

Safeguarding and Child Protection Policy

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Designated Safeguarding Lead (DSL): Stella Sanders

Contacts

* First Response Team (including Early Help) 08454 600 001
* Local Authority Designated Officer (LADO): 01296 382070
* RU Safe? (Barnardos - Child Sexual Exploitation Service): 01494 461112
* Thames Valley Police 101 (999 in case of emergency)
* Buckinghamshire Safeguarding Children Board for procedures, policies and practice guidelines
* NSPCC 0800 800 5000
* Childline 0800 11 11
* Kidscape Bullying Helpline 0845 1205 204
* Female Genital Mutilation 0800 0283550 Email: fgmhelp@nspcc.org.uk
* Samaritans 0845 790 9090
* CEOP (Child Exploitation and Online Protection)
* Foreign and Commonwealth Office (Forced Marriages Section) 0207 008 0151
* Crimestoppers 0800 555 111
* Channel /Prevent/Protect (Anti – Radicalisation) 01494 421371

1. Introduction

* At Complete Expeditions Ltd the health and safety of all participants is of paramount importance. One of our main responsibilities is the protection of the participants in our care and all must feel that they belong to a secure and caring environment, where they are protected from maltreatment.
* This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act (2002), and in line with other national guidance including: Working Together to Safeguard Children (20150, Keeping Children Safe in Education (September 2016) - statutory guidance for companies and further education colleges, Statutory Guidance issued under section 29 of the Counter-Terrorism and Security Act (2015), Worried a Child is Being Abused: Advice for Practitioners (2015), Serious Crimes Act 2015
* Further information linked to the signs of abuse and female genital mutilation, together with guidance from the Prevent strategy, be useful for parents, carers, and adults working with young people.
* We recognise that all adults, including temporary staff, volunteers and assessors, have a full and active part to play in protecting our participants from harm, and that the child’s welfare is our paramount concern. The Keeping Children Safe in Education September 2016 document emphasises the need for all staff to understand that a safeguarding event may occur anywhere and that everyone needs to be alert to this possibility. All staff believe that our company should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child.

2. Policy aims

The aims of this policy are to:

* support participants in ways that will foster security, confidence, independence and resilience;
* provide an environment in which participants feel safe, secure, valued and respected, feel confident, and know how to approach adults if they are in difficulties, believing they will be effectively listened to;
* raise the awareness of all staff of the need to safeguard our participants and of their responsibilities in identifying and reporting possible cases of actual and suspected abuse;
* emphasise the need for good levels of communication between all members of staff in relation to safeguarding participants; ensuring staff know how and when to share information to protect children in a way that is legal and ethical;
* To ensure the company have robust systems in place, which accurately records safeguarding, and child protection concerns, which are clearly understood by staff and adhered to. Actions taken to address concerns and outcome achieved are clearly and accurately recorded and these records are appropriately stored;
* develop a structured procedure within the company which will be followed by all members of the company community in cases of suspected abuse;
* ensure that all staff working within our company who have substantial access to participants have been checked as to their suitability, including verification of their identity, qualifications and a satisfactory DBS check, and that a central record is kept for audit.

3. Responsibilities

All staff at our company understand safeguarding children is everyone’s responsibility. Any member of staff, volunteer or visitor to the company who receives a disclosure of abuse, an allegation or suspects that abuse may have occurred should report it immediately to the DSL using the systems and processes our company has designed for this purpose.

