PADGATE ACADEMY

Safeguarding Policy

Date approved by the Governing Body	21 September 2020
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Next review	September 2021

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Contents

Part One: The Policy **5**
1.1 Introduction & the purpose of this Policy 5
1.2 Statutory Duties and the legal framework that underpins this Policy 5
1.3 Links with other Policies 5
Padgate Academy Safeguarding Policy **6**
2.1 What is Safeguarding? 6
2.2 Key Principles that underpin the policy 6
2.3 Recruiting staff 6
2.4 Agency and third-party staff 7
2.5 Academy Staff 7
2.6 Working as part of a wider safeguarding system 7
2.7 Padgate academy's responsibility to children 7
2.8 Roles and Responsibilities 8
2.8.1 The Role of the Governing Body 8
2.8.2 The Designated Safeguarding Lead (DSL) 9
2.8.3 The Role of the Safeguarding Team 9
3. Related policies **9**
3.1 Managing allegations against members of staff who work with children 9
3.2 Whistleblowing 10
3.2 Staff Conduct 11
Part Two: Implementing the Policy **12**
1. Child Protection Procedures **12**
2. Roles and responsibilities for Implementation and delivery of the Policy **13**
2.1 Key Functions of the Designated Safeguarding Lead 13
2.2 Key Functions of the Safeguarding Team 14
2.3 Expectations of staff 15
3. Safeguarding Training **15**
4. Early Help for Children and their Families **15**
5. Working with Parents and Carers **16**
6. Record Keeping and Confidentiality **17**
7 Recognising Abuse **18**
7.1 Neglect 18
7.2 Emotional Abuse 18
7.3 Sexual Abuse 19

7.4 Physical Abuse 20
7.5 Parenting Capacity: When there are concerns 20
7.6 Bullying 21
7.7 Child Sexual Exploitation (CSE) 21
7.8 Sexually Harmful Behaviour 23
7.9 Domestic Violence or Abuse 24
7.10 Teenage Relationship Abuse 25
7.11 Substance Misuse 26
7.12 Faith Abuse 26
7.13 Female Genital Mutilation (FGM) 27
7.14 Forced Marriage 28
7.15 Radicalisation and Violent Extremism 30
7.16 Sexting 31
7.17 Private Fostering 32
7.18 Children Missing from Education 33
7.19 Trafficking 33
7.20 Mental Health 33
7.21 Gangs and Youth Violence 33
7.22 Fabricated and Induced Illness 33
7.23 Allegations of abuse made against other students (Peer to Peer) 34
8. What we do if there are concerns about a child? 34
8.1 Dealing with a disclosure of abuse from a child 35
Appendix 1 37
Key Contacts in your Academy 37
Safeguarding Team at Padgate Academy. 37
Appendix 2 40
Initial Concern Form 40
Appendix 3 42
Preventing Violent Extremism - Roles and responsibilities of the single point of contact (SPOC) 42
Prevent Referral and Assessment Form 43
Appendix 4 45
Child Sexual Exploitation (CSE) additional information 45
Appendix 5 46
CSE risk assessment and screening tool 46
Child Sexual Exploitation Risk Assessment 46

Appendix 6 53
Bullying and Cyberbullying..... 53
Appendix 7 54
Domestic Violence and Abuse: 54
Appendix 8 62
Additional information in relation to accidental and non-accidental Injury 62
Bruising 62
Bite Marks 62
Burns & Scalds..... 62
Fractures 62
Scars 62

Part One: The Policy

1.1 Introduction & the purpose of this Policy

The purpose of this Policy is to provide absolute clarity of levels of responsibility for all staff within Padgate Academy in safeguarding our students. This Policy and subsequent procedure ensures that all staff understand what they need to do to safeguard children and what they can expect of one another. It focuses on core legal requirements; making it clear what individuals should do to keep children safe and how it is managed practically at each Academy.

1.2 Statutory Duties and the legal framework that underpins this Policy

This Policy and procedure document has been developed in accordance with the principles established in the following legal and statutory framework:

- The Children Acts (1989) and the additions to the Act (2005)
- The Education Act (2002)
- The Equality Act (2010)
- The United Nations Convention on the Rights of the Child (UNCRC) (1991)
- The Local Safeguarding Children's Boards within which TCAT academies are situated Multi Agency Safeguarding procedures.
- Working Together to Safeguard Children (2015/2018)
- 'What to do if you are worried a child is being abused' (2015)
- 'Keeping Children Safe in Education' (2020)
- Safeguarding practitioner's information sharing advice (2015)

Section 175 of the Education Act 2002 places a duty on local authorities (in relation to their education functions and governing bodies of maintained schools and further education institutions, which include sixth-form colleges) to exercise their functions with a view to safeguarding and promoting the welfare of children who are students at a school, or who are students under 18 years of age attending further education institutions. The same duty applies to independent schools (which include Academies and free schools) by virtue of regulations made under section 157 of the same Act.

In order to fulfil their duty under sections 157 and 175 of the Education Act 2002, and section 11 of the Children Act 2004 all educational settings to whom the duties apply should have in place the arrangements to safeguard and promote the welfare of its students. This can be achieved by creating an environment where students feel safe and are safe to learn and where adults are responsive to the needs of children and take appropriate action if there are concerns about a child. This Policy will provide clarity and Part 2 of the document provides detail about how each academy fulfils this statutory duty and what the specific arrangements are.

1.3 Links with other Policies

This safeguarding policy has obvious links with the wider safeguarding agenda and specifically all policies that make up the safeguarding suite of documents which are:

- Staff Conduct;
- Managing Allegations against Adults;
- Safer Recruitment;
- Whistleblowing
- Mental Health and Wellbeing policy
- Mental health and behaviour 2018
- Prevent Duty Guidance 2019

When ratifying or reviewing the Policy, links should be made with these other relevant policies which can be found in the electronic staff shared area.

Padgate Academy Safeguarding Policy

2.1 What is Safeguarding?

Safeguarding children is the action the academy takes to promote the welfare and mental and physical well-being of children and protect them from harm, and it is the responsibility of every adult within the academy. Everyone who comes into contact with children and families has a role to play.

Safeguarding and promoting the welfare and mental and physical well-being of children is defined for the purposes of this guidance as:

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

Children includes everyone under the age of 18.

2.2 Key Principles that underpin the policy

Padgate academy believes that:

- all children and young people have the right to be protected from harm
- children and young people need to be safe and to feel safe in school
- children and young people need support which matches their individual needs, including those who may have experienced abuse
- all children and young people have the right to speak freely and voice their values and beliefs
- all children and young people must be encouraged to respect each other's values and support
- each other
- all children and young people have the right to be supported to meet their emotional and social needs as well as their educational needs – a happy healthy sociable child and young person will achieve better educationally
- schools can and do contribute to the prevention of abuse, victimisation, bullying, exploitation, extreme behaviours, discriminatory views and risk taking behaviours and
- all staff and visitors have an important role to play in safeguarding children and protecting them from abuse
- That when referring to health – it involves mental as well as physical health

2.3 Recruiting staff

There is a separate specific policy for Safer Recruitment, which is part of the safeguarding suite of documents. The Safer Recruitment policy applies to the best practice in recruiting, selecting and monitoring staff and volunteers, to their induction, ongoing management and training and the maintenance of robust procedures to secure the safety and welfare of all children and young people.

The Trust pays full regard to 'Keeping Children Safe in Education' (DfES 2018). Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and undertaking appropriate checks through the Disclosure and Barring Service (DBS) and completing checks in relation to Prohibition Orders.

A stronger focus on "disqualification by association" for staff working with children up to the age of 8 includes staff "living in the same household where another person who is disqualified lives or is employed" and this must be taken into account (Disqualification under the Childcare Act (2006): statutory guidance for local authorities, maintained schools, independent schools, academies and free schools. (Department for Education, June 2016).

2.4 Agency and third-party staff

Padgate Academy will obtain written notification from any agency or third-party organisation that it has carried out the necessary safer recruitment checks that we would otherwise perform. Padgate academy will also check that the person presenting themselves for work is the same person on whom the checks have been made.

2.5 Academy Staff

Everyone who works with children - including teachers, teaching assistants, midday assistants, office staff, learning coaches, pastoral staff, caretakers, and other adults at each academy, including volunteers and governors, have a responsibility in keeping children safe. Everyone who comes into contact with children and their families has a role to play in identifying concerns, sharing information and taking prompt action.

Safeguarding children is a shared responsibility, and it is acknowledged that no single professional or agency can have a full picture of a child's needs and circumstances. It is recognised that school staff are particularly important as they are in a position to identify concerns early and provide early help for children, to prevent concerns from escalating.

2.6 Working as part of a wider safeguarding system

Academies, Schools and Colleges and their staff form part of the wider safeguarding system for children as described in statutory guidance Working Together to Safeguard Children (2015) and Keeping Children Safe in Education (2018). Academies, Schools and Colleges should work with Social Care, the Police, Health Services and other services to promote the welfare of children and protect them from harm.

Padgate academy is committed to working together with all relevant agencies to ensure that children and families are able to receive the right help at the right time and that appropriate action is taken swiftly to protect children from harm.

2.7 Padgate academy's responsibility to children

This policy will make clear the expectation and responsibility that all staff have to contribute to safeguarding our students and promoting their welfare by:

- clarifying standards of behaviour for staff and students;
- contributing to the establishment of a safe, resilient and robust ethos in the school, built on mutual respect and shared values;
- introducing appropriate work within the curriculum;
- encouraging students and parents to participate;

- training staff to the signs and indicators that a child may be at risk;
- developing staff awareness, through training, of the types of abuse;
- developing staff awareness of the risks and vulnerabilities students may face;
- addressing concerns at the earliest possible stage by offering early help;
- taking action when a child needs protection and safeguarding;
- working together with all agencies to help to reduce the potential risks that students may face if being exposed to abuse, neglect, violence, extremism, exploitation or victimisation; and
- implementing child protection policies and procedures
- ensuring that the PSHEE curriculum is designed to educate and support students in order to keep them safe. This will include working with charities and outside agencies for example, the NSPCC

Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults (potentially the child's parents) ahead of the needs of children. Children want to be respected; have their views to be heard; have stable relationships with professionals built on trust; and have 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 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)

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

2.8 Roles and Responsibilities

2.8.1 The Role of the Governing Body

The Nominated governor is responsible for liaising with the Principal and Designated Safeguarding Lead (DSL) in the school over all matters related to safeguarding issues. The role is strategic rather than operational – they will not be involved in concerns about individual children. It is not the role of the link governor to supervise the DSL; the link SOAC member should offer support and appropriate challenge. However, the Nominated SOAC link member is responsible for ensuring that academy systems for safeguarding children are in place and embedded into practice. Nominated governor(s) will receive annual safeguarding training.

