-dated.
 - 2.3 The name of the designated members of staff for Child Protection, the Designated Child Protection Officers, will be clearly visible in the school, with a statement explaining the school's role in referring and monitoring cases of suspected abuse.
 - 2.4 All new members of staff will be given a copy of our safeguarding & child protection policy, with the DCPOs' names clearly displayed, as part of their induction
 - 2.5 The policy is available publicly whether on the school website or by other means. Parents/carers are made aware of this policy and their entitlement to have a copy of it via the school office/ newsletter / website.

³ LADO Local Authority Designated Officer for allegations against staff. AEO Area Education Officer

⁴ Contact the LADO for guidance in any case

3.0 Responsibilities

- 3.1 The designated DCPOs are responsible for:
 - 3.1.1 Referring a child if there are concerns about possible abuse, to the *Local Authority*, and acting as a focal point for staff to discuss concerns. Referrals should be made in writing using a professional referral form, following a telephone call to the Children's Duty Service.
 - 3.1.2 Keeping written records of concerns about a child even if there is no need to make an immediate referral.
 - 3.1.3 Ensuring that all such records are kept confidentially and securely and are separate from pupil records, until the child's 25th birthday, and are copied on to the child's next school or college.
 - 3.1.4 Ensure that a record is kept and witnessed of the disposal of individual's records.
 - 3.1.5 Children looked after records must be retained for 99 years.
 - 3.1.6 Liaising with other agencies and professionals.
 - 3.1.7 Ensuring that either they or the staff member attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with the parents.
 - 3.1.8 Ensuring that any pupil currently with a child protection plan who is absent in the educational setting without explanation for two days is referred to their key worker's Social Care Team.
 - 3.1.9 Organising child protection induction, and update training every 3 years, for all school staff.
 - 3.1.10 Providing, with the Headteacher, an annual report for the governing body, detailing any changes to the policy and procedures; training undertaken by the DCPO, and by all staff and governors; number and type of incidents/cases, and number of children on the child protection register (anonymised)⁵.

4.0 Supporting Children

- 4.1 We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.
- 4.2 We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm.

⁵ A model format for the Governors Annual Report is available from St Helens Governor Services

- 4.3 We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- 4.4 Our school will support all children by:
- 4.4.1 Encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying.
- 4.4.2 Promoting a caring, safe and positive environment within the school.
- 4.4.3 Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
- 4.4.4 The School will consider the need for an Early help Assessment⁶ (EHA) when it is identified that there are low level concerns or emerging needs. This process provides a way of recording support and interventions that have been provided by the school to the child / young person and also supports a referral for additional support that may be needed from more targeted services where a single agency has been unable to meet that need. An EHA can be arranged to ensure that a multi-agency action plan can be developed. It is important that the child and parent's voice are captured as part of this assessment and that they take ownership of the plan. This plan should be regularly reviewed normally up to 4 to 6 weeks until outcomes are achieved.
- 4.4.5 If at any point during the EHA process risk increases and the school becomes concerned that the child is or is likely to suffer significant harm then a referral will be made to Children's Social Care.
- 4.4.6 Notifying Social Care as soon as there is a significant concern.
- 4.4.7 Providing continuing support to a child about whom there have been concerns who leaves the school by ensuring that appropriate information is copied under confidential cover to the child's new setting and ensuring the school medical records are forwarded as a matter of priority.
- 4.4.8 **Operation Encompass** is an initiative which will see Merseyside Police pledge to inform schools the very next day if one of their pupils has experienced a domestic incident in their home the night before. By sharing information between the police and the schools, the authorities hope to provide greater emotional support to children aged 4 to 18 years who live and attend school in Merseyside. Every local authority in the county has signed up to the scheme together with Merseyside Police and key people in each school have been trained by officers from the force's family crime unit in how to record the police information and act on it. The named adults responsible at St Austin's are Mrs Patsy Wade and Mrs

¹ A model format for the Governors Annual Report is available from St Helens Governor Services

¹ The Early Help Assessment is St Helens' response to the statutory duty to cooperate (Children Act 2004) and it replaces the CAF process.

⁶ The Early Help Assessment is St Helens' response to the statutory duty to cooperate (Children Act 2004) and it replaces the CAF process.

Jane Ramsey. The aim is to give schools the information they need in order to look after that child's needs in the aftermath of what may be one of the most distressing things they will ever witness.

4.4.9 Radicalisation. All staff are made aware of new legislation in the yearly safeguarding training. Staff are guided to read part 1 of the Keeping children safe in education act which informs of procedure in this area. In order for school to fulfil the Prevent duty, it is essential that staff are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified. Protecting children from the risk of radicalisation is seen as part of schools' wider safeguarding duty, and is similar in nature to protecting children from other harms (e.g. drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences. The Prevent duty builds on existing local partnership arrangements. For example the policies and procedures of Local Safeguarding Children Boards (LSCBs). The Prevent guidance refers to the importance of Prevent awareness training to equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas. Individual schools are best placed to assess the training needs of staff in the light of their assessment of the risk to pupils of being drawn into terrorism (ie high or low risk).