* the company has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the Disclosure and Barring Service (DBS) if a person in regulated activity has been dismissed or removed due to safeguarding concerns.
* the DSL completes an annual safeguarding audit for the company to evidence how the company is meeting its statutory responsibilities for safeguarding and promoting the welfare of children.
* Child Protection policies and procedures are reviewed annually and that the Child Protection policy is available in the company files; child protection is an annual agenda item.
* enhanced DBS checks are in place for all staff and volunteers.
* We recognise that the company may play a significant part in the prevention of harm to participants by providing them with an ethos of protection and good lines of communication with trusted adults and supportive friends. We include within this the emotional wellbeing of our participants and recognise the role the company plays in recognising and preventing the political indoctrination of participants either by self-radicalisation or through exposure to extremist views.
* We are aware of the Prevent Duty to protect young people from radicalisation and extremism. At our company, we view this as a safeguarding matter like any other.
* Concerns regarding the conduct or behaviour of a student, where it is believed they are vulnerable to extremism, will be referred by the company to Channel via the First Response Team.
* We ensure all staff are aware of guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies;
* We impart knowledge and experience to support participants at risk of harm including emotional and intellectual harm via social media and use of the internet.
* Staff should be sensitive and alert to the possibility of the risk some children’s behaviours may pose to their peers. Staff will be supported by the DSL to assess and act on concerns highlighted.
* the young minds of our participants can be vulnerable and exploited by others; staff will be alert to the signs of vulnerability and/or susceptibilities to violent extremism or indoctrination;
* the company may provide the only stability in the lives of our participants who have been abused or who are at risk of harm.
* Research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
* There is a need for a culture of vigilance to be present in the company to support safeguarding. This includes awareness and sensitivity to attitudinal changes of student, which may indicate they are at risk of radicalisation.
* The changing landscape of safeguarding and protecting children from harm requires staff to be aware of children being trafficked both from abroad and locally as part of ongoing exploitation, financial or sexual.
* Our company will support all of our participants by:
* encouraging self-esteem, resilience and self-assertiveness, whilst not condoning aggression or bullying;
* promoting a caring, safe and positive environment within the company;
* recognising that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children, which can include: assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child’s disability without further exploration; the potential for children with SEN and disabilities being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs; and communication barriers and difficulties in overcoming these barriers.
* liaising with the parent/carer, GP and/or company nurse to ensure that an appropriate care plan is in place if a student has medical needs;
* ensuring that all staff understand the difference between a safeguarding concern and child in immediate danger or at significant risk of harm;
* Expecting staff to be sensitive to the needs of children who are “looked after”, recognising they are likely to have encountered difficulties and challenges, which may mean they are disproportionately affected by the behaviours of their peers, e.g., teasing, bullying and hazing.
* At our company, we work hard to understand the impact on children of living in families experiencing difficulties relating to mental ill health and/or substance misuse and/or domestic violence and know that the children might experience abuse or neglect because of these difficulties.
* Staff understand that sharing information with parents may not be appropriate and ensure that decisions of this nature are made in partnership with Children’s Social Care or the police.

4. Procedures

Our company procedures for safeguarding children are in line with Buckinghamshire County Council and Buckinghamshire Safeguarding Children Board Child Protection Procedures, “Working Together to Safeguard Children 2015” and “Keeping Children Safe in Education” 2016 and statutory guidance issued under section 29 of the Counter-Terrorism and Security Act 2015. Our Designated Safeguarding Lead (DSL) will be required to update their training annually.

* All adults and volunteers new to our company will be made aware of the company’s policy and procedures for Safeguarding and Child Protection, the name and contact details of the DSL, their role and responsibilities under Keeping Children Safe in Education September 2016, and internal company policy and procedures about what to do if they have a safeguarding concern; these will be explained to them, as part of their induction into the company.
* All members of staff are provided with opportunities at least annually to receive training arranged or delivered by the DSL in order to develop their understanding of the signs and indicators of abuse, how to respond to a student who discloses abuse and the procedure to be followed in appropriately sharing a concern of possible abuse or a disclosure of abuse. Emotional, Physical, Peer on Peer and Sexual Abuse, Neglect, Child Sexual Exploitation, Honour based violence, Radicalisation/ Extremism, Forced marriage and FGM will be covered within the training framework.
* All parents/carers are made aware of the company’s responsibilities with regard to child protection procedures through publication of the company’s Safeguarding and Child Protection Policy in the company files.
* All staff, parents/carers and children are aware of the company’s escalation process, which can be activated in the event of concerns not being resolved after the first point of contact. An individual’s safeguarding responsibility does not end once they have informed the DSL of any concerns, although specific details of further actions may be appropriately withheld by the DSL, as information will only be shared on a need to know basis.
* The company operates ‘Safer Recruitment’ practices including ascertaining the suitability of employed staff and volunteers in regulated activities. Checks will be made through the Disclosure and Barring Service in line with current legislation.
* Allegations against members of staff are referred to the Local Authority Designated Officer (LADO). There are procedures in place to make a referral to the Disclosure and Barring Service (DBS) if a person in regulated activity has been dismissed or removed due to safeguarding concerns. The company recognises that this is a legal duty and a failure to refer when the criteria are met is a criminal offence.
* When a disclosure of abuse, or an allegation against a member of staff or volunteer, has been made, our company will have a record of this. These records will be maintained in line with statutory requirements in a way that is confidential and secure.
* Our procedures will be annually reviewed and up-dated as a minimum.