The Nominated governor is listed in Appendix 1

2.8.2 The Designated Safeguarding Lead (DSL)

The role of the Designated Safeguarding Lead (DSL) was specified in the Children Act (2004) which stated that every organisation must have a "named person" for safeguarding children and young people. The DSL, therefore, must be a member of the Senior Leadership Team within schools and Academies. The DSL role is one of great importance, with this member of staff being a champion of safeguarding and a source of support for all school and academy staff. The role is summarised in "Keeping Children Safe in Education (2018) annex B – page 89

It is key that all staff, parents and carers know who the DSL is and ensure that all concerns about a child are shared with the DSL immediately.

The name of the Designated Safeguarding Lead is identified in Appendix 1

2.8.3 The Role of the Safeguarding Team (Keep Kids Safe Team)

Having a safeguarding team in place is considered to be the best practice to managing safeguarding at academy level. Practically, there is always cover for absence and a number of professionals trained to know what to do if there were concerns about the safety or wellbeing of a child.

It also encourages a culture of working collaboratively and making decisions together, with the child at the heart of the team's practice. The team approach is supportive to the DSL, who will as a result of a team structure, no longer work in isolation and take the sole responsibility for safeguarding.

Importantly, the DSL leads the safeguarding team and on a day to day basis decisions will be made by the DSL. Team members need to be clear of their role within the team and what is expected from them. Debriefing and reflective practice is an important part of safeguarding practice and should be routinely built into safeguarding team meetings. Key Functions of the Safeguarding Team are detailed in Part 2

The Keep Kids Safe Team are Level 3 trained, at least one for KS3 and KS4. The SENCo is Level 3 trained and Deputy DSL to support our SENd and CLA students, and the Inclusion Centre Manager is Level 3 trained to deal with any safeguarding concerns or disclosures that occur.

The safeguarding Team will keep an up to date list of which students we have made contact with Referral and Assessment about, and which are open to / recently closed to children's services. Where children need a social worker, this information will inform decisions about safeguarding and about promoting welfare.

The safeguarding Team will consider whether children are at risk of abuse or exploitation in situations outside their families. These can take variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.

The Safeguarding Team is identified in Appendix 1

3. Related policies

3.1 Managing allegations against members of staff who work with children

There is a separate specific policy for Managing Allegations against members of staff who work with children, which is part of the safeguarding suite of documents. It sets out the expectations of staff and volunteers and the procedures for dealing with allegations made against adults who work with children.

The Trust will comply with Local Safeguarding Children's Board procedures for the area in which the academy is located in respect of managing all allegations against members of staff who work with children. The contact details for the relevant Local Safeguarding Children's board can be found in appendix 1

3.2 Whistleblowing

There is a separate specific policy in relation to Whistleblowing, which is part of the safeguarding suite of documents. The key principles are that all staff should be aware of their duty to raise concerns, where they exist, about the management of child protection and safeguarding, which may include the attitude or actions of colleagues.

If it becomes necessary to consult outside the school, they should speak in the first instance to the Local Authority Designated Officer (LADO). The contact details for the relevant LADO can be found in appendix 1.

Allegations against Adults who work with Children

If you have information which suggests and adult who works with children (in a paid or unpaid capacity) has:

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

You should speak immediately with The Designated Safeguard Lead who will consult with/make a referral to the Safeguarding Children Unit or LADO (as appropriate).

If in doubt, consult a member of the School's Senior Leadership Team.

Allegations against a member of school staff

Regrettably, sometimes allegations of abuse may involve a member of the school staff. In these circumstances the Principal has designated that all allegations MUST be reported to the Senior Designated Safeguarding Officer or Principal immediately.

On receipt of such an allegation the Principal or Designated Safeguard Lead will contact the Local Authority's Designated Officer and report the matter to them and seek advice on the way forward.

If the allegation concerns the Principal, the member of staff receiving the allegation MUST request to speak with the chair of governors. They will speak immediately to the L.A.D.O (Local Authority Designated Officer). Additionally, the Chair of Governors must be notified.

Allegations against a member of supply staff

Any concerns or allegations about supply staff should be referred to the Principal, and in their absence the Deputy Safeguard Lead.

On receipt of such an allegation the Principal or DSL will contact the Local Authority's Designated Officer and report the matter to them and seek advice on the way forward.

If staff feel they are unable to raise concerns regarding child protection failures internally, staff can call the

NSPCC Whistleblowing helpline on 0800 028 0285 or e-mail: help@nspcc.org.uk

3.2 Staff Conduct

There is a separate policy that recognises that all adults working with children must understand that the nature of their work and the responsibilities related to it, place them in a position of trust. The policy provides clear advice on appropriate and safe behaviours for all adults working with children in paid or unpaid capacities, in all settings and in all contexts.

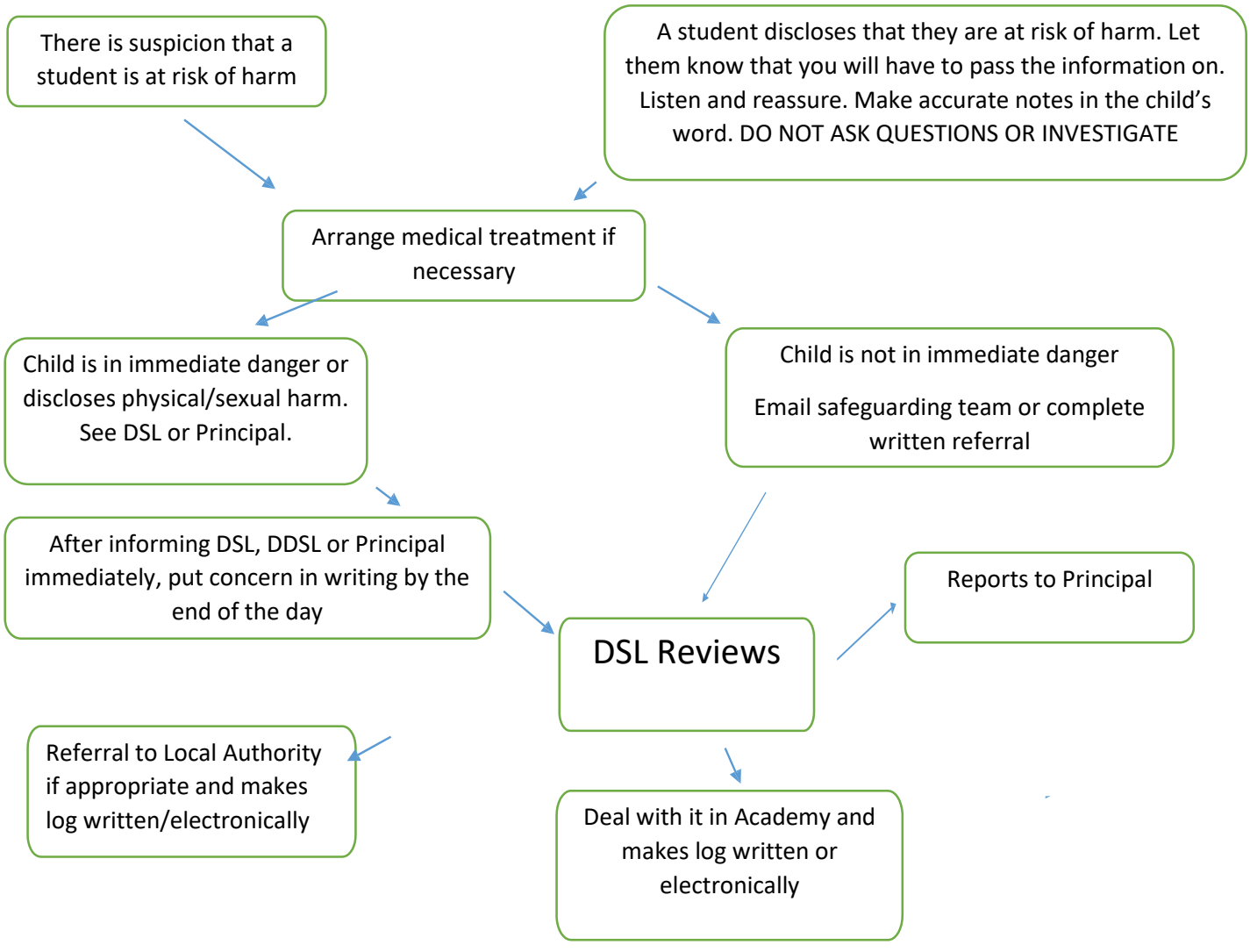
Part Two: Implementing the Policy

This section will make clear the procedure that all staff should follow, should he/she have concerns about a child. It will also explore what abuse is in detail and define some of the signs and symptoms. All staff should be familiar with all aspects of this section to understand the procedures for implementing the Safeguarding Policy in relation to specific safeguarding incidents and to be able to recognise potential warning signs that a child is at risk.

1. Child Protection Procedures

In addition to diagram below refer to Part 2: sub-section 8

REPORTING A CHILD PROTECTION CONCERN AT PADGATE ACADEMY



REMEMBER – Do not contact parents – DSL will decide on next course of action. If you need support, ask.

2. Roles and responsibilities for Implementation and delivery of the Policy

2.1 Key Functions of the Designated Safeguarding Lead

- lead responsibility for dealing with safeguarding and child protection concerns at the school or academy and should be available at all times during the school day. This may mean having a deputy or team approach.
- should act as source of support, advice and expertise within school when deciding whether to
- make a referral by liaising with relevant agencies.
- be trained to a high level, which includes both single agency and multiagency training (Level 3).
- This must be updated at least every two years; good practice is that the DSL updates their training on an annual basis.
- recognise how to identify signs of abuse and will make an appropriate judgement on what action
- to take. This will be based on the information that the DSL is presented with by staff.
- assess the appropriateness of completing an early help assessment (e.g. CAF) or whether the threshold has been met for social care statutory social work services
- access regular training and network events to keep as up to date as possible with changes in
- legislation and or statutory guidance.
- ensure that the Trust's Safeguarding Policy is embedded and available to all staff and volunteers at the point of induction. If the Policy is reviewed the DSL will share the new updates with all staff to ensure that all staff know what is expected of them.
- champion safeguarding and keep all staff up to date with current procedure and practice.
- This will help to familiarise all staff with their own role within safeguarding. In particular all staff will be required to read Keeping Children Safe in Education (2018) and future updated versions.
- ensure all new staff and volunteers have induction training covering safeguarding and child
- protection and are able to recognise and report any concerns immediately if they arise. The
- induction will cover the 'basic awareness session' and the 'no delay' principle.
- keep detailed, accurate, secure, written contemporaneous records. Each child will have an individual file labelled either child protection (CP), Child in Need (CIN) and Family Support (FS). Chronologies will be compiled for each child and they will be clear, concise and factual (e.g. dated, concern, initialled, action taken). Files will hold copies of all referrals and relevant multi agency meetings and plans. Files will be reviewed and quality assured as part of the s157/s175 audit process.
- deliver whole school staff safeguarding training to all staff; recommended on a yearly basis as
- part of INSET. This should include briefings on specific topics such as CSE, FGM, Radicalisation
- and Private Fostering.
- be aware of the Local Safeguarding Children's Board (LSCB) and how it operates. This should
- include access to the LSCB website and to practitioner training events.
- participate in multi-agency meetings and contribute effectively either verbally or by way of a written report.

