



Highfield Safeguarding and Child Protection Policy

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This document is aligned to the latest Government guidance and legislation.

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Prince Albert Community Trust
Safeguarding and Child Protection policy

Prince Albert Community Trust (PACT) recognises its responsibilities for safeguarding children and protecting them from harm. The Safeguarding and Child Protection policy will be reviewed by the Trust Board at least annually to check its effectiveness and to consider any updates in legislation.

Safeguarding Culture

Safeguarding is everyone's responsibility and it is the duty of the trust to safeguard and promote the welfare of children. This is our core safeguarding principle.

In adhering to this principle we focus on providing a safe and welcoming environment for all of our children regardless of age, ability, culture, race, language, religion, gender identity or sexual identity. All of our children have equal rights to support and protection.

One of the cornerstones of our safeguarding culture is this policy and the procedures contained within it. This policy applies to all staff, volunteers, visitors, trust board and committee members, all of whom are trained upon its contents and on their safeguarding duties. We update this policy at least annually to reflect changes to law, guidance and best practice.

This policy should be read alongside our other safeguarding policies and documents, listed in the appendix.

What it means for our pupils:

We work with our local safeguarding partners to promote the welfare of children and protect them from harm. This includes providing a coordinated offer of early help when additional needs of children are identified and contributing to inter-agency plans which provide additional support to the child.

All of our staff have an equal responsibility to act on any suspicion or disclosure that may indicate that a child is at risk of harm. Any pupils or staff involved in a child protection or safeguarding issue will receive appropriate support.

Our strong safeguarding culture ensures that we treat all pupils with respect and involve them in decisions that affect them. We encourage positive, respectful and safe behaviour among pupils and we set a good example by conducting ourselves appropriately.

Identifying safeguarding and child protection concerns often begin with recognising changes in pupils' behaviour and knowing that these changes may be signs of abuse, neglect or exploitation. Challenging behaviour may be an indicator of abuse.

All of our staff will reassure children that their concerns and disclosures will be taken seriously and that they will be supported and kept safe.

Safeguarding legislation and guidance

This policy is based on the Department for Education's statutory guidance, [Keeping Children Safe in Education \(2022\)](#) and [Working Together to Safeguard Children \(2018\)](#). This policy also complies with the guidance and procedures set out by Birmingham Safeguarding Children Partnership.

The following safeguarding legislation and guidance has also been considered when drafting this policy:

- What to do if you're worried a child is being abused (2015)
- The Teacher Standards 2012
- The Safeguarding Vulnerable Groups Act 2006
- Section 157 of the Education Act 2002
- The Education (Independent School Standards) Regulations 2014
- The Domestic Abuse Act 2021
- PACE Code C 2019
- The Education Act 2002 (s175 / s 157)
- Childcare disqualification regulations (Feb. 2019)
- Disqualification by association (outlined in the Children's Act 2006)
- Counter Terrorism and Security Act 2015
- The Children Act 1989
- Mental Health and Behaviours in Schools: Departmental Advice (DfE March 2015)

Safeguarding and Child Protection

Safeguarding and promoting the welfare of children is defined as:

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

Child Protection is a part of Safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However, all agencies and individuals should aim to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

PACT Aims

PACT is committed to creating and maintaining a safe learning environment, identifying where there are concerns about a child (considering the school's contextual safeguarding) and taking timely action to mitigate risk, in partnership with other agencies.

The six main elements of PACT policy are to:

- Ensure PACT practice safe recruitment and in checking the suitability of staff, visitors, and volunteers to work with children
- Raise awareness of safeguarding children and child protection, ensuring protective measures are in place for vulnerable children
- Equip children with the skills needed to keep them safe via appropriate work within the curriculum
- Develop and implement procedures for identifying and reporting concerns, including referrals to statutory services e.g. the police and social services
- Work with children, families, and services to best support identified need
- Establish a safe environment in which the community can learn and teach.

The Trust has also identified the following key safeguarding messages for the school:

- Every child is entitled to a rich and rounded curriculum
- Governance is corporate and decisions are collective, but individual trustees/representatives can, and should, take the lead on specific aspects of school life, such as safeguarding
- When issues arise, Heads of School should speak out, addressing them internally where possible and escalating them when this is unsuccessful.

Furthermore, the policy reflects the policies of the Birmingham Safeguarding Children Partnership who are responsible for developing policies and procedures for safeguarding and promoting the welfare of children. The Birmingham Safeguarding Children Partnership's key principles of safeguarding are:

- Always see the child first
- Never do nothing
- Do with, not to, others
- Do the simple things better
- Have conversation, build relationships
- Outcomes not outputs.

Link to the Curriculum

Our curriculum is carefully designed to teach pupils about keeping themselves and others happy, healthy and safe. Relevant issues will be addressed through the PSHE and RSE curriculum, for example health and well-being, emotional literacy, equalities, assertiveness, power, sexual orientation and relationships, online safety and bullying, identity and British values and living in the wider world.

Relevant issues will be addressed through other areas of the curriculum for example collective worship and RE.

Staff should refer to PACT policies including the [Primary PSHE/ Secondary SRE Policies](#)

Equalities Statement

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. PACT are committed to anti-discriminatory practice and recognise children's diverse circumstances. PACT ensure that all children have the same protection, regardless of any barriers they may face.

PACT give special consideration to children who:

- Have special educational needs or disabilities
- Are young carers
- Are LAC or have previously been LAC.

- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers

It is the responsibility of all staff to consider the potential of abuse first and not simply see their behaviour as part of their SEN or disability. There are additional indicators staff need to be aware of; mal-nourishment, lack of stimulation, rough handling, ill-fitting equipment, misappropriation of a child's finances and deprivation of medication.

Staff should refer to PACT policies including: [Intimate Care Policy](#), [Supporting Pupils with Medical Conditions Policy](#), [Inclusion including SEND policy](#)

Confidentiality

As part of PACT, schools comply with regulations outlined by DPA, GDPR and the [PACT Data Protection Policy](#) and do not prevent the sharing of information for the purposes of keeping children safe and promoting their welfare. While matters are treated as confidential, information is shared as per the [Information Sharing Advice for Practitioners Guidance \(2018\)](#) and fears about sharing information do not stand in the way of the need to safeguard and promote the welfare of children.

- PACT recognises that timely information sharing is essential to effective safeguarding.
- Where there is a Child Protection concern the 10 minute referral process must be followed, and the concern slip physically passed immediately to the DSL.
- While it is recognised that matters relating to safeguarding individual children are confidential, a member of staff, visitor, or volunteer, if confided in by a child, must never guarantee confidentiality to that child as this may not be in their best interests ([Chapter 4: Handling Disclosures](#)).
- The Head of School or a DSL will disclose personal information about a child, including the level of involvement of other agencies, to other members of staff only on a 'need to know' basis. This may include a child moving schools where CP records must only be transferred by CPOMS or by recorded post to a verified DSL at the new school.
- Information must only be shared on a 'need-to-know' basis, but staff do not need consent to share information if a child is suffering, or at risk of, serious harm.

Record keeping

All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded on CPOMS. This will also help develop a robust, information-led picture of the child potentially at risk.

Records should include:

- a clear and comprehensive summary of the concern
- details of how the concern was followed up and resolved
- a note of any action taken, decisions reached and the outcome

Information and parent consent

- The parents of the child should be informed of a concern unless it is believed to be not in the best interests of the child, would place them at further risk or where it is believed a crime may have been committed.
- Should a parent make a request for information held on their child it should not be given if this would put the child at risk.
- The DSL should be consulted in the first instance should there be a request for information e.g., a copy of a birth certificate or if an estranged parents requests information around their child's school attendance.