School must ensure that children are safe from terrorist and extremist material when accessing the internet in schools. School ensures that suitable filtering is in place.

5.0 Confidentiality

- 5.1 We recognise that all matters relating to child protection are confidential.
- 5.2 The Headteacher of DCPOs will disclose any information about a child to other members of staff on a need to know basis only.⁷
- 5.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- 5.4 All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.
- 5.5 We will always undertake to share our intention to refer a child to Social Care with their parents / carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation.

6.0 Supporting Staff

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

7.0 Allegations against staff

⁷ Guidance about sharing information, can be found in the DfE booklet 'Information sharing guidance for practitioners and managers' DCSF-00807-2008 (archived)

- 7.1 All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.
- 7.2 All staff should be aware of Guidance on Behaviour Issues, and the school's own Behaviour Management policy.
- 7.3 Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction.⁸
- 7.4 We understand that a pupil may make an allegation against a member of staff.
- 7.5 If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Headteacher.⁹
- 7.6 The Headteacher on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO).
- 7.7 If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform the Chair of Governors who will consult as in 7.6 above, without notifying the Headteacher first.
- 7.8 The school will follow St Helens procedures for managing allegations against staff. Under no circumstances will we send a child home, pending such an investigation, unless this advice is given exceptionally, as a result of a consultation with the LADO.
- 7.9 Suspension of the member of staff, excluding the Headteacher, against whom an allegation has been made, needs careful consideration, and the Headteacher will seek the advice of the LADO and Personnel Consultant in making this decision.
- 7.10 In the event of an allegation against the Headteacher, the decision to suspend will be made by the Chair of Governors with advice as in 7.8 above.

8.0 Whistle-blowing/ Confidential Reporting

- 8.1 We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.
- 8.2 All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If it becomes necessary to

⁸ Refer to "Guidance for Safe Working Practice for the Protection of Children and Staff in Education Settings" available on the DfE website

⁹ Or Chair of Governors in the event of an allegation against the Headteacher

consult outside the school, they should speak in the first instance, to the Area Education Officer / LADO following the Whistleblowing Policy.

- 8.3 Whistle-blowing re the Headteacher should be made to the Chair of the Governing Body whose contact details are readily available to staff (contact the main office).

9.0 Physical Intervention

- 9.1 We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.
- 9.2 Such events should be recorded and signed by a witness.
- 9.3 Mrs Ramsey and Mrs Williams have been trained in the trained in the *Team Teach* technique.
- 9.4 We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.
- 9.5 We recognise that touch is appropriate in the context of working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.¹⁰

10.0 Anti-Bullying

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

11.0 Racist Incidents

- 11.1 We acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. We will keep a record of racist incidents.

¹⁰ Guidance on Safer Working Practices is available on the DfE website

12.0 Prevention

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

13.0 Health & Safety

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

14.0 Monitoring and Evaluation

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

- Governing Body visits to the school
- SLT 'drop ins' and discussions with children and staff
- Pupil surveys and questionnaires
- Scrutiny of exclusion and attendance data
- Scrutiny of range of risk assessments
- Scrutiny of GB minutes
- Logs of bullying/racist/behaviour incidents for SLT and GB to monitor
- Review of parental concerns and parent questionnaires
- Review of the use of intervention strategies such as isolation room

This policy also links to our policies on:

Behaviour

Code of Conduct

Whistleblowing / Confidential reporting policy

Anti-bullying

Health & Safety

Allegations against staff

Parental code of conduct

Attendance

Curriculum

R.E.

PSHE / includes SRE

Teaching and Learning

Administration of medicines

Drugs Education

Sex and Relationships Education

Physical intervention

E Safety, including staff use of mobile phones

Risk Assessment

Recruitment and Selection

Intimate Care

Appendix one

Recognising signs of child abuse

Categories of Abuse:

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

Signs of Abuse in Children:

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

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

Risk Indicators

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

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

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

In an abusive relationship the child may:

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

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child

- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

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

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

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

Bite Marks

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

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

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

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

Fractures

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

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

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

Scars

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

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical.

The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others

- Scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child’s age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Sexual Abuse by Young People

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

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

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It

should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. it may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed. If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour. Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

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

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

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

Recognising Neglect

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

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

Child Sexual Exploitation

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

Signs include:

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

Appendix two

Forced Marriage (FM)

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

Female Genital Mutilation (FGM)

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

What is FGM?

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

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

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

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

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

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic

- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

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

Circumstances and occurrences that may point to FGM happening

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

Signs that may indicate a child has undergone FGM:

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

The 'One Chance' rule

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