- attend Child Protection Case Conferences and contribute to discussions at the conference and
- will make a formal recommendation at the meeting in respect of a child protection plan.
- contribute to social work assessments e.g. The Combined Assessment when required and requested to do so. This will include the sharing of information about attendance, attainment and any other concerns that have been identified as well of any strengths that the family/child has.
- develop the Vulnerability Risk Register (VRR) to identify the vulnerable children at the school or academy. This confidential register will be reviewed regularly to ensure that the DSL knows who the vulnerable children are. This may be reviewed as part of safeguarding team meetings. This should automatically include children in care, children on a child protection plan and children in need. It may also include children receiving early help (have a CAF or family support plan), young carers, children at risk of CSE, children who have emotional and mental health difficulties, children who self-harm, etc. The categories on this register will be determined by the needs of the school community.
- monitor the attendance, development and wellbeing of children who are subject to a child
- protection plan and children in care.
- champion safeguarding in school, promoting effective communication both internally and with external agencies on all matters relating to child protection.
- complete an s157/s175 Audit on an annual basis, at the request of the Local Authority within
- which each academy is located, to ensure that there are effective systems in place to keep children safe.
- where appropriate, identify staff to be part of a Safeguarding Team, to ensure that there is
- always a member of staff present in school who can take a lead role in safeguarding children in the DSL's absence. The DSL will take the lead responsibility within the safeguarding team.
- ensure that appropriate filters and monitoring are in place for ICT systems.

2.2 Key Functions of the Safeguarding Team

The DSL will lead the safeguarding team and allocate tasks to safeguarding team members. The DSL will have management oversight of the safeguarding work completed by the safeguarding team. Below is a list of some of the tasks that the DSL may ask team members to undertake:

- complete 'early help' assessments e.g. CAF, contribute to Combined Assessments, complete DASH risk assessments (in relation to Domestic Abuse), complete CSE screening tool.
- make contact with Children's Social Care when there is an identified child protection issue.
- make referrals to appropriate statutory and non-statutory services for support
- support to children and their families by taking the Lead Professional role
- attend and deliver Safeguarding Training (whole school training)
- challenge practice and decisions in line with the LSCB Escalation Policy
- have a thorough understanding of the thresholds for support from Children's Social Care e.g.
- Children in need of protection and children in need of care
- support each other (Debriefing opportunities and reflective learning opportunities)
- champion and know who vulnerable children are. The Vulnerability Risk Register should be reviewed at Safeguarding Team meetings on a regular basis

2.3 Expectations of staff

All adults who work with children will:

- read and follow the procedures written within this Safeguarding Policy and in addition Keeping
- Children Safe in Education (KCSIE): information for all school and college staff (2018);
- sign to say that they have read Part 1 of KCSIE and all policies within the suite of documents.
- be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, contractors, volunteers, governing body members, visitors etc. Adults who work with children are responsible for providing all information to complete DBS checks and Prohibition Order checks and share information in respect of disqualification by association (where applicable).
- be supportive to the development and implementation of Family Support Plans, Child in Need plans,
- Child in Care plans and Child Protection plans.
- be alert to the signs and indicators of possible abuse (See sections below for definitions and indicators).
- take swift action if there are concerns about a child, following procedures written within Section 17 of this Policy.

3. Safeguarding Training

All staff will receive basic training as part of their induction; this will be delivered by the DSL. New staff will be provided with the safeguarding suite of documents, including the Safeguarding Policy. All staff should ensure that they are familiar with the procedures written within this Policy. All staff can get advice and support from the DSL who is the lead member of staff for safeguarding within each academy. The DSL should be prepared to support staff who themselves wish to disclose issues that impact on them personally.

It is statutory for all staff to update their safeguarding training on an annual basis. Safeguarding update training should be part of whole academy INSET training days and can provide useful updates on key themes such as CSE and Radicalisation. This training will be delivered by the DSL and/or Safeguarding Team members in each academy.

Evidence of safeguarding training must be reported to the DSL on an annual basis from each academy and made available as part of any safeguarding inspection or audit

Staff should sign to say that they have read Part 1 of KCSIE and all policies within the suite of documents.

4. Early Help for Children and their Families

Providing early help is more effective in promoting the welfare of children than reacting later when situations can be more complex. Early help means providing support as soon as a problem emerges, at any point in a child's life. Part of a School and Academy's safeguarding procedures should include effective ways to identify emerging problems and potential unmet needs for individual children and families.

This requires all professionals, including those in schools and academies, to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment.

Effective early help relies upon local agencies working together to:

- identify children and families who would benefit from early help;
- undertake an assessment of the need for early help (e.g. CAF); and
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Schools and academies should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs;
- is a young carer;
- is showing signs of engaging in anti-social or criminal behaviour;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence; and/or
- is showing early signs of abuse and/or neglect

All professionals working in educational establishments have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children and young people with the help they need. All concerns should be shared with the DSL.

Safeguarding team members should be trained in 'early help' and be confident in taking on the Lead Professional role, which includes completing an 'early help assessment' and coordinating a Family Support Plan where appropriate.

5. Working with Parents and Carers

In general, the DSL will discuss any child protection concerns with parents/carers before approaching other agencies, and will seek their consent to making a referral to another agency e.g. Children's Social Care. The exception to this principle is when the concern is either a physical or sexual nature and implicates a family member or if doing so would place the child at risk of significant harm.

Sharing information for the purpose of safeguarding children falls under the 'necessary for reasons of significant public interest on the basis of law' condition, as set out in the Data Protection Act 2018. This condition justifies sharing special category personal data about an individual without their consent, either because they cannot give consent, obtaining their consent cannot be reasonably expected, or gaining their consent would place a child at risk.

In addition, Parents/carers will be informed about the Safeguarding policy through the academy website and other appropriate channels.

6. Record Keeping and Confidentiality

Good, up to date record keeping of concerns and action taken is essential for two main reasons:

- It helps schools and academies identify causes for concern at an early stage.
- Often it is only when a number of seemingly minor issues are considered as a holistic picture, that a safeguarding or child protection concern becomes clear.
- It helps schools monitor and manage its safeguarding practices. Furthermore, in any inspection it will be important to provide evidence of robust and effective safeguarding policy and practice.

A record of concern, suspicion or allegation should be made at the time or as soon as possible after the event. It is not usually advisable to make a written record whilst a child is disclosing abuse, as it may deter the child from speaking. However, it is important that events are recorded in the child's own words and as soon as possible to ensure absolute accuracy.

Records should be factual, using the child's own words in cases where a disclosure is made. Professional opinion can be given, but needs to be supported by stating the facts and observations upon which the opinions are based. It is important to remember that what is recorded can be shared with all appropriate agencies and potentially the child's parents. (Except where doing so, would place a child at risk of significant harm in the case of parents (See DES circular 17/89).

Expressing an opinion as to whether the child is telling the truth is not helpful and can prejudice how a case proceeds. All records should be dated and signed with the name of the signatory clearly printed and filed in chronological order. Concerns should be logged contemporaneously and in chronological order. It is advisable that each child's file has a running chronology that is kept up to date.

All recorded child protection concerns must be passed to the DSL following procedures as shown on Page 10. The DSL will need to make a professional judgement about what action needs to be taken.

All records of child protection concerns, disclosures or allegations are to be treated as sensitive information and should be kept together securely and separately from the child's general school records and stored until the child's 25th birthday.

As a guide, the student's child protection or 'early help' file should contain:

- any concerns recorded by staff;
- any child protection information received from previous schools or other agencies;
- copy of any internal or external referrals and correspondence;
- copies of any referrals from the DSL to Children's Social Care;
- in the case of a child subject to a Child Protection Plan, notes of any Child Protection case conference or Core Group meetings etc.; and
- where a case is ongoing, a record of any actions and discussions etc. which will form a 'running chronology' for future reference If any information is removed from a file for any reason, a dated note must be placed in the file indicating who has taken it, why and when.

When a child changes school/academy, a copy of the child protection file should be sent to the new school/academy, under separate cover, directed to the receiving school/academy's DSL. Best practice would recommend a handover meeting to ensure that all relevant information is shared.

7 Recognising Abuse

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children. Abuse has significant impact on a child's physical and emotional health and development. All staff need to understand what the categories of abuse are and how to spot the signs and symptoms of abuse in a child so that action can be taken to protect and safeguard the child.

7.1 Neglect

Is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development? Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of

inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The following may be indicators of neglect (this is not designed to be used as a checklist):

- constant hunger;
- smelly (through poor hygiene or clothing);
- stealing, scavenging and/or hoarding food;
- frequent tiredness or listlessness;
- frequently dirty or unkempt;
- often poorly or inappropriately dressed for the weather;
- poor school attendance or often late for school;
- poor concentration;
- affection or attention seeking behaviour;
- illnesses or injuries that are left untreated;
- failure to achieve developmental milestones, for example growth, weight;
- failure to develop intellectually or socially;
- responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- the child is regularly not collected or received from school; or
- the child is left at home alone or with inappropriate carers.

7.2 Emotional Abuse

Is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development? It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying),

causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- the child consistently describes him/herself in very negative ways – as stupid, naughty,
- hopeless, ugly;
- quiet, withdrawn and nervous;
- over-reaction to mistakes;
- delayed physical, mental or emotional development;
- sudden speech or sensory disorders;
- inappropriate emotional responses, fantasies;
- neurotic behaviour: rocking, banging head, regression, tics and twitches;
- self-harming, drug or solvent abuse;
- fear of parents being contacted;
- running away;
- compulsive stealing;
- appetite disorders - anorexia nervosa, bulimia; or
- soiling, smearing faeces, enuresis.

N.B.: Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

7.3 Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- sexually explicit play or behaviour or age-inappropriate knowledge;
- anal or vaginal discharge, soreness or scratching;
- reluctance to go home;
- inability to concentrate, tiredness;
- refusal to communicate;
- thrush, persistent complaints of stomach disorders or pains;
- eating disorders, for example, anorexia nervosa and bulimia;
- attention seeking behaviour, self-mutilation, substance abuse;
- aggressive behaviour including sexual harassment or molestation

- unusual compliance;
- regressive behaviour, enuresis, soiling;
- frequent or open masturbation, touching others inappropriately;
- depression, withdrawal, isolation from peer group;
- reluctance to undress for PE or swimming; or
- bruises or scratches in the genital area

7.4 Physical Abuse

Is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. See Appendix 8

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- multiple bruises in clusters, or of uniform shape;
- bruises that carry an imprint, such as a hand or a belt;
- bite marks;
- round burn marks;
- multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- an injury that is not consistent with the account given;
- changing or different accounts of how an injury occurred;
- bald patches;
- symptoms of drug or alcohol intoxication or poisoning;
- unaccountable covering of limbs, even in hot weather;
- fear of going home or parents being contacted;
- fear of medical help;
- fear of changing for PE;
- inexplicable fear of adults or over-compliance;
- violence or aggression towards others including bullying; or
- isolation from peers.