Roles, Responsibilities and Training

ALL STAFF

Responsibilities:

All staff must:

- provide a safe environment in which children can learn.
- be prepared to identify children who may benefit from Early Help, The Early Help process and their role in it, including identifying emerging problems, liaising with the DSL, and sharing information with other professionals to support early identification and assessment.
- raise any concerns about a child's welfare via CPOMs, following PACT systems which support safeguarding, including the staff code of conduct, the role of the designated safeguarding lead (DSL), behaviour policy, children protection policy and the
- response to children who go missing from education.
- know what to do if a child tells them they are being abused, exploited, or neglected. Staff should know how to manage the information to maintain an appropriate level of confidentiality.
- be able to reassure victims that they are being taken seriously and that they will be supported and kept safe.
- are aware that abuse, neglect and safeguarding issues are rarely standalone events and cannot be covered by one definition or one label alone.
- understand the process for making referrals to local authority children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play.
- know what to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals.
- know the signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), FGM and radicalisation.
- be aware that technology is a significant component in many safeguarding and wellbeing concerns.
- support DSLs and provide information/support where requested.

Training:

- Staff members undertake safeguarding and child protection training (Level 2) at induction, including whistle-blowing procedures, to ensure they understand the school's safeguarding systems, their responsibilities, and can identify signs of possible abuse or neglect.
- Staff complete annual statutory safeguarding training.
- Training is regularly updated and will be in line with the latest legislation.
- Staff have training on the government's anti-radicalisation strategy, Prevent, to enable them to identify children at risk of being drawn into terrorism and to challenge extremist ideas.
- Staff receive annual CPOMS training.
- Staff receive regular safeguarding and child protection updates (for example, through emails, newsletters, staff briefings and safeguarding PLD).
- All staff have a staff journal outlining Trust policy and procedure surrounding safeguarding.
- Volunteers receive appropriate training for their role.

DESIGNATED SAFEGUARDING LEAD (DSL)

Responsibilities:

- all DSLs have responsibility for child protection within school.
- a minimum of one DSL will remain on site during school hours.
- a minimum of one DSL will remain on site for all out of hours school-based activities.
- for offsite events/trips in school hours and out of hours events/competitions, a nominated DSL will remain contactable by phone until all children are returned to parents/carers.
- refer suspected cases, as appropriate, to the relevant body (local authority children's social care, Channel programme, Disclosure and Barring Service, and/or police), and support staff

who make such referrals directly.

- take part in strategy discussions and inter-agency meetings and/or support other staff to do so.
- the DSL will also keep the headteacher informed of any issues and liaise with local authority case managers and designated officers for child protection concerns as appropriate.
- act as a source of support, advice and expertise for all staff.
- act as a point of contact with the safeguarding partners.
- liaise with the headteacher or principal to inform him or her of issues- especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations. This should include being aware of the requirement for children to have an appropriate adult.
- liaise with staff (especially teachers, pastoral staff, school nurses, IT technicians, senior mental health leads and special educational needs co-ordinators (SENCO's), or the named person with oversight for SEND) on matters of safety and safeguarding and welfare (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies so that children's needs are considered holistically.
- liaise with the senior mental health lead and, where available, the mental health support team, where safeguarding concerns are linked to mental health.
- promote supportive engagement with parents and/or carers in safeguarding and promoting the welfare of children, including where families may be facing challenging circumstances
- work with the headteacher and relevant strategic leads, taking lead responsibility for promoting educational outcomes by knowing the welfare, safeguarding and child protection issues that children in need are experiencing, or have experienced, and identifying the impact that these issues might be having on children's attendance, engagement and achievement.
- This includes: ensuring that the school knows who its cohort of children who have or have had a social worker are, understanding their academic progress and attainment, and maintaining a culture of high aspirations for this cohort, and supporting teaching staff to provide additional academic support or reasonable adjustments to help children who have or have had a social worker reach their potential, recognising that even when statutory social care intervention has ended, there is still a lasting impact on children's educational outcomes.
- Consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual abuse (including harassment and exploitation), domestic abuse in their own intimate relationships (teenage relationship abuse), criminal exploitation, serious youth violence, county lines, and radicalisation.
- Ensure that CPOMS files and safeguarding documentation are accurate.

Training:

- DSLs attend the level 3 safeguarding course once every two years.
- DSLs attend refresher training every year.
- DSLs are offered supervision.

THE DEPUTY DESIGNATED SAFEGUARDING LEAD

Responsibilities:

- Our Deputy DSL is trained to the same level as the lead DSL and supports the DSL team with safeguarding matters on a day to day basis. The ultimate lead responsibility for child protection remains with the lead DSL.

THE SAFEGUARDING COMMITTEE REPRESENTATIVE

Responsibilities:

The role of the safeguarding representative is to provide support and challenge to the DSL and the leadership of the school on how they manage safeguarding so that the safety and wellbeing of the children can continuously improve. The role includes:

- understanding the requirements of the Governance Handbook and Keeping Children Safe in Education 2022
- supporting and challenging the DSL on the standards of safeguarding at the school
- confirming that consistent and compliant safeguarding practice takes place across the school
- reporting to the board of trustees about the standard of safeguarding in the school

- The lead DSL and the safeguarding representative meet on a regular basis to discuss safeguarding issues and to agree steps to continuously improve safeguarding practice in the school

HEAD OF SCHOOL

Responsibilities:

- Overall responsibility for safeguarding and child protection (including online safety)
- As required, liaise with the “case manager” and the local authority designated officer(s) (LADO) for child protection concerns in cases which concern a staff member

THE TRUST BOARD

Responsibilities:

- The Trust Board are the accountable body for ensuring the safety of the school.
- The Trust Board reviews policies/procedures in accordance with statutory guidance or more frequently if needs change.
- The Trust Board has awareness of their obligations under the Human Rights Act 1998, Equality Act 2010 and local multi-agency safeguarding arrangements.
- The Board Trustee for Safeguarding is accountable for overseeing safeguarding arrangements and monitoring the arrangements for behaviour, suspensions, child protection, attendance, and pastoral.
- The Board Trustee for Safeguarding will liaise with the CST Director of Safeguarding and the Head of School to produce an annual report for The Trust Board and the local authority.
- The Board Trustee for Safeguarding meets with the Director of Safeguarding on a termly basis and review monitoring data included in the termly business reports for the Board.
- The nominated Trustee is responsible for liaising with Heads of School and the Director of Safeguarding over all matters regarding child protection. The role is strategic rather than operational – they will not be involved in concerns about individual children/students.
-

Training:

- The Trust Board and Academy Committee Members complete Level 2 safeguarding training annually.
- Members are also expected to complete a bespoke PLD session specifically on child protection systems and responses to safeguarding concerns providing them with the knowledge to provide strategic challenge to test and assure the Board that robust systems are in place.

LOCAL AUTHORITIES

Responsibilities:

- Within one working day of a referral being made, a local authority social worker should acknowledge its receipt to the referrer and make a decision about the next steps and the type of response that is required. This will include determining whether:
 - the child requires immediate protection and urgent action is required
 - any services are required by the child and family and what type of services
 - the child is in need and should be assessed under section 17 of the Children Act 1989. Chapter one of Working Together to Safeguard Children provides details of the assessment processes.
 - there is reasonable cause to suspect the child is suffering or likely to suffer significant harm, and whether enquiries must be made, and the child assessed under section 47 of the Children Act 1989. Chapter one of Working Together to Safeguard Children provides details of the assessment process, and further specialist assessments are required to help the local authority to decide what further action to take.
- The referrer should follow up if this information is not forthcoming.
- If social workers decide to carry out a statutory assessment, staff should do everything they can to support that assessment, supported by the designated safeguarding lead (or deputy)

as required.