5. Maintaining confidentiality

Child protection is confidential. We therefore ensure that the DSL will disclose any information about a participant to other members of staff only on a ‘need to know’ basis.

Staff will not keep duplicate or personal records of child protection concerns. All information will be reported to the Designated Safeguarding Lead and securely stored only in the designated location within the company.

All staff are made aware that they cannot promise a participant to keep secrets, which might compromise the student’s safety or wellbeing or that or another. Staff will however reassure the child that information will only be shared with those people who will be able to help them and therefore need to know

In general, the company will always undertake to share the intention to refer a student to Social Care (First Response) with parents or carers unless to do so could put the student at greater risk of harm or impede a criminal investigation.

In the event of a child disclosing abuse staff will;

* Listen to the child. Allowing the child to tell what has happened in their own way, and at their own pace. Staff will not interrupt a child who is freely recalling significant events.
* Remain calm. Be reassuring and supportive but will endeavour not to respond emotionally.
* Not ask leading questions. Staff are reminded to ask questions only when seeking clarification about something the child may have said. Staff are trained to use TED; Tell, Explain, Describe.
* Make an accurate record of what they have seen/heard using the company’s record keeping processes, recording; times, dates or locations mentioned, using as many words and expressions used by the child as possible Staff will not substitute anatomically correct names for body part names used by the child. Any words which are unclear to the staff member will be spelt phonetically.
* Reassure the child that they did the right thing in telling someone; they will reassure the child that they have not done anything wrong.
* Staff will explain to the child what will happen next and the need for the information to be shared with the DSL

The child will be monitored/accompanied at all times following a disclosure, until a plan is agreed as to how best they can be safeguarded.

If there is immediate risk of harm to a child Staff will NOT DELAY, and will ring 999

6. Allegations against staff

All company staff should take care not to place themselves in a vulnerable position with a student. It is always advisable for work with individual participants to be conducted in view of other adults. Guidance about conduct and safe practice, and guidance on safe use of mobile phones by staff and volunteers, is provided at induction.

We acknowledge that a participant could or may make an allegation against a member of staff. If such an allegation is made it will be dealt with by the Company Director following Local Authority recommendations.

All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues. The NSPCC whistleblowing helpline is also available for staff who do not feel able to raise concerns regarding child protection concerns internally. Staff can call 0800 028 0285 – the line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: help@nspcc.org.uk9 .

7. Bullying, Racist Incidents, Cultural Issues

We keep a record of known bullying incidents; any racist incidents are also recorded. We acknowledge that to allow or condone bullying may lead to consideration under child protection procedures.

Staff, participants and parents are made aware of how mobile technologies are increasingly being used to bully children both in and outside of the expedition environment.

Racist incidents will be dealt with and we acknowledge the serious nature of these events and their impact on the individual/group of participants involved.

As a company, we are aware of the cultural diversity of the community around us and seek to work sensitively to address the unique culture of our participants and their families as they relate to safeguarding. This includes children at risk of harm from abuse linked to a belief in spirit possession on the part of their parent, carer or wider community.

We are aware of the harm to children that can be caused by practices linked to culture, faith and beliefs. Staff will report concerns about abuse linked to culture, faith and beliefs in the same way as other child protection concerns.

At our company, we are aware of a range of practices and belief, which can be classified as honour-based violence, we include within this female genital mutilation, forced marriage and breast ironing. Whilst this

may be a part of a long-held tradition within communities, we categorise this as child abuse and will act according to our safeguarding processes to safeguard the participant concerned.

Staff at our company understand there is a legal duty to report known cases of FGM to the police and they will do this with the support of the DSL.

At our company, we are aware of the need to respond to concerns relating to forced marriage and understand that it is illegal, a form of child abuse and a breach of children’s rights. Any suspicions or concerns for forced marriage are reported to the DSL.