7.5 Parenting Capacity: When there are concerns

Research and experience indicate that the following responses from parents may suggest a cause for concern across all four categories:

- delay in seeking treatment that is obviously needed;
- unawareness or denial of any injury, pain or loss of function (for example, a fractured limb) ;
- inconsistent explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
- reluctance to give information or failure to mention other known relevant injuries;
- frequent presentation of minor injuries;
- a persistently negative attitude towards the child;
- unrealistic expectations or constant complaints about the child;
- alcohol misuse or other drug/substance misuse;
- parents request removal of the child from home;
- mental health issues which prevent the parent from meeting the child's basic needs

- violence between adults in the household;
- failure to protect the child from known 'risky' persons; or
- failure to prioritise the child's needs above that of their own

7.6 Bullying

Is behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally. Bullying can take many forms (for instance, cyber-bullying via text messages or the internet), and is often motivated by prejudice against particular groups, for example, on grounds of race, religion, gender, sexual orientation, or because a child is adopted or has caring responsibilities. It might be motivated by actual differences between children, or perceived differences. Stopping violence and ensuring immediate physical safety is obviously a school's first priority but emotional bullying can be more damaging than physical. Staff should recognise this as a potential child protection issue and follow the Trust's Anti Bullying Policy.

Under the Children Act 1989 a bullying incident should be addressed as a child protection concern when there is 'reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm'. Where this is the case, the school staff should report their concerns to their local authority children's social care. Even where safeguarding is not considered to be an issue, schools may need to draw on a range of external services to support the student who is experiencing bullying, or to tackle any underlying issue which has contributed to a child engaging in bullying.

See Appendix 6 for links to additional information in respect of preventing and responding to bullying and cyberbullying.

7.7 Child Sexual Exploitation (CSE)

Is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. Perpetrators of child sexual exploitation are found in all parts of the country and are not restricted to particular ethnic groups.

What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Key indicators of children being sexually exploited can include:

- going missing for periods of time or regularly coming home late;
- regularly missing school or education or not taking part in education;

- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation;
- older boyfriends or girlfriends;
- suffering from sexually transmitted infections;
- mood swings or changes in emotional wellbeing;
- drug and alcohol misuse; and
- displaying inappropriate sexualised behaviour

Education staff should be aware that children and young people are more vulnerable to abuse through sexual exploitation if they have experience of:

- violence/Domestic Abuse;
- children and Young People 'Looked After' ;
- refugee/asylum seeker;
- pattern of street homeless;
- substance misuse by parent/carer/child;
- learning disabilities, special needs or mental health issues;
- homophobia;
- estranged from family;
- death or illness of a significant person in the child's life; or
- financially unsupported

Practitioners should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Return interviews for young runaways can help in establishing why a young person ran away and the subsequent support that may be required, as well as preventing repeat incidents. The information gathered from return interviews can be used to inform the identification, referral and assessment of any child sexual exploitation cases.

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 Criminal exploitation: county lines

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas, using dedicated mobile phone lines or other form of "deal line".

Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move [and store] drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children's homes and care homes. Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

One of the ways of identifying potential involvement in county lines are missing episodes (both from home and school), when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism should be considered. If a child is suspected to be at risk of or involved in county lines, a safeguarding referral should be considered alongside consideration of availability of local services/third sector providers who offer support to victims of county lines exploitation.

Please see Appendix 4 for links to additional information on CSE. Please see Appendix 5 for the CSE Risk Assessment and screening tool.

7.8 Sexually Harmful Behaviour

Harmful sexual behaviour involves one or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults (Rich; 2011).

Sexually harmful behaviour occurs when a young person (below the age of eighteen years) engages in any form of sexual activity with another individual over whom they have power by virtue of age, emotional maturity, gender, physical strength or intellect and where the victim in this relationship suffers sexual exploitation and betrayal of trust.

Sexual activity includes sexual intercourse (oral, anal or vaginal), sexual touching, exposure of sexual organs, showing pornographic material, exhibitionism, voyeurism, obscene communication, frottage, fetishism and talking in a sexualised way. We should also include any form of sexual activity with an animal and where a young person sexually abuses an adult.

Source: This definition is taken from: CALDER, M (Ed.) (2011); Juveniles and children who sexually abuse. Lyme Regis: Russell House; p5.

Incidents of sexually harmful behaviour come to light, either through discovery or disclosure, which may be third- party or second-hand information. The details provided should be carefully recorded by the person receiving the initial account. A written record of concern should be made and shared with DSL (Appendix 5) The DSL will assess the level of concerns about the behaviour and determine whether a referral to Social Care is appropriate.

7.9 Domestic Violence or Abuse

Domestic violence is characterised by inter-personal violence and, with effect from March 2013, it is defined by the

Home Office as follows:

Domestic violence and abuse is any incident, or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.

The abuse can encompass, but is not limited to:

- psychological;
- physical;
- Sexual;
- financial; or
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

This definition includes 'honour' based violence, female genital mutilation (FGM) and forced marriage and is clear that victims are not confined to one gender or ethnic group.

The definition does not cover violence by an under 16-year-old against another family member. Where the perpetrator is over 18 and the victim under 18, this is regarded as child abuse. If both perpetrator and victim are under 18 years, consideration of the need for a child protection investigation to be undertaken would still be required but the national definition allows any abuse between 16/17-year olds to be considered as domestic abuse.

Emotional Abuse	Physical Abuse	Sexual Abuse	Financial Abuse
~ Constant insults and name calling; Isolation from friends and family; **~ Checking up on partners all the time (checking emails, texts, social Networking sites etc.)** **~ Making the person feel responsible for the abuse;** **~ Controlling what someone wears or where they go.**	~ Hitting, punching, pushing, biting, kicking, using weapons etc.	~ Forcing someone to have sex ~ Unwanted kissing or touching ~ Being made to watch pornography without consent ~ Pressure not to use contraception	~ Taking/ controlling money ~ Forcing people to buy them things ~ forcing partners to work or not to work

If a member of staff has concerns of this nature, he/she must share them with the DSL. Links to further information and a risk assessment template can be found at Appendix 7

7.10 Teenage Relationship Abuse

Since March 2013, the Home Office definition of domestic violence now includes 16 – 18-year olds. However, this type of abuse can occur in any relationship. Teenage relationship abuse may include the following features:

Warning Signs of Relationship Abuse might include:

- physical signs of injury/illness;
- truancy, failing grades;
- withdrawal, passivity, being compliant;
- changes in mood and personality;
- isolation from family and friends;
- frequent texts and calls from boyfriend/girlfriend;
- inappropriate sexual behaviour/language/attitudes;
- depression;
- pregnancy;
- use of drugs/alcohol (where there was no prior use);
- self-harm;
- eating disorders or problems sleeping;
- symptoms of post-traumatic stress; or
- bullying/being bullied

Signs of Relationship Abuse to look out for:

- being late for school/not attending (especially if abuser attends same school);
- arriving early/staying late to avoid abuser;
- not focused in lessons as s/he is preoccupied and worried;
- very gendered expectations of career and achievement;
- feeling unsafe as afraid of being traced by abuser via school;
- disturbed sleep affecting concentration;
- appearing isolated and removed; or
- worried that everyone at school knows what is happening

7.11 Substance Misuse

Students affected by their own or other's drug misuse should have early access to support through the school or academy's 'early help' offer and through referral to local drug and alcohol services.

As part of the statutory duty on schools to promote students' wellbeing, schools have a clear role to play in preventing drug misuse as part of their pastoral responsibilities. Schools can have a key role in identifying students at risk of drug or alcohol misuse. The process of identifying needs should aim to distinguish between students who require general information and education, those who could benefit from targeted prevention and those who require a detailed needs assessment and more intensive support.

Schools and academies should;

- provide accurate information on drugs and alcohol through education and targeted information, including via the FRANK service;
- tackle problem behaviour in schools with wider powers of search and confiscation;
- work with local voluntary organisations, health partners, the police and others to prevent drug or alcohol misuse; and
- include this support for children as part of the 'early help' offer from the school or academy

7.12 Faith Abuse

Faith abuse is where certain kinds of child abuse are linked to faith or belief. This includes: belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

Child abuse can also occur in culture or faith contexts in general, this can include female genital mutilation, forced marriage, excessive physical punishment or abuse relating to gender, sexuality, ethnicity, nationality, disability or other differences recognised within social or cultural beliefs. Abuse in any culture or faith context is not acceptable and is child abuse. Academy and school staff should follow the procedures and share any concerns with DSL if it is suspected that a child is at risk of this type of abuse.

HONOUR BASED VIOLENCE

So-called 'honour-based' abuse (HBA) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms are abuse (regardless of the motivation) and should be handled and escalated as such. All incidents of HBA should be reported to the designated safeguarding lead as abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. So it is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take.

7.13 Female Genital Mutilation (FGM)

Female Genital Mutilation occurs mainly in Africa and, to a lesser extent, in the Middle East and Asia. Although it is believed by many to be a religious issue, it is a cultural practice. There are no health benefits. Communities particularly affected by FGM in the UK include girls from: Somalia, Kenya, Ethiopia, Sierra Leone, Sudan, Egypt, Nigeria, Eritrea, Yemen, Indonesia and Afghanistan. In the UK, FGM tends to occur in areas with larger populations of communities who practice FGM, such as first-generation immigrants, refugees and asylum seekers. These areas include: London, Cardiff, Manchester, Sheffield, Northampton, Birmingham, Oxford, Crawley, Reading, Slough and Milton Keynes.

Key Points

- it is not a religious practice;
- occurs mostly to girls aged from 5 – 8 years old; but up to around 15;
- criminal offence in UK since 1985;
- offence since 2003 to take girls abroad; and
- criminal penalties include up to 14 years in prison

Reasons for this cultural practice include:

- cultural identity – An initiation into womanhood;
- gender Identity – Moving from girl to woman – enhancing femininity;
- sexual control – reduce the woman's desire for sex; and/or
- hygiene/cleanliness – unmutilated women are regarded as unclean

Risk Factors include:

- low level of integration into UK society;
- mother or sister who has undergone FGM;
- girls who are withdrawn from PSHEE;
- a visiting female elder from the country of origin;
- being taken on a long holiday to the family's country of origin; and/or
- talk about a 'special' event or procedure to 'become a woman'

High Risk Time: Be aware

This procedure often takes place in the summer, as the recovery period after FGM can be 6 to 9 weeks. Schools should be alert to the possibility of FGM as a reason why a girl in a high-risk group is absent from school or where the family request an 'authorised absence' for just before or just after the summer school holidays.

Although it is difficult to identify girls before FGM takes place, where girls from these high-risk groups return from a long period of absence with symptoms of FGM, advice should be sought from the police or social services.

Post-FGM Symptoms include

- difficulty walking, sitting or standing;
- spend longer than normal in the bathroom or toilet;
- unusual behaviour after a lengthy absence;
- reluctance to undergo normal medical examinations; and/or
- asking for help, but may not be explicit about the problem due to embarrassment or fear. Longer Term problems include
- difficulties urinating or incontinence;
- frequent or chronic vaginal, pelvic or urinary infection;
- menstrual problem;
- kidney damage and possible failure;
- cysts and abscesses;
- pain when having sex;
- infertility;
- complications during pregnancy and childbirth; and/or
- emotional and mental health problems

What to do if you have concerns

Should you be made aware, or have concerns that someone is experiencing FGM, you must report this directly to the police as well as informing the DSL. The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred.