- If, after a referral, the child's situation does not appear to be improving, the referrer should consider following local escalation procedures to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

Children who may be particularly vulnerable

Some children are at greater risk of abuse. This increased risk can be caused by many factors including social exclusion, isolation, discrimination and prejudice. To ensure that all of our pupils receive equal protection, we give special consideration to children who:

- are vulnerable because of their race, ethnicity, religion, disability, gender identity or sexuality
- are vulnerable to being bullied, or engaging in bullying
- are at risk of sexual exploitation, forced marriage, female genital mutilation, or being drawn into extremism
- live in chaotic or unsupportive home situations
- live transient lifestyles or live away from home or in temporary accommodation
- are affected by parental substance abuse, domestic violence or parental mental health needs
- do not have English as a first language

Children with special educational needs and disabilities

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;

- being more prone to peer group isolation than other children;
- the potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.
- Our staff are trained to be aware of and identify these additional barriers to ensure this group of children are appropriately safeguarded.

Disabled children may have physical, sensory and learning disabilities and difficulties. Severely disabled children often rely on parents and carers to meet most or all of their needs. They may have limited mobility and may find it hard to make their feelings and wishes known because of communication or language difficulties.

If they have been harmed or ill-treated they may find it difficult to know how they can express their own concerns about their welfare and they may not even know that the care they are receiving is not safe or appropriate. Disabled children trust their care-givers and rely on them to be sensitive to their personal care needs, their health, their emotional well-being and their safety.

What to look out for:

- Withdrawal from friends or usual activities
- Changes in behaviour — such as aggression, anger, hostility or hyperactivity — or changes in school performance
- Depression, anxiety or unusual fears, or a sudden loss of self-confidence
- An apparent lack of supervision
- Frequent absences from school
- Reluctance to leave school activities, as if he or she doesn't want to go home
- Attempts at running away
- Rebellious or defiant behaviour
- Self-harm or attempts at suicide
- Unusual frustration at not being able to express feelings
- Unexplained injuries, such as bruises, fractures or burns
- Injuries that don't match the given explanation

You must ensure that you do not use a child's disability to explain your concerns in their behaviour or changes in their usual routines. All concerns should be investigated in the same way as a concern for any other child.

- Try to talk to the child to see if they want to talk about anything which is upsetting or bothering them
- Pass any concerns you may have onto the Inclusion Department who can support that child with any issues they may be facing and may know ways of communicating which you don't.
- If there is no allegation but you are still concerned there may be something that's hard for them to express report your concern using the normal CPOMs procedure.

Children missing in education

Children missing education, particularly repeatedly, can be an indicator of abuse and neglect, including sexual abuse or exploitation, child criminal exploitation, mental health problems, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Our staff are alert to these risks.

We closely monitor attendance, absence and suspensions and our DSLs will take appropriate action including notifying the local authority, particularly where children go missing on repeated occasions and/or are missing for periods during the school day.

Mental health

Schools have an important role to play in supporting the mental health and wellbeing of their pupils. All staff are aware that mental health problems can be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Staff are also aware that where children have suffered adverse childhood experiences those experiences can impact on their mental health, behaviour and education.

Where staff are concerned that a child's mental health is also a safeguarding concern, they will refer to a DSL. DSLs will discuss cases with Mental Health Leads and Mental Health First Aiders and escalate cases where necessary to ensure pupils receive the appropriate support.

Children who are lesbian, gay, bi or trans (LGBTQ+)

The fact that a child or a young person may be LGBTQ is not in itself an inherent risk factor for harm. Unfortunately, children who are LGBTQ, or are simply perceived to be LGBTQ, can be targeted by other children. The risk to these children can be compounded where children who are LGBTQ lack a trusted adult with whom they can be open.

Our staff endeavour to reduce the barriers and provide a safe space for those children to speak out or share their concerns with them.

Child on child abuse

Child-on-child abuse – children harming other children - is unacceptable and will be taken seriously; it will not be tolerated or passed off as 'banter', 'just having a laugh', 'part of growing up' or 'boys being boys'. It is more likely that boys will be perpetrators of child-on-child abuse and girls victims, but allegations will be dealt with in the same manner, regardless of whether they are made by boys or girls.

All staff should be clear about the school's policy and procedures for addressing child-on-child abuse and maintain an attitude of 'it could happen here'.

Child-on-child abuse can take many forms, including:

- physical abuse such as shaking, hitting, biting, kicking or hair pulling
- bullying, including cyberbullying, prejudice-based and discriminatory bullying
- sexual violence and harassment such as rape and sexual assault or sexual comments and inappropriate sexual language, remarks or jokes
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- upskirting, which involves taking a picture under a person's clothing without their knowledge for the purposes of sexual gratification or to cause humiliation, distress or alarm

- consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery) including pressuring others to share sexual content
- abuse in intimate personal relationships between peers (also known as teenage relationship abuse) - such as a pattern of actual or threatened acts of physical, sexual or emotional abuse
- initiation/hazing – used to induct newcomers into sports team or school groups by subjecting them to potentially humiliating or abusing trials with the aim of creating a bond

Different gender issues can be prevalent when dealing with child-on-child abuse, for example girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence.

All staff recognise that that even if there are no reported cases of child-on-child abuse, such abuse may still be taking place but is not being reported.

As well as supporting and protecting the victim of this type of abuse, professionals need to consider whether the perpetrator could be a victim of abuse too. We know that children who develop harmful sexual behaviour have often experienced abuse and neglect themselves.

The importance of context:

We need to make sure that the children affected are getting the help they need. Professionals need to consider the individual circumstances and ages of the children to determine the best course of action.

In all cases professionals also need to think about risks to other children. If there's an incident in a school, has this put other children at risk? Have other children witnessed the incident? Could any siblings of the perpetrator be at risk? There may well be a need for a range of assessments and interventions for different children. A multi-agency approach may be necessary, which may include one or all of the following:

- children's social care
- the police
- any specialist services that support children who demonstrate harmful sexual behaviour
- the family
- any other professionals who know or have had contact with the child

Following an incident of Peer on Peer abuse a risk assessment should be carried out to ensure the safety of children moving forwards.

Minimising risk

We take the following steps to minimise or prevent the risk of child-on-child abuse:

- Promoting an open and honest environment where children feel safe and confident to share their concerns and worries.
- Using assemblies to outline acceptable and unacceptable behaviour.
- Using RSE and PSHE to educate and reinforce our messages through stories, role play, current affairs and other suitable activities.
- Ensuring that the school is well supervised, especially in areas where children might be vulnerable.

Investigating allegations

All allegations of child-on-child abuse should be passed to the DSL immediately who will investigate and manage the allegation as follows:

- Gather information - children and staff will be spoken with immediately to gather relevant information.
- Decide on action - if it is believed that any child is at risk of significant harm, a referral will be made to children's social care. The DSL will then work with children's social care to decide on next steps, which may include contacting the police. In other cases, we may follow our behaviour policy alongside this Safeguarding and Child Protection Policy.
- Inform parents - we will usually discuss concerns with the parents. However, our focus is the safety and wellbeing of the pupil and so if the school believes that notifying parents could increase the risk to a child or exacerbate the problem, advice may be sought from children's social care and/or the police before parents are contacted.

- Recorded – all concerns, discussions and decisions made, and the reasons for those decisions will be recorded in writing, kept confidential and stored securely on the school's child protection and safeguarding system. The record will include a clear and comprehensive summary of the concern, details of how the concern was followed up and resolved, and a note of the action taken, decisions reached and the outcome.

Where allegations of a sexual nature are made, the school will follow the statutory guidance set out in Part 5 of Keeping Children Safe in Education 2022.

Children can report allegations or concerns of child-on-child abuse to any staff member and that staff member will pass on the allegation to the DSL in accordance with this policy. To ensure children can report their concerns easily, the school has pupil referral forms, open access to pastoral staff and an online reporting system on the school website.