We recognise that both male and female participants may be subject to honour-based abuse e.g., where young people’s cultural background are at odds with their behaviours such as homosexuality, under-age sex, relationships or life style choices.

8. Use of Photography

We will often use photographs and film to capture achievements, We like to have a record of all the wonderful activities our participants take part in. Via our website/social media we like to be able to share these events with parents. We are however mindful of the safety of our participants and will seek the permissions of both parents and student before taking or sharing any images.

* As confirmed in the Data Protection Act, Complete Expeditions Ltd will ensure written consent is sought from the parent or carer of any participant for photos to be taken. If consent is given, we will make a clear agreement with the parent or carer as to how the image will be used (for example, in a flyer or website) and how widely.
* Due consideration will be given to the appropriate clothing and posture, and details such as a child’s name or age will not be shared unless integral to the use of the image (such as the acceptance of an award)
* Appendix 1 – recognising abuse (guidance documentation)

Everyone who works with children has a duty to safeguard and promote the welfare of children. They should be aware of the signs and indicators of abuse and know what to do and who to speak to if they become concerned about a child or if a child discloses to them. The following is intended as a reference for company staff and parents/carers if they become concerned that a child is suffering or likely to suffer significant harm.

The Children Act 1989 defines abuse as when a child is suffering or is likely to suffer 'significant harm'. Harm means ill treatment or the impairment of health or development. Four categories of abuse are identified –

* Physical Abuse  Emotional Abuse (including Domestic Abuse)  Sexual Abuse  Neglect
* Signs of abuse in children
* The following non-specific signs may indicate something is wrong:
* Significant change in behaviour  Extreme anger or sadness  Aggressive and attention-seeking behaviour  Suspicious bruises with unsatisfactory explanations  Lack of self-esteem  Self-injury  Depression  Age inappropriate sexual behaviour  Child Sexual Exploitation.

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:  must be regarded as indicators of the possibility of significant harm;

 justifies the need for careful assessment and discussion with DSL or Additional DSLs or, in the absence of all those individuals, an experienced colleague;

 may require consultation with and/or referral to Children’s Services;

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

In an abusive relationship, the student may:

 appear frightened of the parent/s;

 act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups).

The parent or carer may:

 persistently avoid child health promotion services and treatment of the child’s episodic illnesses;  have unrealistic expectations of the child;  frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment);  be absent or misusing substances;  persistently refuse to allow access on home visits;  be involved in domestic abuse.

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

Recognising Physical Abuse

Physical abuse 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.

The following are often regarded as indicators of concern:

 an explanation which is inconsistent with an injury;  several different explanations provided for an injury;  unexplained delay in seeking treatment;  the parents/carers are uninterested or undisturbed by an accident or injury;  parents are absent without good reason when their child is presented for treatment;  repeated presentation of minor injuries (which may represent a “cry for help”);  family use of different doctors and A&E departments;  reluctance to give information or mention previous injuries.

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 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.

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;

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.

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

Recognising Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the 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 cyber bullying), causing children to feel frightened and in danger or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The following may be indicators of emotional abuse:

 developmental delay;  abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment;  indiscriminate attachment or failure to attach;  aggressive behaviour towards others;  scape-goated within the family;  frozen watchfulness, particularly in pre-company children;  low self-esteem and lack of confidence;  withdrawn or seen as a “loner” – difficulty relating to others.

Domestic violence is very damaging to a child’s emotional development; where a child is living with domestic violence, companys should consider making a referral to Social Care if the child shows any indicators of significant harm.

Recognising Signs of Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts (e.g. masturbation, kissing, rubbing and touching outside of clothing). They may include non-contact activities, such as involving children in looking at, or in the production of, sexual images (including on-line images), watching sexual activities, or 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.