7.14 Forced Marriage

There is a clear difference between a 'forced marriage' and an 'arranged marriage'. Arranged marriages have worked well in society for many years. An arranged marriage is when families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remain s with the prospective spouses.

A forced marriage is when one or both parties do not consent to the marriage, and people are forced into marriage against their will. Forced marriage is an abuse of human rights. Both physical and emotional abuse may be used to coerce people into the marriage.

In law both parties to a marriage must validly consent to the marriage, the minimum age a person is able to consent to a marriage is 16. A Force Marriage Protection Order can be obtained from a Family Court in order to protect victims, both adults and children from a potential forced marriage or people who are already in a forced marriage. The Anti-social Behaviour, Crime and Policing Act (2014) make it a criminal offence to force someone to marry.

This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place);
- marrying someone who lacks the mental capacity to consent to the marriage (whether they are pressured to or not);
- breaching a Forced Marriage Protection Order is also a criminal offence.

Young people, especially girls who are forced to marry, or those who fear they may be forced to marry, are frequently withdrawn from education, restricting their educational and personal development. They may feel unable to go against the wishes of their parents and consequently may suffer emotionally, often leading to depression and self-harm. These factors can contribute to impaired social development, limited career and educational opportunities, financial dependence and lifestyle restrictions.

Staff may become aware of a student because they appear anxious, depressed and emotionally withdrawn with low self-esteem.

They may have mental health issues and display behaviours such as self-harming, self-cutting or anorexia. Sometimes they may come to the attention of the police having been discovered shoplifting or taking drugs or alcohol. Often student's symptoms can be exacerbated in the periods leading up to the holiday season. Education staff may wish to be particularly vigilant in that period.

It may be the case that a student may present with a sudden decline in their attendance, performance, aspirations or motivation. Some female students may feel studying at school is pointless if they are going to be forced to marry and, therefore, be unable to continue with their education.

The 'One Chance' rule

All professionals working with suspected or actual victims of forced marriage and honour-based violence need to be aware of the "one chance" rule. That is, they may only have one opportunity to speak to a victim or potential victim and may possibly only have one chance to save a life. As a result, all professionals working within statutory agencies need to be aware of their responsibilities and obligations when they are faced with forced marriage cases. If the victim is allowed to leave without the appropriate support and advice being offered, that one chance might be wasted.

Potential Warning signs or indicators that a child is at risk of Forced Marriage (not an exhaustive list)

- absence and persistent absence;
- request for extended leave of absence and failure to return from visits to country of origin;
- fear about forthcoming school holidays;
- surveillance by siblings or cousins at school;
- decline in behaviour, engagement, performance or punctuality;
- poor exam results;
- being withdrawn from school by those with parental responsibility;
- removal from a day centre of a person with a physical or learning disability;
- not allowed to attend extra-curricular activities;
- sudden announcement of engagement to a stranger; and/or
- prevented from going on to further/higher education

What to do if you have concerns

Forced Marriage is an offence and if this is also happening to a child under the age of 18 it is considered to be child abuse. If you suspect that a child may be forced to marry then you must share your concerns with the Designated Safeguarding Lead (DSL) who will make appropriate contact with Children's Social care or the Police. The Forced Marriage Unit can also be contacted for advice and help in making the referral.

7.15 Radicalisation and Violent Extremism

Since 2010, when the Government published 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 several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold 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.

Important contact information is included in Appendix 1

There is a single point of contact for each Local Authority

The DSL is the person who leads on concerns regarding extremism or radicalisation

Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity.

Roles and responsibilities for the DSL and Channel can be found at Appendix 3.

Useful Definitions

EXTREMISM/RADICALISATION/TERRORISM:

Terrorism is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces. ***Radicalisation*** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Extremism is defined by the Crown Prosecution Service as:

The demonstration of unacceptable behaviour by using any means or medium to express views which:

- encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
- seek to provoke others to terrorist acts;
- encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
- foster hatred which might lead to inter-community violence in the UK

There is no such thing as a “typical extremist”; those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Students may become susceptible to radicalisation through a range of social, personal and environmental factors. It is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school and academy staff are able to recognise those vulnerabilities.

Indicators of vulnerability include

- identity Crisis – the student is distanced from their cultural/religious heritage and experiences discomfort about their place in society;
- personal Crisis – the student may be experiencing family tensions; a sense of isolation; and low self-esteem;
- they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
- personal Circumstances – migration; local community tensions; and events affecting the student's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- unmet Aspirations – the student may have perceptions of injustice; a feeling of failure; rejection of civic life;
- experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration; and/or
- special Educational Needs – the student may experience difficulties with social interaction,
- empathy with others, understanding the consequences of their actions and awareness of the
- motivations of others

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

More critical risk factors could include

- being in contact with extremist recruiters;
- accessing violent extremist websites, especially those with a social networking element;
- possessing or accessing violent extremist literature;
- using extremist narratives and a global ideology to explain personal disadvantage;
- justifying the use of violence to solve societal issues;
- joining or seeking to join extremist organisations;
- significant changes to appearance and/or behaviour; and/or
- experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis

What action should be taken if there are concerns?

- Pass concerns to the DSL.
- The DSL will make contact with the SPOC and Channel Officer.

7.16 Sexting

Is when someone sends or receives a sexually explicit text, image or video on their mobile phone, usually in a text message?

When people talk about sexting, they usually refer to sending and receiving:

- naked pictures or 'nudes';
- 'underwear shots';
- sexual or 'dirty pics'; or
- explicit 'rude' text messages or videos

If students are ‘sexting’ indecent images of someone under the age of 18, they may be committing a criminal offence under Section 1 of the Protection of Children Act 1978 and Section 160 Criminal Justice Act 1988. This means, it is a crime to:

- take an indecent photograph or allow an indecent photograph to be taken;
- make an indecent photograph (and this includes downloading or opening an image that has been sent);
- distribute or show such an image;
- possess with the intention of distributing images; or
- possess such images

Whether someone is charged is decided by the Crown Prosecution Service. Generally, children are not prosecuted. HOWEVER, children and young people need to be aware that they may be breaking the law. Although unlikely to be prosecuted, children and young people who send or possess the images may be visited by Police and on some occasion’s media equipment e.g. computers and mobile phones could be removed.

The key factor to highlight is that the real harm in relation to ‘sexting’ is that those in the photographs may become victims should the images be shown to others.

Further information can be found from Child Exploitation Online Protection Service. (CEOPS).

7.17 Private Fostering

A private fostering arrangement is when a child under the age of 16 (18 if they have a disability) goes to live with someone who is not a close relative for 28 days or more. This is a private agreement between a parent and another adult and private foster carer may be from the extended family such as a cousin or great aunt, a friend of the family, the parent of a friend of the child or someone previously unknown to the child's family. It is not private fostering when a child is living with a close relative such as a parent, grandparent, brother, sister, uncle or aunt (whether blood related or through marriage).

Privately fostered children could include:

- children or young people who are sent to this country for education, health care by their birth parents from overseas;
- teenagers living with a friend's family because they do not get on with their own family;
- children living with a friend's family because their parents’ study or work involves unsociable
- hours, which makes it difficult to use ordinary day care or after school care;
- children staying with another family because their parents have divorced or separated; or
- a child from overseas staying with a host family while attending school or overseas students at boarding school who stay with a host family during the holidays

All professionals have a mandatory duty to notify the Local Authority of a private fostering arrangement that comes to their attention, where they are not satisfied that the Local Authority has been or will be notified of the arrangement by the parent or carer. Some of these arrangements may be recent; some may have been in existence for some time as the parent and carer may not be aware that it is a private fostering arrangement, and so not aware of the need to inform the local authority.

7.18 Children Missing from Education

A child going missing from education is a potential indicator of abuse or neglect. School and academy staff members should follow the local safeguarding board procedures for dealing with children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse or exploitation and to help prevent the risks of their going missing in future.

The contact details for the relevant key contact can be found in appendix 1

7.19 Trafficking

Any child transported for exploitative reasons is considered to be a trafficking victim, whether or not they have been forced or deceived. This is partly because it is not considered possible for children to give informed consent. Academy and school staff should follow the procedures in Section 17 if it is suspected that a child is at risk.

7.20 Mental Health

Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events

Only medical professionals should make a formal diagnosis of a mental health condition. Schools, however, are well- placed to observe children day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one.

If academy staff have concerns about a child's mental health, they should follow the procedures in Section 17.

7.21 Gangs and Youth Violence

Dealing with gang or youth violence issues in an area is a shared responsibility for the community and partner agencies. Schools or colleges affected by these issues will be able to draw advice and support from their local partners, such as the police, youth offending teams, other local authority teams or the voluntary and community sector. Academy and school staff should follow the procedures in Section 17 if it is suspected that a child is at risk.

7.22 Fabricated and Induced Illness

The fabrication or induction of illness in children by a carer has been referred to by a number of different terms, most commonly Munchausen Syndrome by Proxy (Meadow, 1977), Factitious Illness by Proxy (Bools, 1996; Jones and Bools, 1999) or Illness Induction syndrome (Gray et al, 1995). This terminology is also used by some as if it were a psychiatric diagnosis.

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms. This may include fabrication of past medical history;
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
- induction of illness by a variety of means.

Academy and school staff should follow the procedures in Section 17 if it is suspected that a child is at risk.

7.23 Allegations of abuse made against other students (Peer to Peer)

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as “banter” or “part of growing up”.

Most cases of students hurting other students will be dealt with under our school’s behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- Is serious, and potentially a criminal offence
- Could put students in the school at risk
- Is violent
- Involves students being forced to use drugs or alcohol
- Involves sexual exploitation or sexual abuse, such as indecent exposure, sexual assault, or sexually inappropriate pictures or videos (including sexting)

If a student makes an allegation of abuse against another student:

- You must tell the DSL and record the allegation, but do not investigate it
- The DSL will contact the local authority children’s social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence
- The DSL will put a risk assessment and support plan into place for all children involved – both the victim(s) and the child(ren) against whom the allegation has been made – with a named person they can talk to if needed
- The DSL will contact the children and adolescent mental health services (CAMHS), if appropriate

As an Academy, we will minimise the risk of peer-on-peer abuse by:

- Challenging any form of derogatory or sexualised language or behaviour
- Being vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards female students, and initiation or hazing type violence with respect to boys
- Ensuring our curriculum helps to educate students about appropriate behaviour and consent
- Ensuring students know they can talk to staff confidentially by reinforcing communication procedures through the Academy’s pastoral system such as regular assemblies, tutor time and displayed Keep Safe Posters in and around school.
- Ensuring staff are trained to understand that a student harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy

8. What we do if there are concerns about a child?

If any school or academy staff member has a concern about a child they MUST notify the DSL without delay or, in the absence of the DSL, a member of the safeguarding team (if a team operates). It is of significant importance that this is completed immediately, with ‘no delay’ so that appropriate action can be taken as quickly as possible. It is not acceptable to leave this until later in the day or at a more convenient time. Staff members will be held accountable for not taking swift action.