To support those involved, our staff will reassure all victims that they are being taken seriously, regardless of how long it has taken them to come forward, and that they will be supported and kept safe. Our staff will never give a victim the impression that they are creating a problem by reporting sexual violence or sexual harassment, nor will victims be made to feel ashamed for making a report.

Abuse that occurs online or outside of school will not be downplayed and will be treated equally seriously. We recognise that sexual violence and sexual harassment occurring online can introduce a number of complex factors. Amongst other things, this can include widespread abuse or harm across a number of social media platforms that leads to repeat victimisation.

The support required for the pupil who has been harmed will depend on their particular circumstance and the nature of the abuse. The support we provide could include counselling and mentoring or some restorative justice work.

Support may also be required for the pupil that caused harm. We will seek to understand why the pupil acted in this way and consider what support may be required to help the pupil and/or change behaviours. The consequences for the harm caused or intended will be addressed.

Knowing what to look for is vital to the early identification of abuse and neglect. All staff are trained to be aware of indicators of abuse and neglect so that they can identify cases of children who may be in need of help or protection. If staff are unsure they should always speak to the DSL.

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

All staff should be aware that abuse, neglect and safeguarding issues are rarely stand-alone events that can be covered by one definition or label. In most cases, multiple issues will overlap one another.

Child criminal exploitation

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

Children can become trapped by this exploitation as perpetrators can threaten victims (and their families) with violence or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or carry a knife for a sense of protection.

Children involved in criminal exploitation often commit crimes themselves. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys and both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

CCE indicators can include children who:

- (a) appear with unexplained gifts or new possessions
- (b) associate with other young people involved in exploitation
- (c) suffer from changes in emotional well-being
- (d) misuse drugs or alcohol
- (e) go missing for periods of time or regular return home late
- (f) regularly miss school or education or do not take part in education

Sharing nudes and semi-nudes

Sharing photos, videos and live streams online is part of daily life for many children and young people, enabling them to share their experiences, connect with friends and record their lives. Sharing nudes and semi-nudes means the sending or posting online of nude or semi-nude images, videos or live streams by young people under the age of 18. This could be via social media, gaming platforms, chat apps or forums, or carried out offline between devices via services like Apple's AirDrop.

The term 'nudes' is used as it is most commonly recognised by young people and more appropriately covers all types of image sharing incidents. Alternative terms used by children and young people may include 'dick pics' or 'pics'. Other terms used in education include 'sexting', youth produced sexual imagery' and 'youth involved sexual imagery'.

The motivations for taking and sharing nudes and semi-nudes are not always sexually or criminally motivated. Such images may be created and shared consensually by young people who are in relationships, as well as between those who are not in a relationship. It is also possible for a young person in a consensual relationship to be coerced into sharing an image with their partner. Incidents may also occur where:

- children find nudes and semi-nudes online and share them claiming to be from a peer
- children digitally manipulate an image of a peer into an existing nude online
- images created or shared are used to abuse peers e.g. by selling images online or obtaining images to share more widely without consent to publicly shame

All incidents involving nude or semi-nude images will be managed as follows:

The incident will be referred to the DSL immediately and the DSL will discuss it with the appropriate staff. If necessary, the DSL may also interview the children involved.

Parents will be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put a child at risk of harm.

At any point in the process, if there is a concern a young person has been harmed or is at risk of harm, we will refer the matter to the police and/or children's social care.

The UK Council for Internet Safety updated its advice for managing incidences of sharing nudes and semi-nudes in December 2020 - [UKCIS advice 2020](#) . The school will have regard to this advice when managing these issues.

Serious violence

All staff are made aware of indicators that children are at risk from or are involved with serious violent crime. These include increased absence, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts could also indicate that children have been approached by or are involved with individuals associated with criminal gangs.

All staff are made be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent or permanently excluded from school, having experienced maltreatment and having been involved in offending, such as theft or robbery.

Handling disclosures

It's normal to feel overwhelmed and confused in this situation. Child abuse is a difficult subject that can be hard to accept and even harder to talk about. Children who are abused are often threatened by the perpetrators to keep the abuse a secret. Thus, telling an adult takes a great amount of courage.

Children have to grapple with a lot of issues, including the fear that no one will believe them. So, care must be taken to remain calm and to show support to the child throughout the disclosure phase. The following guidelines will help lessen the risk of causing more trauma to the child.

Receive: Stay calm, do not communicate shock, anger or embarrassment. If you display denial to a child or show shock or disgust at what they are saying, the child may be afraid to continue and will shut down.

React: Reassure the child, but only so far as is honest and reliable. Don't make promises that you can't be sure to keep, e.g., "everything will be all right now". Reassure the child that they did nothing wrong and that you take what is said seriously.

- Don't promise confidentiality – never agree to keep secrets. You have a duty to report your concerns.
- Tell the child that you will need to tell some people, but only those whose job it is to protect children.
- Acknowledge how difficult it must have been to talk. It takes a lot for a child to come forward about abuse.

Respond: Listen quietly, carefully and patiently. Do not assume anything – don't speculate or jump to conclusions.

- Do not investigate, interrogate, or decide if the child is telling the truth. Remember that an allegation of child abuse may lead to a criminal investigation, so don't do anything that may jeopardise a police investigation. Let the child explain to you in his or her own words what happened, but don't ask leading questions.
- Do ask open questions like "Is there anything else that you want to tell me?"
- Communicate with the child in a way that is appropriate to their age, understanding and preference. This is especially important for children with disabilities and for children whose preferred language is not English.
- Do not ask the child to repeat what they have told you to another member of staff. Explain what you have to do next and whom you have to talk to.

Record: Make some very brief notes at the time and write them up on CPOMS as soon as possible.

Record the words used by the child and how the child appeared to you – be specific. Record the actual words used; including any swear words or slang. Record statements and observable things, not your interpretations or assumptions – keep it factual.

Staff may suspect that a pupil may be at risk. This may be because the pupil's behaviour has changed, their appearance has changed or physical signs are noticed. In these circumstances, staff will give the pupil the opportunity to talk and ask if they are ok.

If the pupil does reveal that they are being harmed, staff should follow the advice below.

Staff are aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. Children may feel embarrassed, humiliated, or being threatened, which could be due to their vulnerability, disability and/or sexual orientation or language barriers. This will not prevent our staff from having a professional curiosity and referring to a DSL if they have concerns about a child.

Notifying parents

The school will normally seek to discuss any concerns about a pupil with their parents. If the school believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from children's social care and/or the police before parents are notified.

Referral to Children's social care:

The DSL will make a referral to children's social care if it is believed that a pupil is suffering or is at risk of suffering significant harm. The pupil (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.

Reporting directly to child protection agencies:

Staff should follow the reporting procedures outlined in this policy. However, they may also share information directly with children's social care or the police if they are convinced that a direct report is required or if the Designated Safeguarding Lead, the deputies, the head teacher or the chair of governors are not available and a referral is required immediately.

Sharing information

The DSL will normally obtain consent from the pupil and/or parents to share child protection information. Where there is good reason to do so, the DSL may share information *without* consent, and will record the reason for deciding to do so.

Information sharing will take place in a timely and secure manner and only when it is necessary and proportionate to do so and the information to be shared is relevant, adequate and accurate.

Information sharing decisions will be recorded, whether or not the decision is taken to share.

The UK GDPR and the Data Protection Act 2018 do not prevent school staff from sharing information with relevant agencies, where that information may help to protect a child. If any member of staff receives a request from a pupil or parent to see child protection records, they will refer the request to the Data Protection Officer.

Storing information

Child protection information will be stored separately from the pupil's school file. It will be stored and handled in line with our Data Protection Policy.

Our Confidentiality and Information Sharing policy and our Retention and Destruction policy is available to parents and pupils on request.