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

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

Some physical indicators associated with this form of abuse are:

 pain or itching of genital area;  blood on underclothes;  pregnancy in a younger girl where the identity of the father is not disclosed;  physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Sexual Abuse by Young People

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

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

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

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

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

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

 Equality – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies

 Consent – agreement including all the following:

o Understanding what is proposed based on age, maturity, development level, functioning and experience o Knowledge of society’s standards for what is being proposed o Awareness of potential consequences and alternatives o Assumption that agreements or disagreements will be respected equally o Voluntary decision o Mental competence

 Coercion – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

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

Recognising Neglect

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 because of maternal substance abuse. Evidence of neglect is built up over a period and can cover different aspects of parenting. Indicators include:

 failure by parents or carers to meet the basic essential needs e.g. adequate food, hygiene, medical care clothes, warmth and shelter (including exclusion from home or abandonment; if a child is observed scavenging for food at company, the possibility of inadequate feeding at home should be considered as a priority;  a child seen to be listless, apathetic and irresponsive with no apparent medical cause;  failure of child to grow within normal expected pattern, with accompanying weight loss;  child thrives away from home environment;

 child frequently absent from company;  child left with adults who are intoxicated or violent;  child abandoned or left alone for excessive periods.

It may also include the neglect of, or unresponsiveness to, a child’s basic emotional needs.

Although no culture sanctions extreme harm to a child, cultural variations in child rearing patterns do exist. A balanced assessment must incorporate a cultural perspective but guard against being over-sensitive to cultural issues at the expense of promoting the safety and well-being of the child.

Fear of being accused of racism can stop people acting when they otherwise would. Fear of being thought unsympathetic to someone of the same race can change responses. Every organisation concerned with the welfare and protection of children should have mechanisms in place to ensure equal access to services of the same quality, and that each child, irrespective of colour or background, should be treated as an individual requiring appropriate care. Victoria Climbié Inquiry Report.

Research also tells us that children with special needs are at an increased risk of abuse. Fewer signs, indicators, and explanations are more possible. Children with communication difficulties may be especially vulnerable.

Some children and young people may be more vulnerable to abuse due to particular circumstances such as:

 young women subject to honour based violence (where for instance they have transgressed the expectations of them as young women in their family and community);  children at risk of harm from abuse linked to a belief in spirit possession on the part of their parent, carer or wider community;  girls at risk of genital mutilation (usually being taken back to their country of origin for this procedure to be carried out);  children being trafficked from abroad;  girls and/or boys at risk of being forced into marriage.

Child Sexual Exploitation

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

Signs include:

 underage sexual activity;  inappropriate sexual or sexualised behaviour;  sexually risky behaviour, 'swapping' sex;  repeat sexually transmitted infections;  in girls, repeat pregnancy, abortions, miscarriage;  receiving unexplained gifts or gifts from unknown sources;  having multiple mobile phones and worrying about losing contact via mobile;  having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs);  changes in the way they dress;  going to hotels or other unusual locations to meet friends;  seen at known places of concern;  moving around the country, appearing in new towns or cities, not knowing where they are;  getting in/out of different cars driven by unknown adults;

 having older boyfriends or girlfriends;  contact with known perpetrators;  involved in abusive relationships, intimidated and fearful of certain people or situations;  hanging out with groups of older people, or anti-social groups, or with other vulnerable peers;  associating with other young people involved in sexual exploitation;  recruiting other young people to exploitative situations;  truancy, exclusion, disengagement with company, opting out of education altogether;  unexplained changes in behaviour or personality (chaotic, aggressive, sexual);  mood swings, volatile behaviour, emotional distress;  self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders;  drug or alcohol misuse;  getting involved in crime;  police involvement, police records;  involved in gangs, gang fights, gang membership;  injuries from physical assault, physical restraint, sexual assault.

Peer on peer abuse

Safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to, bullying (including cyberbullying), gender based violence/sexual assaults and sexting. Our Behaviour for Learning Policy and guidelines, together with our Anti-Bullying Policy, Equality and Diversity Objective, and our ‘Four Respects’ clearly state our expectations of appropriate behaviour for participants in company, which are regularly reinforced through assemblies, bulletin messages and our robust system of pastoral care.

Any concerns should be passed directly to the Designated Safeguarding Person (DSL) or Additional Designated Safeguarding Lead.