If a child is in immediate danger

If you are concerned that a child or young person, is at risk of or experiencing abuse or neglect, you should report it straight away so that the appropriate services can take the appropriate actions to prevent harm.

- Report any safeguarding concerns about a child or young person to Children's Safeguarding/Social

Work Team or Education Safeguarding (Numbers can be found in appendix 1)

- If you believe a crime has been committed contact the police on 101
- If you believe the student is at immediate risk of harm dial 999.
- if you make a direct referral, inform DSL of all communications with Social Services, including incident
- numbers with the Police, to ensure accurate recording of safeguarding records.
- Staff may also complete a MARS form (Multi Agency Request for Services). MARS forms can be accessed and completed online (details in appendix 1)

N.B. In those cases of known FGM where there is a mandatory requirement for the teacher to report directly to the police. The DSL should also be made aware

Referring to Outside Agency

Following any concerns raised, the DSL will assess the information and consider if significant harm has happened or there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached, or if it is not clear if the threshold is met, then the DSL will contact Children's Social Care Education Safeguarding and if appropriate the police. The DSL (or delegated members of the Keep Kids Safe Team) will complete Local Authority MARS (Multi Agency Request for Services) when appropriate.

If the DSL/designated members of the Keep Kids Safe Team is not available or there are immediate concerns, the staff member will refer directly to Children's Social Care and the police if appropriate. Generally, the DSL will inform the parents prior to making a referral. However, there are situations where this may not be possible or appropriate, particularly when informing parents/carers may place the child at further risk

N.B. The exception to this process will be in those cases of known FGM where there is a mandatory requirement for the teacher to report directly to the police. The DSL should also be made aware.

Confidentiality

We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'Information Sharing Advice for Practitioners' (DfE 2015) guidance.

There is a lawful basis for child protection concerns to be shared with agencies who have a statutory duty for child protection. Information will be shared with individuals within the school who 'need to know'. All staff are aware that they cannot promise a child to keep a disclosure confidential.

8.1 Dealing with a disclosure of abuse from a child

Children often will choose who they talk to, when they have something that is worrying them or happening to them. Children may have thought long and hard about telling an adult, and will have chosen the adult specifically as they have trust in that person to do the right thing.

Disclosing something upsetting and traumatic may be very difficult and distressing for both the child and the adult. Listening to and supporting a child who has been abused can also be traumatic for the adults involved. Support for the member of staff will be available from the Designated Safeguarding Lead or Principal. These guidance notes may help staff in the event of this situation (See Appendix 2).

It should be remembered that the child chose that particular individual and it is a privileged position to be in, it is a position where that individual can make a difference to a child's situation.

Confidentiality must never be promised and staff should be open and honest with the child at all times.

Guidance for consideration by the member of staff;

- stay calm and listen to what the child is saying
- consider the environment that the staff member and child are in, is it appropriate? Do other staff members know where they are?
- ask open ended questions and record what is being said in the child's own words.
- encourage the child to talk but reassure the child that they have done the right thing in speaking to reassure the child that he/she is believed. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- tell the child that it is not her/his fault.
- listen and remember and make notes and, if appropriate, share notes with the child to recap what has been said.
- check correct understanding of what the child is trying to say by clarifying the facts.
- thank the child for telling. Communicate that s/he has a right to be safe and protected.
- be aware that the child may retract what s/he has said. It is essential to record what has been heard.
- at the end of the conversation, tell the child again that the DSL will be told and why that person needs to know.
- as soon as possible afterwards, make a detailed record of the conversation using the child's own
- language. Include any questions asked.

Do Not

- ask "leading questions" or press for information.
- investigate.
- communicate shock, anger or embarrassment or share an opinion on what has happened.
- swear.
- make inappropriate comments about the alleged offender
- enter into a pact of secrecy with the child. Assure the child that they will be helped, but let the child know that other people will have to be told in order to do this. State who this will be and why (the DSL).
- tell the child that what s/he experienced is dirty, naughty or bad.
- make physical contact with the child. Whilst the child may seek out physical contact, remember that this may place the adult in a vulnerable position and also an abused child may not want physical comfort e.g. a hug.

If a member of staff has concerns about a child, or notices something may be wrong, ask the question "Are you OK?"

Children have told us that they want adults to:

Be Vigilant: they want to have adults notice when things are troubling them.

Understanding and action: they want adults to understand what is happening; to be heard and understood; and to have that understanding acted upon.

Stability: to be able to develop an ongoing stable relationship of trust with those helping them

Respect: to be treated with the expectation that they are competent rather than not.

Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans.

Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response.

Support: to be provided with support in their own right as well as a member of their family.
Advocacy: to be provided with advocacy to assist them in putting forward their views.
Source: Working Together to Safeguard Children; p10; (2015)

Appendix 1

Key Contacts in your Academy

Names of Children's Local Safeguarding Board
Warrington Safeguarding Children Board (WSCB) (01925) 442925

Out of office hours 01925 444400
http://warringtonlscb.org/www.warringtonchildren.org

Children's Social Care (01925) 443400

MARS (Multi Agency Request for Services) forms
https://www.warrington.gov.uk/mars or downloaded and emailed to
childreferral@warrington.gov.uk

Emergency Duty Team	01925 444400
MASH Team	01925 443110
LADO:	Beki Byron 01925 442079

Designated Safeguarding Lead at Padgate Academy is Dave Vickery, Assistant Principal.
Telephone: 01925 822632

Safeguarding Team at Padgate Academy.

(Padgate Academy operates a safeguarding team approach with a split focus on both 'early help' and 'child protection').

Name	Role	Responsible for	Attends	Actions
Dave Vickery	Designated Safeguarding Lead (DSL) Assistant Principal	• Child Protection • Child In Care • Child in Need • EH • Emergency safeguarding matters	Child Protection case conferences and multi-agency meetings Core group meeting Child in Need meetings Family Support meetings	Conference reports CIN /Core groups reports Early Help Assessments
Kath Bretherton	SENCO Deputy Designated Safeguarding Lead (DSL)	• Child Protection • Child In Care • Child in Need • EH • Emergency safeguarding matters	Child Protection case conferences and multi-agency meetings Core group meeting Child in Need meetings Family Support meetings	Conference reports CIN /Core groups reports Early Help Assessments
Caroline McPoland	Deputy Designated Safeguarding Lead (DSL) Head of Learning	• Child Protection • Child In Care • Child in Need • EH • Emergency safeguarding matters	Child Protection case conferences and multi-agency meetings Core group meeting Child in Need meetings Family Support meetings	Conference reports CIN /Core groups reports Early Help Assessments
Sharon Mallows-Wood	Attendance Manager	• Child Protection regarding attendance • Early Help	Child in Need meetings	Early Help Assessments
Suzanne McKittrick	**Inclusion Manager**	• Child Protection • Child In Care • Child in Need • EH • Emergency safeguarding matters	**Child Protection case conferences and multi-agency meetings** **Core group meeting** **Child in Need meetings** **Family Support meetings**	**Early Help Assessments**
Joanne Turner	**Pastoral Secretary**	• Emergency safeguarding matters	**Family Support meetings**	

Local Authority Single Point of Contact - The SPOC for Padgate Academy is Stephen Gillham (Education Safeguarding Officer) who can be contacted via Warrington Borough Council. Tel: 01925 442928 sgillham@warrington.gov.uk

Prevent Coordinator **NW CTP Prevent**	Andy McIntyre DC 4326 McIntyre CT Case Officer Cheshire & Merseyside Mobile 07775 516 940 Office 01606 36 5239 andrew.mcintyre@cheshire.pnn.police.uk
Children Missing in Education Officer	Dave Samson (01925) 442261

Nominated Governor
Ms C. Owen is the nominated member for child protection at Padgate Academy.

Appendix 2

Initial Concern Form

To be completed by all staff and handed to the Designated Senior Person (DSL) or information shared in e-mail to Safeguarding team.

Name of Child:		Year/Form group:	
DOB:		Age of child:	
Name of staff member completing the form		Date and time of form completion	
Nature of Concern		Date and time form given to the DSL	

Detail of a disclosure from a child *Guidance Note: Do not investigate this disclosure and DO NOT contact parents if there is a disclosure of a physical or sexual nature that implicates a family member. Pass this form to the DSL*		
• Record date, time and place of disclosure and exactly what has been said in the child's own words. Do not ask leading questions but clarify the facts. Reassure the child that they have done the right thing and that you will share this information with the DSL.		
• Does the child require medical attention? Ensure all immediate actions to safeguard the child have been taken. Ensure the DSL is aware of the whereabouts of the child.		
• Include who else was present when the disclosure was made.		
NB: Do not investigate this disclosure and DO NOT contact parents if there is a disclosure of a physical or sexual nature that implicates a family member. Pass this form to the DSL without delay.		
• What does the child want to happen? (Record wishes and feelings)		
Actions taken before referral to Designated Safeguarding Lead: o *What happened to the child following the incident / disclosure? Is the child still in school?*		
Concern shared with:	**Signature of referrer:**	**Date of record:**

For Completion by Designated Senior Person

Actions taken with basis of decision:	
• What you did once the concern was raised. Include the names and roles of people you spoke to	
• Include basis for decisions e.g. didn't phone mum to report incident because suspected sexual abuse.	
Details added to Student file and chronology	Date:
Signature of Designated Safeguarding Lead:	Date:

Appendix 3

Preventing Violent Extremism - Roles and responsibilities of the single point of contact (SPOC)

The DSL is responsible for:

- Ensuring that staff of the school are aware that he/she is the Designated Safeguarding Lead in relation to protecting students from radicalisation and involvement in terrorism
- Maintaining and applying a good understanding of the relevant guidance in relation to preventing students from becoming involved in terrorism, and protecting them from radicalisation by those who support terrorism or forms of extremism which lead to terrorism
- Raising awareness about the role and responsibilities of the Academy in relation to protecting students from radicalisation and involvement in terrorism
- Monitoring the effect in practice of the school's assembly policy to ensure that it is used to promote community cohesion and tolerance of different faiths and beliefs
- Raising awareness within the school about the safeguarding processes relating to protecting
- Students from radicalisation and involvement in terrorism
- Acting as the first point of contact within the school for case discussions relating to students who may be at risk of radicalisation or involved in terrorism
- Collating relevant information in relation to referrals of vulnerable students into the Channel* process
- attending Channel* meetings as necessary and carrying out any actions as agreed;
- Reporting progress on actions to the Channel* Co-ordinator; and
- Sharing any relevant additional information in a timely manner.

* Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity. It is led by Police Counter-Terrorism Units and it aims to:

Establish an effective multi-agency referral and intervention process to identify vulnerable students; Safeguard students who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist- related activity; and provide early intervention to protect and divert students away from the risks they face and reduce vulnerability.