Looked after children

The most common reason for children becoming looked after is as a result of abuse or neglect. The school ensures that staff have the necessary skills and understanding to keep looked after children safe. Appropriate staff have information about a child's looked after status and care arrangements, including the level of authority delegated to the carer by the authority looking after the child. The designated teacher for looked after children and the DSL have details of the child's social worker and the name and contact details of the local authority's virtual head for children in care.

Children who have a social worker

Children may need a social worker due to safeguarding or welfare needs. Local authorities will share this information with us, and the DSL will hold and use this information to inform decision about safeguarding and promoting the child's welfare.

Work experience

The school has detailed procedures to safeguard pupils undertaking work experience, including arrangements for checking people who provide placements and supervise pupils on work experience which are in accordance with statutory guidance.

Children staying with host families

The school may make arrangements for pupils to stay with host families, for example during a foreign exchange trip or sports tour. When we do, we follow the guidance set out in the statutory guidance to ensure hosting arrangements are as safe as possible.

Schools cannot obtain criminal record information from the Disclosure and Barring Service about adults abroad. Where pupils stay with host families abroad we will agree with the partner schools a shared understanding of the safeguarding arrangements. Our Designated Safeguarding Lead will ensure the arrangements are sufficient to safeguard our pupils and will include ensuring pupils understand who to contact should an emergency occur or a situation arise which makes them feel uncomfortable. We will also make parents aware of these arrangements.

Some overseas pupils may reside with host families during school terms and we will work with the local authority to check that such arrangements are safe and suitable.

Private fostering arrangements

A private fostering arrangement occurs when someone other than a parent or a close relative cares for a child for a period of 28 days or more, with the agreement of the child's parents. It applies to children under the age of 16, or aged under 18 if the child is disabled. By law, a parent, private foster carer or other persons involved in making a private fostering arrangement must notify children's services as soon as possible.

Where a member of staff becomes aware that a pupil may be in a private fostering arrangement they will tell the DSL and the school will notify the local authority of the circumstances.

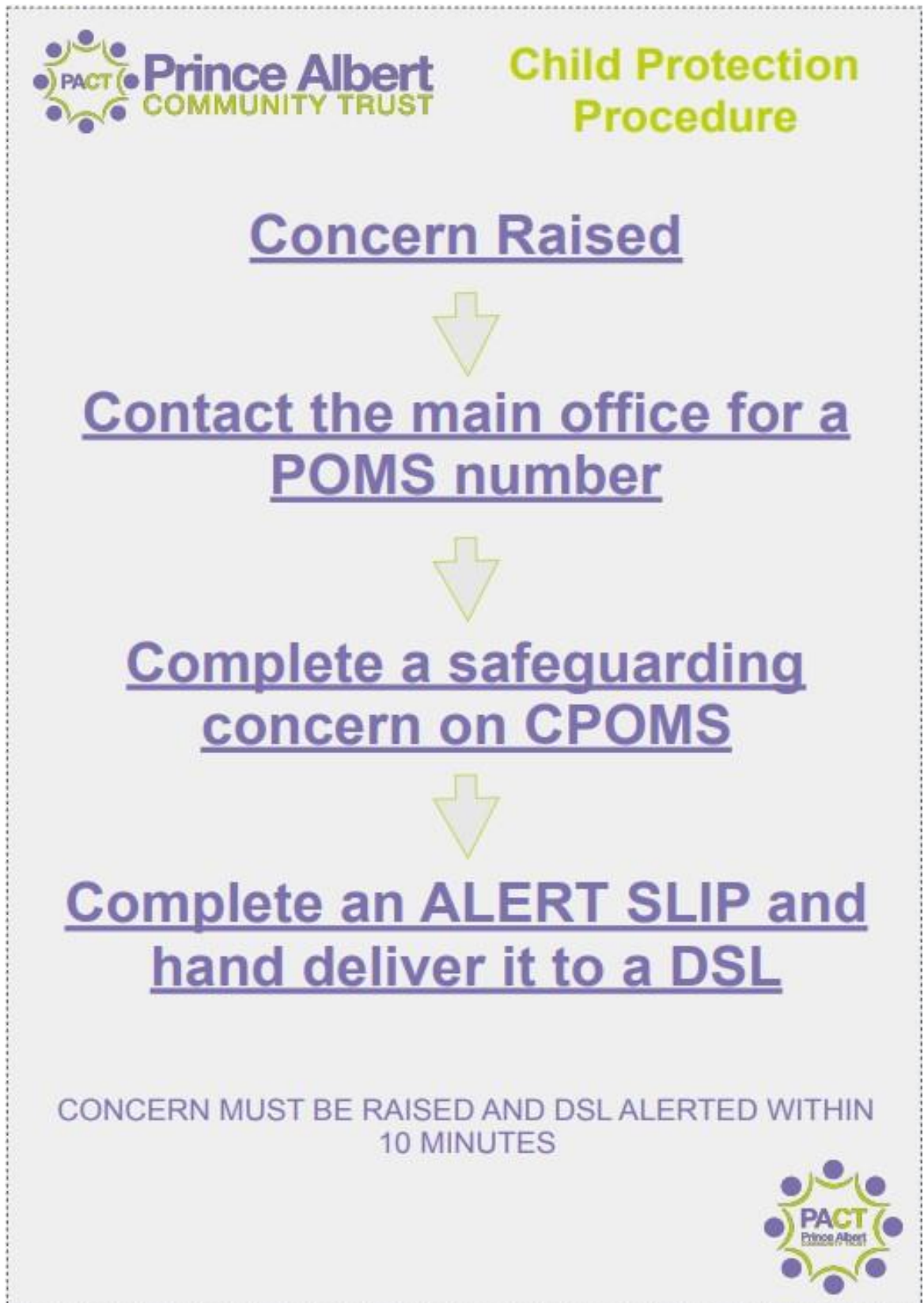
Staff wellbeing

All staff should look after their own mental health wellbeing and seek support from their Line Manager in the first instance. Staff should also utilise the following services:

- Westfield Health – 0114 250 2000 (if a member of staff works 15+ or more at PACT)
- Birmingham Healthy Mind – 0121 301 2525

Raising a concern

All members of staff have a duty of care to respond to safeguarding concerns. If there is an immediate threat to life call 999.



Raising a concern: Allegations against a member of staff

Although it is an uncomfortable thought, it needs to be acknowledged there is the potential for individuals in school to abuse children.

Our staff receive appropriate safeguarding and child protection training which is regularly updated. In addition, all staff receive safeguarding and child protection updates on a regular basis to ensure they are up to date and empowered to provide exceptional safeguarding to our pupils.

New staff, volunteers receive a briefing during their induction which covers this Child Protection and Safeguarding policy and our staff behaviour policy, how to report and record concerns and information about our Designated Safeguarding Lead and deputy DSLs.

Our trustees receive appropriate safeguarding and child protection (including online) training at induction which equips them with the knowledge to provide strategic challenge to test and assure themselves that there is an effective whole trust approach to safeguarding. This training is updated at least annually.

Our safeguarding trustee receives additional training to empower them to support and challenge the Designated Safeguarding Lead and support the delivery of high quality safeguarding across the trust.

Inappropriate behaviour by staff could take the following forms:

- Physical e.g., the intentional use of force as a punishment
- Emotional e.g., attitudes that discriminate on the grounds of race, gender, disability or sexuality
- Sexual e.g., sexualised behaviour towards pupils
- Neglect e.g., failing to seek medical attention.

All staff working within our school must report face to face or via phone call, any potential safeguarding concerns about an individual's behaviour towards children immediately.

Who is the allegation about	Who must the concern be reported to
Members of staff including supply staff, visitors, contractors, and volunteers	Head of School
Head of School	Trust Board
Deputy CEO, CEO	Trust Board

Staff/pupil relationships

Staff are aware that inappropriate behaviour towards pupils is unacceptable and that it is a criminal offence for them to engage in any sexual activity with a pupil under the age of 18.