Appendix 2 – Honour-based Violence, including Forced Marriage and Female Genital Mutilation

So-called ‘honour-based’ violence (HBV) 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 of so-called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the DSL. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

The following is based on recent national guidance and is to help inform parent, carers, staff and any other adult involved with young people.

a) Forced Marriage (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and a crime, which falls within the Crown Prosecution Service definition of domestic violence. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Young men and women can be at risk in affected ethnic groups. Whistleblowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a company or through a third party; if needed the company will seek advice and information from the Forced Marriage Unit - 020 7008 0151 or fmu@fco.gov.uk.

b) Female Genital Mutilation (FGM)

In line with Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015), we recognise our statutory duty to report to the police where we discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18; failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining participants, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies. Unless the teacher has a good reason not to, they should still consider and discuss any such case with the company’s designated safeguarding lead and involve children’s social care as appropriate. It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

FGM involves procedures that intentionally alter/injure the female genital organs for non-medical reasons. There are four types of procedure:

 Type 1 Clitoridectomy - partial/total removal of clitoris  Type 2 Excision - partial/total removal of clitoris and labia minora  Type 3 Infibulation - entrance to vagina is narrowed by repositioning the inner/outer labia  Type 4 - all other procedures that may include pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Usually the belief is that FGM:

 brings status/respect to the girl – social acceptance for marriage  preserves a girl’s virginity  part of being a woman / rite of passage  upholds family honour  cleanses and purifies the girl  gives a sense of belonging to the community  fulfils a religious requirement  perpetuates a custom/tradition  helps girls be clean / hygienic  is cosmetically desirable  mistakenly believed to make childbirth easier

Is FGM legal?

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

Circumstances and occurrences that may point to FGM happening  Child talking about getting ready for a special ceremony  Family taking a long trip abroad  Child’s family being from one of the ‘at risk’ communities for FGM (Kenya, Somalia, Sudan, Sierra Leone, Egypt, Nigeria, Eritrea as well as non-African communities including Yemen, Afghanistan, Kurdistan, Indonesia and Pakistan)  Knowledge that the child’s sibling has undergone FGM  Child talks about going abroad to be ‘cut’ or to prepare for marriage

Signs that may indicate a child has undergone FGM:

Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued

Bladder or menstrual problems

Finding it difficult to sit still and looking uncomfortable

Complaining about pain between the legs

Mentioning something somebody did to them that they are not allowed to talk about Secretive behaviour, including isolating themselves from the group

Reluctance to take part in physical activity

Repeated urinal tract infection

Disclosure

Any concerns should be passed directly to the Designated Safeguarding Person (DSL) or Additional Designated Safeguarding Lead.

Appendix 3 – Prevent Strategy

In line with the Statutory Guidance issued under section 29 of the Counter-Terrorism and Security Act (2015), we recognise our duty to prevent people being drawn into terrorism. The following is based on recent Home Office guidance and is to help raise awareness of the Prevent strategy among parents, carers, staff and any other adults involved with young people.

Prevent is one of the four elements of CONTEST, the government’s counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism.

The Prevent strategy:  responds to the ideological challenge we face from terrorism and aspects of extremism, and the threat we face from those who promote these views  provides practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support  works with a wide range of sectors (including education, criminal justice, faith, charities, online and health) where there are risks of radicalisation that we need to deal with

The strategy covers all forms of terrorism, including far right extremism and some aspects of non-violent extremism. The government defines extremism as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Factors that could make someone susceptible or vulnerable to carrying out or supporting violent, criminal or terrorist acts:  Family change  Physical changes  A grievance/ sense of injustice  Wanting respect  Issues in school  Wanting to belong  Searching for sense of identity/ self-worth/ purpose It is important to consider both emotional (for example, anger or disappointment) and external factors (for example, foreign conflicts, extremist material online).

Behaviours that may indicate a cause for concern: CHANGE – emotional, verbal or physical; these changes could include: EMOTIONAL VERBAL PHYSICAL/ CIRCUMSTANTIAL Short tempered Angry New-found arrogance Withdrawn Depressed Crying Fixated on a subject Closed to new ideas/ conversations Change in language/ use of words Asking inappropriate questions “Scripted” speech Saying inappropriate things – a call to violent action Clothing/ appearance New circle of friends Changing relationships with family/ friends/ staff New family members attending school events Change of routine Use of internet Absence Any concerns should be passed directly to the Designated Safeguarding Person (DSL) or Additional Designated