Upon completion please send to Prevent@merseyside.pnn.police.uk

Telephone - Cheshire 01606 365 986 / Merseyside 0151 777 8125

Prevent Referral and Assessment Form

Person Referring Name / Organisation:
Contact number:

Subject's Surname		**Forename(s)**	
D.O.B **Place of birth** **Ethnicity**		**Male/Female**	
Address			
Tel No(s) **Mobile**		**Email**	
School or Employment			
Social media			

Reason for referral

Household composition / Parent / Guardian Details

Name	D.O.B	Gender	Relationship to subject

PREVENT USE ONLY *Notes for FIMU*

Appendix 4

Child Sexual Exploitation (CSE) additional information

Multi Agency Safeguarding Procedures http://www.online-procedures.co.uk/pancheshire

http://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited

What to do if you suspect a child is being sexually exploited Ref: DFE-57517-2012 (Statutory Guidance 2012)

Safeguarding children and young people from sexual exploitation (Statutory Guidance 2009)

http://www.online-procedures.co.uk/wp-content/uploads/2014/09/LSCB-Child-Sex

Exploitation-Protocol-November-2013-Generic.pdf

Keeping children safe in education, GOV.UK – DfE (Adobe pdf file)
https://www.gov.uk/government/publications/keeping-children-safe-in-education--2 (Statutory Guidance 2018)

Sexual violence and sexual harassment between children in schools & colleges – DfE May 2018

https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-schools-and-colleges

Child sexual exploitation, GOV.UK – DfE (Adobe pdf file)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf

Child sexual exploitation, NSPCC
https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-exploitation/

Working with children who are victims or at risk of sexual exploitation, Barnardo's model of practice, Barnardo's (Adobe pdf file)

http://www.barnardos.org.uk/cse_barnardo_s_model_of_practice.pdf

How to spot CSE, NHS Choices

http://www.nhs.uk/Livewell/abuse/Pages/child-sexual-exploitation-signs.aspx

Sexual exploitation of children: Ofsted thematic report, GOV.UK – Ofsted
https://www.gov.uk/government/publications/sexual-exploitation-of-children-ofsted-thematic-report

Sexting in schools and colleges: responding to incidents and safeguarding young people – UK Council for Child Internet Safety (Adobe pdf file)

Appendix 5

CSE risk assessment and screening tool

RESTRICTED

Child Sexual Exploitation Risk Assessment

This screening tool should be used by all professionals working with children aged 10+. Professionals may also decide it is appropriate to use the tool to screen younger children as nationally children as young as 8 years old have been found to be abused in this way. Boys as well as girls are abused through CSE.

This screening tool will help you focus on the specific indicators of sexual exploitation and determine whether further investigations are needed. The tool could be used in supervision, in discussions with parents and carers, with other professionals and with the child.

Many of the indicators of child sexual exploitation are also part of normal teenage behaviours and it is the presence of higher risk factors or multiple other factors which may be indications of child sexual exploitation. Where a child is aged 13 years old or younger the presence of any one high risk factor must be seen as a potential indicator of sexual exploitation.

Professionals need to exercise their own judgement when completing the tool.

This includes capturing concerns about which they have some evidence AND concerns based on their "gut feelings". Staff should differentiate between the two and explain this in the notes section.

Where child sexual exploitation is suspected the worker should discuss their concerns with their manager and should also inform their agency's lead professional who will be monitoring the bigger picture for any emerging patterns.

Professionals should feel free to use the tool creatively, including as part of awareness raising work with children or in engaging parents and carers in understanding the issues.

Once completed if it confirms concerns you MUST make a referral to your local CSE Operational Group (using your local area referral form) and should include a copy of the completed screening tool. If the screening tool identifies High Risk, you must make a referral to Children Social Care using the standard child protection referral process.

Version Number	Date	Owner	Review Date
Ref			

Child's Surname:	Child's forenames:
DoB:	Date completed:
Name and job title of person completing:	Organisation:
E-mail:	Telephone:

When completing the screening tool you must use your own judgement as factors such as the child's age, any additional vulnerabilities, their history, etc., may mean that what for another child would be low level, for that child is high level. Workers should feel free to amend the suggested level using that judgement.

You can either indicate the level of risk using High/Medium/Low or simply tick the box if the risk element is present (you may wish to use more ticks where the risk is higher).

Remember, this tool is to help you make a professional assessment and you should not feel constrained by the format. Record your rationale in the notes boxes.

Health Domain	Yes No Possible		Yes No Possible
Physical injuries such as bruising, suggesting of either physical or sexual assault		Change in appearance, including losing weight, putting on weight	
A sexually transmitted infection (STI), particularly if it is recurring or there are multiple STI's		Evidence of misuse of drugs / alcohol, including associated health problems	
Pregnancy and / or seeking an abortion		Thoughts of or attempted suicide	
Sexually risky behaviour		Eating disorder	
Self-harming		Learning Disability	
Notes			

Behaviour Domain	Yes No Possible		Yes No Possible
Sexually offending behaviour		Hostility in relationship with parents / carers and other family members	
Truancy/disengagement with education or considerable change in performance at school		Volatile behaviour, exhibiting extreme array of mood swings or abusive language which is unusual for the child	
Aggressive or violent, including to pets/animals		Detachment from age-appropriate activities	
Becoming angry/ hostile if any suspicions or concerns about their activities are expressed		Physical aggression towards parents, siblings, pets, teachers or peers	
Physical aggression towards parents, siblings, pets, teachers or peers		Secretive behaviour	
Known to be sexually active		Low self-image, low self-esteem	
Young offender or anti-social behaviour		Sexualised language	
Getting involved in petty crime such as shoplifting or stealing			
Notes			

Grooming Domain	**Yes No Possible**		**Yes No Possible**
Entering or leaving vehicles driven by unknown adults		Excessive use of mobile phones, including receiving calls late at night	
Reports that the child/young person has been seen in places known to be used for sexual exploitation		Associating with other young people who are known to be sexually exploited, including in school	
Unexplained relationships with older adults		Sexual relationship with a significantly older person	
Phone calls, texts or letters from unknown adults		Mobile phone being answered by unknown adult	
Inappropriate use of the Internet and forming relationships, particularly with adults, via the Internet. Note: adults may pose as peers to entrap the child		Having new mobile phone, several mobile phones and/or SIM cards, especially Blackberry or iPhone (because messages cannot be traced). Always have credit on their mobile phones, despite having no access to money or having no credit so phone can only be used for incoming calls	
Accounts of social activities with no plausible explanation of the source of necessary funding		Acquisition of expensive or sexual clothes, mobile phone or other possession without plausible explanation	
Having keys to premises other than those they should have		Possession of money with no plausible explanation	
Recruiting others into sexual exploitation		Seen at public toilets known for cottaging or adult venues (pubs and clubs)	
Adults loitering outside the child/young person's usual place of residence or school		Leaving home/care setting in clothing unusual for the individual child (inappropriate for age, borrowing clothes from older young people)	
Wearing an unusual amount of clothing (due to hiding more sexualised clothing underneath or hiding their body)`		Persistently missing, staying out overnight or returning late with no plausible explanation	
Returning after having been missing, looking well cared for in spite of having no known home base		Returning after having been missing looking dirty, dishevelled, tired, hungry, thirsty	
Missing for long periods with no known home base and / or homeless		Possession of excessive numbers of condoms	
New contacts with people outside of town			
Notes			

Family and Social Domain	**Yes No Possible**		**Yes No Possible**
A family member or known associate working in the adult sex trade		Unsure about their sexual orientation or unable to disclose sexual orientation to their family	
History of physical, sexual and/or emotional abuse; neglect		Witness to domestic violence at home	
Parental difficulties; drug and alcohol misuse; mental health problems; physical or learning difficulty. Being a young carer		Conflict at home around boundaries, including staying out late	
Living in hostel, B&B or Foyer accommodation		Pattern of street homelessness or sofa surfing	
Recent bereavement or loss		Gang association either through relatives, peers or intimate relationships	
Lacking friends their own age		Living in a gang neighbourhood	
Notes			

E Safety Domain	Yes No Possible		Yes No Possible
Evidence of sexual bullying and/or vulnerability through Internet or social networking sites		Concern that inappropriate images of a young person are being circulated via the Internet / phones	
Exchanging inappropriate images for cash, credits or other items		Receiving gifts through the post from someone the young person does not known	
Concern that a young person is being coerced to provide sexually explicit images		Concern that a young person is being bribed by someone for their inappropriate online activity	
Concern that a young person is selling sexual services via the Internet		Accessing dating agencies via mobile phones (e.g. 2 flirt line)	
Unexplained increased mobile phone / gaming credits		Going online during the night	
Being secretive, using mobile phone for accessing websites, etc., more than computers		Unwilling to share/show online or phone contacts	
Concerns that a young person's online friendship has developed into an offline relationship		Concern that a young person is having an online relationship	
Sharing of inappropriate images amongst friends		New contacts with people outside of town	
Spending increasing amount of time on social networking sites including Facebook or on shared gaming sites		Spending increasing amount of time with online friends and less time with friends from school or neighbourhood	
Increased time on webcam, especially if in bedroom			

Notes

Looked After Children Domain	Yes No Possible		Yes No Possible
Living in residential care		Frequently missing from placement	
Multiple placement breakdown		Going missing with other children	
Notes			

What is the level of risk for this child?	
	High
	Medium
	Low

This should be read in conjunction with the guidance on the front of the risk assessment tool.

Low - Presenting some vulnerability factors but appear to relate to 'normal teenage' behaviour. No statutory intervention required but may benefit from low level monitoring, awareness raising.

Medium - Presenting numerous vulnerability factors but not at immediate risk. Some protective factors present. Would benefit from professional intervention, awareness and prevention work.

High - Child is presenting high number of vulnerability factors, is known to have been exploited and/or groomed. Regularly goes missing and concerns in relation to drugs/alcohol and inappropriate adult associates. Child has disclosed exploitation. Requires statutory intervention to protect.

Submit to the PPU (Public Protection Unit) in the relevant area of: Cheshire, Staffordshire or Merseyside Police e.g.:

northern.ppu@cheshire.pnn.police.uk western.ppu@cheshire.pnn.police.uk
eastern.ppu@cheshire.pnn.police.uk western.ppu@cheshire.pnn.police.uk

Appendix 6

Bullying and Cyberbullying

Additional information can be found at https://www.gov.uk/government/publications/preventing-and-tackling-bullying You will find the following useful publications:

Preventing and tackling bullying
REF: DFE-00292-2013

Supporting Children and young people who are bullied: advice for schools
REF:DFE-00094-2014

Cyberbullying: Advice for Head teachers and school staff
REF:DFE-00652-2014

Preventing and tackling bullying, GOV.UK – DfE (Adobe pdf file)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/623895/Preventing_and_tackling_bullying_advice.pdf

Bullying: evidence from the Longitudinal Study of Young People in England 2, wave 2, GOV.UK – DfE (Adobe pdf file)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/570241/Bullying_evidence_from_the_longitudinal_study_of_young_people_in_England_2__wave_2_brief.pdf

The annual bullying survey 2017, Ditch The Label (Adobe pdf)
https://www.ditchthelabel.org/wp-content/uploads/2017/07/The-Annual-Bullying-Survey-2017-1.pdf

Safeguarding children and young people in education from knife crime - Ofsted March 2019 - Reference no: 190005

Appendix 7

Domestic Violence and Abuse:

Additional information can be found at https://www.gov.uk/domestic-violence-and-abuse

Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH, 2009) Risk Identification and Assessment and Management Model

Risk identification and assessment is not a predictive process and there is no existing accurate procedure to calculate or foresee which cases will result in homicide or further assault and harm.