We provide our staff with advice regarding their personal online activity and we have clear rules regarding electronic communications and online contact with pupils. It is considered a serious disciplinary issue if staff breach these rules.

Our Staff Code of Conduct sets out our expectations of staff.

Safeguarding concerns and allegations made about staff, supply staff, contractors and volunteers

If a safeguarding concern or allegation is made about a member of staff, supply staff, contractor or a volunteer, our set procedures must be followed. Our safeguarding concerns and allegations made about staff, supply staff, contractors and volunteers policy and procedure can be located in the Trust Disciplinary policy and the full procedure for managing such allegations or concerns are set out in Part Four of Keeping Children Safe in Education 2022.

Safeguarding concerns or allegations made about staff who no longer work at the school will be reported to the police.

Staff and trustee training

Our staff receive appropriate safeguarding and child protection training which is regularly updated. In addition, all staff receive safeguarding and child protection updates on a regular basis to ensure they are up to date and empowered to provide exceptional safeguarding to our pupils.

New staff, volunteers receive a briefing during their induction which covers this Child Protection and Safeguarding policy and our staff behaviour policy, how to report and record concerns and information about our Designated Safeguarding Lead and deputy DSLs.

Our trustees receive appropriate safeguarding and child protection (including online) training at induction which equips them with the knowledge to provide strategic challenge to test and assure themselves that there is an effective whole trust approach to safeguarding. This training is updated at least annually.

Our safeguarding trustee receives additional training to empower them to support and challenge the Designated Safeguarding Lead and support the delivery of high quality safeguarding across the trust.

Site security

Visitors are asked to sign in at the school reception and are given a badge, which confirms they have permission to be on site. If visitors have undergone the appropriate checks, they can be provided with unescorted access to the school site. Visitors who have not undergone the required checks will be escorted at all times.

Safeguarding Concerns, definitions, signs and symptoms

Types of abuse:

Sexual abuse

Definition:

“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”.

Sexual abuse can occur between an adult and a child or between two peers. Physical contact activities include unwanted kissing, rubbing, touching or masturbation. Abuse 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).

Although incidents of sexual abuse remain low across our trust, last year police recorded over 83,000 child sexual abuse offences in the UK with girls being particularly vulnerable.

Neglect

Neglect is a form of abuse, behavior of parents or carers that results in depriving a child of their basic needs. Neglect includes failure to provide adequate supervision, health care, clothing, or housing, as well as other physical, emotional, social, educational, and safety needs.

A child may be left hungry or dirty, without adequate care, shelter, supervision, or the appropriate medical or health care. A child may be put in danger or not protected from physical or emotional harm. They may not get the love, care and attention they need from their parents.

Physical neglect

Failing to provide for a child's basic needs such as food, clothing or shelter. Failing to adequately supervise a child or provide for their safety.

Educational neglect

Failing to ensure a child receives an education.

Emotional neglect

Failing to meet a child's needs for nurture and stimulation, perhaps by ignoring, humiliating, intimidating or isolating them.

Medical neglect

Failing to provide appropriate health care, including dental care and refusal of care or ignoring medical recommendations.

Physical abuse

Physical abuse is any intentional act of causing injury or trauma to another person by way of bodily contact. It is deliberately hurting a child, causing injuries such as bruises, broken bones, burns or cuts.

Physical abuse isn't accidental - children who are physically abused suffer violence such as being hit, kicked, poisoned, burned, slapped or having objects thrown at them.

Sometimes parents or carers will make up or cause the symptoms of illness in their child, perhaps giving them medicine they don't need and making the child unwell – this is known as fabricated or induced illness.

Emotional abuse

Emotional abuse is the ongoing emotional maltreatment of a child. It's sometimes called psychological abuse and can seriously damage a child's emotional health and development.

Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them.

Domestic abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse.

Abusive behaviour can occur in any relationship. It can continue even after the relationship has ended. Both men and women can be abused or abusers.

Grooming

Grooming is when someone builds a relationship, trust and emotional connection with a child for the intentions of exploitation, manipulation or abuse. Grooming happens both online and in person.

Groomers will hide their true intentions and spend a long time gaining a child's trust. Groomers may try to gain the trust of a whole family to allow them to be left alone with a child and if they work with children they may use similar tactics with colleagues.

Once they have established trust, groomers will exploit the relationship by isolating the child from friends or family and making the child feel dependent on them. They will use any means of power or control to make a child believe they have no choice but to do what they want.

Groomers may introduce 'secrets' as a way to control or frighten the child. Sometimes they will blackmail the child, or make them feel ashamed or guilty, to stop them telling anyone about the abuse.

- Statistics show 1 in 20 children experience sexual abuse, Over a third of all police recorded sexual offences are against children.
- Girls are more likely to experience sexual abuse.
- The vast majority of children who experience sexual abuse were abused by someone they knew.

Reports have shown that almost 500 children in Birmingham were sexually groomed within a 12 month period (January to December 2020). During this year, Birmingham recorded the second highest number of child grooming victims in the UK.

Since December 2020, figures for sexual exploitation and grooming have decreased due to the first covid lockdown happening in March 2021. Although numbers of cases decreased, reports show that over 200 children in Birmingham were involved in sexual exploitation cases, with the youngest being 11 years old.

Child Sexual Exploitation

What is CSE?

Child sexual exploitation (CSE) is a form of sexual abuse that involves the manipulation and/or coercion of young people under the age of 18 into sexual activity. Children may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be [groomed online](#). Some children and young people are [trafficked](#) into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to [young people in gangs](#).

What to look out for:

Sexual exploitation can be very difficult to identify. Warning signs can easily be mistaken for 'normal' behaviour.

Warning signs include:

- Acquisition of money, clothes, mobile phones etc without plausible explanation
- Gang-association and/or isolation from peers/social networks
- Suspension or unexplained absences from school
- Persistently going missing or arriving late
- Under the influence of drugs/alcohol
- Inappropriate sexualised behaviour for age
- Evidence of/suspicious of physical or sexual assault
- Relationships with controlling or significantly older individuals or groups
- Concerning use of internet or other social media
- Increasing secretiveness around behaviours
- Self-harm or significant changes in emotional well-being

As members of staff it is your responsibility to remain vigilant, respond appropriately to all concerns raised and keep updated with safeguarding best practice.

Child Sexual Abuse Online

In the last 3 years, crimes involving online grooming has increased by 70%. Between April 2020 and March 2021 there were over 5,000 offences recorded of inappropriate sexual communication with a child. Over half the recorded offences were carried out using Facebook owned apps with Instagram and Snapchat being the most commonly used.

Groomers can spend time learning about a young person's interests from their online profiles and then use this knowledge to help them build up a relationship.

It's easy for groomers to hide their identity online - they may pretend to be a child and then chat and become 'friends' with children they are targeting.

Groomers don't always target a particular child. Sometimes they will send messages to hundreds of young people and wait to see who responds.

Groomers no longer need to meet children in real life to abuse them. Increasingly, groomers are sexually exploiting their victims by persuading them to take part in online sexual activity.

When sexual exploitation happens online, a child may be persuaded, or forced, to:

- send or post sexually explicit images of themselves
- take part in sexual activities via a webcam or smartphone
- have sexual conversations by text or online.

Abusers may threaten to send images, video or copies of conversations to the young person's friends and family unless they take part in other sexual activity.

Images or videos may continue to be shared long after the sexual abuse has stopped.

Sexting

Sexting or sending nudes is when someone shares a sexual message, naked or semi-naked image, video or text message with another person. It doesn't have to be a nude image of them and could be an image of someone else.

Children can send nudes using mobile phones, tablets and laptops and can share them across any app, site or game.

Risks involved with sexting:

- losing control of the images, videos or messages and how they're shared. Once something's shared online it's public and can be saved or copied by others.

- blackmail, bullying and harm. Children can have their photos, messages or videos shared without their consent or be bullied about them. This can lead to them feeling difficult emotions like distress or embarrassment and shame.

Why do children sext?

There are many reasons why a child may want to send a naked or semi-naked picture, video or message to someone else:

- joining in because they think that 'everyone is doing it'
- boosting their self-esteem
- flirting with others and testing their sexual identity
- exploring their sexual feelings
- to get attention and connect with new people on social media
- they may find it difficult to say no if somebody asks them for an explicit image, especially if the person asking is persistent

It's easy to send a photo or message but the sender has no control about how it's passed on.

Some people may think that images and videos only last a few seconds on social media and then they're deleted, but they can still be saved or copied by others. This means that photos or videos which a young person may have shared privately could still be end up being shared between adults they don't know.

Children may think 'sexting' is harmless but it can leave them vulnerable to:

- Blackmail - An offender may threaten to share the pictures with the child's family and friends unless the child sends money or more images.
- Bullying - If images are shared with their peers or in school, the child may be bullied.
- Unwanted attention - Images posted online can attract the attention of sex offenders, who know how to search for, collect and modify images.
- Emotional distress - Children can feel embarrassed and humiliated. If they're very distressed this could lead to suicide or self-harm.

Substance Misuse

What is alcohol and drug misuse

Substance misuse is when someone's drinking or drug use becomes harmful or dependent.

By 'harmful' we mean when someone puts themselves or others in danger. They might continue to drink or take drugs even if it puts them at risk of illness, psychological problems or physical accidents. Dependent drinking or drug use is when someone craves alcohol or drugs and continues to use them even though it causes them social, health or even financial problems.

Affects on children:

Living in a household where a parent or carer misuses substances doesn't mean a child will experience abuse but it can be a risk.

Substance misuse can have negative effects on children at different stages in their lives.

During pregnancy, drinking and drug use can put babies at risk of birth defects, premature birth, being born underweight and withdrawal symptoms.

In later years, substance misuse can put children at risk of:

- physical and emotional abuse or neglect
- behavioural or emotional problems
- having to care for their parents or siblings
- poor attendance at school or low grades
- experiencing poverty
- being exposed to drugs or criminal activity
- being separated from parents.

Some of the signs to look out for are;

- Eyes that are bloodshot or pupils that are smaller or larger than normal.
- Frequent nosebleeds could be related to snorted drugs.
- Changes in appetite or sleep patterns. Sudden weight loss or weight gain.
- Seizures without a history of epilepsy.
- Deterioration in personal grooming or physical appearance.
- Impaired coordination, injuries/accidents/bruises that they won't or can't tell you about- they don't know how they got hurt.

- Unusual smells on breath, body, or clothing.
- Shakes, tremors, incoherent or slurred speech, impaired or unstable coordination.
- Unexplained, confusing change in personality and/or attitude.
- Sudden mood changes, irritability, angry outbursts or laughing at nothing.
- Periods of unusual hyperactivity or agitation.
- Lack of motivation; inability to focus, appears lethargic or “spaced out.”
- Appears fearful, withdrawn, anxious, or paranoid, with no apparent reason.

Faith Abuse

It is the belief in concepts of witchcraft and spirit possessions, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or jinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or multi murders where the killing of children 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.

It can take place for some of the following reasons

- abuse as a result of a child being accused of being a ‘witch’
- abuse as a result of a child being accused of being possessed by ‘evil spirits’
- ritualistic abuse which is prolonged sexual, physical and psychological abuse
- satanic abuse which is carried out in the name of ‘satan’ and may have links to cults
- any other harmful practice linked to a belief or faith

Child abuse linked to faith or belief is not confined to one faith, nationality or ethnic community.

Belief in evil spirits that can ‘possess’ children is often accompanied by a belief that a possessed child can ‘infect’ others with the condition. This could be through contact with shared food, or simply being in the presence of the child.

What to look for:

- A child’s body showing signs or marks such as bruises or burns, from physical abuse
- A child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children
- A child’s personal care deteriorating, e.g. through loss of weight, being hungry, turning up at school without food or being unkempt with dirty clothes
- A child’s attendance becomes irregular or the child being taken out of school altogether without another school place being taken.
- The child’s performance at school has deteriorated
- A child reporting that they are or have been accused of being ‘evil’, and ‘or that they are having the ‘devil beaten out of them’.
-

There are a number of laws in the UK that allow the prosecution of those responsible for abuse linked to faith or belief. One of the biggest challenges is raising awareness and encouraging victims and witnesses to come forward.

Forced Marriage

Forced marriage is when you face physical pressure to marry (e.g. threats, physical violence or sexual violence) or emotional and physical pressure (e.g. if you’re made to feel like you’re bringing shame on the family). Forced marriage applies to both genders.

One serious consequence of forced marriage is the increased likelihood of domestic abuse and sexual abuse.

Forced marriage is illegal in England and Wales. This includes:

- Taking someone overseas to force them to marry (whether the forced marriage takes place or not)
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they’re pressured to or not)

Forcing someone to marry can result in a sentence of up to 7 years in prison.

Please note – arranged marriage is different to forced marriage. An arranged marriage is where both partners are consenting to the marriage with the parents or older family members having a significant role in selecting the companion for their children.

Forced marriage transcends many cultures, religions, age, class, gender or sexuality. This can result in false imprisonment, kidnapping, threats of violence, blackmail, rape, assault, domestic violence, 'honour' based abuse and even murder. An estimated 5000 to 8000 forced marriages are reported in the UK

It may be difficult for victims of forced marriage to come forward or disclose; there may be underlying concerns such as risk to life or reputation of family members or siblings, fear of shame or guilt, sense of duty, dishonour, isolation, disownment and cultural conflict that may be perceived as being of greater importance.

What to look for?

Forced marriage can be difficult to spot because the signs are usually hidden.

- Bruises and marks on the body may be a sign that they are being forced into a marriage
- But mostly, emotional pressure is used to force someone into a marriage, which can be harder to spot.
- Emotional distress, depression and self-harm are the most common behaviours shown by victims of forced marriage. Often victims feel isolated and unable to talk to other people about what they are going through.
- Someone going away on holiday suddenly could be a sign they are in danger

Forced marriage can have significant safeguarding consequences for children. They can miss time from school, witness abuse and be vulnerable to ACEs.

Where can you go for more information or support?

The Sharan Project works to support women who have been or are at risk of forced marriage, you can contact us on 08445043231 or email Sharan at info@sharan.org.uk or go to www.sharan.org.uk for more information and access to other organisations

The Forced Marriage Unit (FMU) is a specialist government service working to end forced marriages, they can provide advice and guidance as well as support British nationals who may have been or are at risk of being taken abroad to be forced to marry, you can call on 0207 008 0151 or email fmufco.gov.uk

Children Missing in Education

Definition:

CME are children who are of a compulsory school age, are either not registered at a school or not receiving suitable education in place of a school setting. Anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be the subject of a crime or at risk of harm to themselves or another.

Each year approximately over 200 pupils in Birmingham were reported missing in education. This equates to more than 7 classrooms of children not in school.

The impact of children missing out on formal full-time education is felt by the children themselves, by families and by society. For individual children, the negative implications can include slower progress in learning, worse prospects for future employment, poorer mental health and emotional wellbeing, restricted social and emotional development and increased vulnerability to safeguarding issues and criminal exploitation. Having children out of education also places enormous strain on families, both emotionally and financially.

What to look out for:

- Sudden change in the child's attendance
- Child has failed to come to school over a period of time and contact cannot be made
- Sudden or unexplained trip abroad
- Unable to make contact with family or child
- Reasons given for absence by parent but no contact has been made with the child
- Change in attendance pattern

If you have a concern regarding a child's attendance, please fill in an attendance concern form or speak to the Pastoral Leader in your school. If you suspect a child missing outside of school/work hours, call the police and request a safe and well check to be carried out.