The DASH (2009) Risk Checklist was created by Laura Richards, BSc, MSc, FRSA on behalf of ACPO and in partnership with CAADA.

It has also been endorsed by:

PLEASE DO NOT CHANGE THIS RISK IDENTIFICATION AND ASSESSMENT MODEL

If you do have comments or suggestions please send them to:

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Risk Identification for Trained Front Line Practitioners (Please refer to the DASH (2009) Practice Guidance on Risk Identification in full)

A number of high risk factors have been identified as being associated with serous violence and murder through researching many cases. Any professional using the DASH (2009) must be trained in it's use. This is crucial to understanding what the high risk factors are and how they apply in each situation, and what needs to be done to keep the victim safe.

This form should be completed for ALL cases of domestic abuse by front line staff. Initial risk identification must be undertaken by asking ALL the questions on this checklist, as well as searching appropriate databases, such as the intelligence databases. First response staff and their supervisor should identify risk factors, who is at risk and decide what level of intervention is required.

Details of children resident at the address must be provided. Consider the nature of the information and what it means in terms of public protection - preservation of life, reduction and prevention of harm to victim and others.

Please ensure that when you ask these questions the victim is comfortable and understands why you are asking them – it is about their safety and protection. Particular sensitivity and attention is required when asking about whether the victim has been assaulted, physically and/or sexually by the perpetrator. The vulnerability of victims cannot be overstated. This could be further compounded by issues such as traditional gender roles, literacy, language and/or immigration or refugee status. Please take into consideration the victim's perception of risk.

Please ensure you ask the victim about the abuser's behaviour when stalking and honour based violence are present. Do not just tick the box 'yes'. You must identify what is happening. There are specific risk factors that relate to these areas as well. Assessment of risk is complex and NOT related to the number of risks appearing alone. Rather, the risk posed to the victim or others in a particular situation will be dependent upon what they are and how they apply in that context. Refer to the full DASH (2009) Practice Guidance on Risk Identification.

Record what steps you have taken to ensure the immediate safety of the victim(s) and any children. Ask yourself 'Am I satisfied that I have done all I can?' Everything you do must be recorded.

The risk identification process must remain dynamic. Events and circumstances may undergo rapid and frequent change. Where this is the case, the assessment must be kept under review. Risk identification is based on structured professional judgement. This model is most effective when undertaken by professionals who have been fully trained in its use. High risk cases may well require a multi-agency response and should be referred to the relevant risk management panel i.e. the Multi-Agency Risk Assessment Conference (MARAC) or Multi-Agency Public Protection Panel (MAPPP). MARACs are for the most serious and high risk cases.

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CURRENT SITUATION THE CONTEXT AND DETAIL OF WHAT IS HAPPENING IS VERY IMPORTANT. THE QUESTIONS HIGHLIGHTED IN BOLD ARE HIGH RISK FACTORS. TICK THE RELEVANT BOX AND ADD COMMENT WHERE NECESSARY TO EXPAND.	YES ☑	No ☑
1. Has the current incident resulted in injury? (please state what and whether this is the first injury)	☐	☐
2. Are you very frightened? Comment:	☐	☐
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)….. might do and to whom) Kill: Self ☐ Children ☐ Other (please specify) ☐ Further injury and violence: Self ☐ Children ☐ Other (please specify) ☐ Other (please clarify): Self ☐ Children ☐ Other (please specify) ☐	☐	☐
4. Do you feel isolated from family/ friends i.e. does (name of abuser(s)…..) try to stop you from seeing friends/family/Dr or others?	☐	☐
5. Are you feeling depressed or having suicidal thoughts?	☐	☐
6. Have you separated or tried to separate from (name of abuser(s)….) within the past year?	☐	☐
7. Is there conflict over child contact? (please state what)	☐	☐
8. Does (…..) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done. Ask 11 additional stalking questions*)	☐	☐
CHILDREN/DEPENDENTS (If no children/dependants, please go to the next section)	YES	No
9. Are you currently pregnant or have you recently had a baby in the past 18 months?	☐	☐
10. Are there any children, step-children that aren't (…..) in the household? Or are there other dependants in the household (i.e. older relative)?	☐	☐
11. Has (…..) ever hurt the children/dependants?	☐	☐
12. Has (…..) ever threatened to hurt or kill the children/dependants?	☐	☐
DOMESTIC VIOLENCE HISTORY	YES	No
13. Is the abuse happening more often?	☐	☐
14. Is the abuse getting worse?	☐	☐
15. Does (…….) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider honour based violence and stalking and specify the behaviour)	☐	☐
16. Has (…..) ever used weapons or objects to hurt you?	☐	☐
17. Has (…..) ever threatened to kill you or someone else and you believed them?	☐	☐

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18. Has (.....) ever attempted to strangle/choke/suffocate/drown you?	☐	☐
19. Does (....) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Please specify who and what)	☐	☐
20. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour based violence. Please specify who. Ask 10 additional HBV questions*)	☐	☐
21. Do you know if (.....) has hurt anyone else ? (children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what) Children ☐ Another family member ☐ Someone from a previous relationship ☐ Other (please specify) ☐	☐	☐
22. Has (.....) ever mistreated an animal or the family pet?	☐	☐
ABUSER(S)	YES	No
23. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?	☐	☐
24. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (Please specify what) Drugs ☐ Alcohol ☐ Mental Health ☐	☐	☐
25. Has (.....) ever threatened or attempted suicide?	☐	☐
26. Has (.....) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify what) Bail conditions ☐ Non Molestation/Occupation Order ☐ Child Contact arrangements ☐ Forced Marriage Protection Order ☐ Other ☐	☐	☐
27. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify) DV ☐ Sexual violence ☐ Other violence ☐ Other ☐	☐	☐
Other relevant information (from victim or officer) which may alter risk levels. Describe: (consider for example victim's vulnerability - disability, mental health, alcohol/substance misuse and/or the abuser's occupation/interests-does this give unique access to weapons i.e. ex-military, police, pest control) or is there serial offending?		
Is there anything else you would like to add to this?		

In **all** cases an initial risk classification is required:

RISK TO VICTIM:		
STANDARD ☐	MEDIUM ☐	HIGH ☐

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DASH (2009) Additional Stalking and Harassment Risk Questions

Q8. Does (.....) constantly text, call, contact, follow, stalk or harass you?* (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done)

PRACTICE POINTS: If the victim answers 'yes' to this question then you must ask the following as they are risk factors for future violence:

- ✓ Is the victim very frightened?
  .....
- ✓ Is there previous domestic abuse and harassment history?
  .....
- ✓ Has (insert name of the abuser....) vandalised or destroyed property?
  .....
- ✓ Has (insert name of the abuser....) turned up unannounced more than three times a week?
  .....
- ✓ Is (insert name of the abuser....) following the victim or loitering near the victim?
  .....
- ✓ Has (insert name of the abuser....) threatened physical or sexual violence?
  .....
- ✓ Has (insert name of the abuser....) been harassing any third party since the harassment began (i.e. family, children, friends, neighbours, colleagues)?
  .....
- ✓ Has (insert name of the abuser....) acted violently to anyone else during the stalking incident?
  .....
- ✓ Has (insert name of the abuser....) engaged others to help (wittingly or unwittingly)?
  .....
- ✓ Is (insert name of the abuser....) been abusing alcohol/drugs?
  .....
- ✓ Has (insert name of the abuser....) been violent in past? (Physical and psychological. Intelligence or reported)
  .....

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DASH (2009) Additional HBV Risk Questions

Q20. Is there any other person who has threatened you or who you are afraid of?* (If yes, please specify who and why. Consider extended family if HBV)

Practice Point: If the victim is subject to HBV and answers 'yes' to this question, ask the following questions:

- ✓ Truanting – if under 18 years old is the victim truanting?
  .....
- ✓ Self-harm – is there evidence of self-harm?
  .....
- ✓ House arrest and being 'policed at home' – is the victim being kept at home or their behaviour activity being policed(describe the behaviours)?
  .....
- ✓ Fear of being forced into an engagement/marriage – is the victim worried that they will be forced to marry against their will?
  .....
- ✓ Pressure to go abroad – is the victim fearful of being taken abroad?
  .....
- ✓ Isolation – is the victim very isolated?
  .....
- ✓ A pre-marital relationship or extra marital affairs – is the victim believed to be in a relationship that is not approved of?
  .....
- ✓ Attempts to separate or divorce (child contact issues) –is the victim attempting to leave the relationship?
  .....
- ✓ Threats that they will never see the children again – are there threats that the child(ren) will be taken away?
  .....
- ✓ Threats to hurt/kill – are there threats to hurt or kill the vitcim?
  .....

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MARAC REFERRAL	
Do you believe that there are reasonable grounds for referring this case to MARAC?	**Yes / No**
If yes, have you made a referral?	**Yes/No**

CONSENT	
If the case is high risk and you are referring it to the MARAC, please explain to the victim what the MARAC is and that it is there to help them, giving them options and choices to keep them and their children safe.	
Has the victim given verbal consent to share information with partner agencies?	**Yes/No**
Officer's signature.....	**Date:**.....

Risk Assessment Categorisation

This is *based* on the Offender Assessment System (OASys) developed by the Prison and Probation Services definitions of what constitutes standard, medium, high risk. Please use your professional judgement to categorise the risk level:

Standard	Current evidence does not indicate likelihood of causing serious harm.
Medium	There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.
High	There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious. Risk of serious harm (Home Office 2002 and OASys 2006): 'A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'.

Risk Management Framework

Use the **RARA** model when compiling safety plans for victims. What are you planning to do?

Remove the risk:	By arresting the suspect and obtaining a remand in custody.
Avoid the risk:	By re-housing victim/significant witnesses or placement in refuge/shelter in location unknown to suspect.
Reduce the risk:	By joint intervention/victim safety planning, target hardening, enforcing breaches of bail conditions, use of protective legislation and referring high risk cases to Multi-Agency Risk Assessment Conference (MARAC).
Accept the risk:	By continued reference to the Risk Assessment Model, continual multi-agency intervention planning, support and consent of the victim and offender targeting within Pro-active Assessment and Tasking Pro forma (PATP), or Risk Management Panel (such as Multi-Agency Risk Assessment Conference (MARAC) or Multi-agency Public Protection Panel (MAPPP).

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Appendix 8

Additional information in relation to accidental and non-accidental Injury

Bruising

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

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

Bite Marks

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

Burns & 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.