Trafficking

Trafficking is where children and young people tricked, forced or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold. Child trafficking and modern slavery are child abuse.

Traffickers often [groom](#) children, families and communities to gain their trust. They may also threaten families with violence or threats. Traffickers often promise children and families that they'll have a better future elsewhere.

Trafficking is also an economic crime. Traffickers may ask families for money for providing documents or transport and they'll make a profit from money a child "earns" through exploitation, forced labour or crime. They'll often be told this money is to pay off a debt they or their family "owe" to the traffickers.

Traffickers may:

- work alone or in small groups, recruiting a small number of children, often from areas they know and live in
- be medium-sized groups who recruit, move and exploit children and young people on a small scale
- be large criminal networks that operate internationally with high-level corruption, money laundering and a large numbers of victims.

Children are trafficked for:

- child sexual exploitation
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture
- criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs, bag theft

Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another.

Trafficked children experience many types of abuse and neglect. Traffickers use physical, sexual and emotional abuse as a form of control. Children and young people are also likely to be physically and emotionally neglected and may be sexually exploited.

What to look out for:

Signs that a child has been trafficked may not be obvious but you might notice unusual behaviour or events. These include a child who:

- rarely leaves their house, has no freedom of movement and no time for playing
- is orphaned or living apart from their family, often in unregulated private foster care
- lives in substandard accommodation
- isn't sure which country, city or town they're in
- is unable or reluctant to give details of accommodation or personal details
- might not be registered with a GP practice and has no documents or has falsified documents
- has no access to their parents or guardians
- possesses money or goods not accounted for
- has injuries which may be workplace related and gives a prepared story which is very similar to stories given by other children

Fabricated Illness

Fabricated or induced illness is a form of child abuse. It occurs when a parent or carer, exaggerates or deliberately causes symptoms of illness in the child.

Perpetrators of fabricated illness will go to great lengths including infecting their child's wounds, injecting their child with dirt or poo, inducing unconsciousness, exaggerating, distorting or lying about their child's symptoms, medical history, tests or diagnoses, not treating or mistreating genuine conditions so they get worse.

withholding food, resulting in the child failing to develop physically and mentally at the expected rate
falsifying documents

deliberately contaminating or manipulating clinical tests to fake evidence of illness, for example, by adding blood or sugar to urine samples

poisoning their child with unsuitable and non-prescribed medicine

A clinician may suspect fabricated or induced illness if, after carrying out examinations and tests, there appears to be no explanation for the child's symptoms.

What to look for:

- Symptoms only appear when the parent or carer is present
- The only person claiming to notice the symptoms is the parent or carer
- The affected child has a poor response to medication or other treatment
- If one particular health problem is resolved, the parent or carer may begin reporting a new set of symptoms
- The child's alleged symptoms don't seem plausible
- The parent or carer has a history of frequently changing GPs or visiting different hospitals for treatment
- The child's daily activities are being limited far beyond what you would usually expect as a result of having that condition
- The parent or carer doesn't seem too worried about the child's health
- One parent has little or no involvement in the care of the child
- The parent or carer encourages medical staff to perform often painful tests and procedures on the child (tests that most parents would only agree to if they were persuaded that it was absolutely necessary)

Gangs and Youth Violence

The police define a gang as a group of people who are involved in organised crime activity. ... A group of mates who live in the same area as each other, or all go to the same school, and who hang around together is not a gang and the police wouldn't see them as such as long as they were behaving in line with the law

Being in a gang can make a child feel part of something or a sense of belonging.

Some gangs take part in criminal activity and might try to get them involved with them. Being part of a gang like this can be dangerous. Sometimes they can be forced to commit a crime or do things that are unsafe.

If a gang carries knives or other weapons, they might get them out to show off or intimidate people. This can be very scary for other people, especially if they think the gang will use them.

Children join gangs for lots of different reasons, some of these include:

- fitting in with friends and other gang members
- having the same interests as other people, like sports or music
- feeling respected and important
- to be protected from bullying or from other gangs
- making money from crime or drugs
- gaining status and feeling powerful

What to look out for:

- changes in behaviour
- decline in academic progress
- poor attendance which is out of character
- changing friends or having no friends at school which is a change to the normal for that child
- rebelling at school and possibly at home (parent may disclose this to a member of staff)
- poor family or adult bonding
- having large sums of money or new expensive items which is unusual

Youth Violence is the intentional use of physical force or power to threaten or harm others by young people as young as 10. Youth violence can include fighting, bullying, threats with weapons, and gang related violence. A child can be involved with youth violence as a victim, offender, or witness.

Prevent

The prevent strategy responds to the ideological challenge of terrorism and the threat we face from those who promote it. It is one of the 4 P's of the Governments counter-strategy, which was introduced after the events of 9/11. These are:

- Prepare for attacks
- Protect the public
- Pursue the attackers
- Prevent radicalisation

The main aim of Prevent is to stop people from becoming terrorists or supporting terrorism. At the heart of Prevent is safeguarding children and providing early intervention to protect and divert people away from being drawn into terrorist activity.

What is Radicalisation:

Radicalisation is a process by which an individual or a group comes to adopt increasingly extreme political, social or religious ideas and aspirations that reject or undermine the status quo (current state of things) or undermine contemporary ideas and expressions of freedom.

There are negative influencers and online groomers who use the internet, social media and online gaming to spread their extreme ideas, which children can be exposed to. Some of these ideas may be considered radical or extreme and when a person starts to support or be involved in them, this is called radicalisation.

What to look out for:

Radicalisation can be difficult to spot. Signs that may indicate a child is being radicalised include;

- Isolating themselves from family and friends
- Talking as if it is from a scripted speech
- Unwilling or inability to discuss their views
- A sudden disrespectful attitude towards others i.e. peers and/or staff
- Increased levels of anger
- Increasingly secretive, especially around internet use.

Female Genital Mutilation

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It is also known as female circumcision or cutting.

Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It is dangerous and a criminal offence.

There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

Mandatory reporting

Summary: Mandatory reporting of FGM* Duty applies to regulated health and social care professionals and teachers in England and Wales. Requires these professionals to make a report to the police if, in the course of their professional duties, they:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth. *Introduced in Section 5B of the FGM Act 2003, as inserted by section 74 of the Serious Crime Act 201*

What to look out for:

A girl at immediate risk of FGM may not know what is going to happen, but she might talk about or you may become aware of:

- A long holiday abroad or going 'home' to visit family
- A special occasion or ceremony to 'become a woman' or get ready for marriage
- A female relative being cut – a sister, cousin, or an older female relative such as a mother or aunt.

Indicators FGM may have taken place:

A girl or woman who's had female genital mutilation (FGM) may:

- have difficulty walking, standing or sitting
- spend longer in the bathroom or toilet
- appear withdrawn, anxious or depressed
- have unusual behaviour after an absence from school
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear

The physical effects of FGM:

FGM can be extremely painful and dangerous. It can cause:

- severe pain
- shock
- bleeding
- infection such as tetanus, HIV and hepatitis B and C
- organ damage
- Blood loss and infections that can cause death in some case
-

A child may ask a teacher or another adult for help if she suspects FGM is going to happen or she may run away from home or miss school. The police must be informed if you're worried a child is at risk of FGM.

Self Harm

Self-harm can take lots of physical forms, including cutting, burning, bruising, scratching, hair pulling, poisoning and overdosing.

Cutting the arms or the back of the legs with a razor or knife is the most common form of self-harm, self-harm can take many forms, including burning, biting, hitting or taking overdoses.

A child may self-harm to help them cope with negative feelings, to feel more in control or to punish themselves. It can be a way of relieving overwhelming feelings that build up inside; when they feel isolated, angry, guilty or desperate.

What to look out for:

Children will go to great lengths to cover self-harm scars and injuries. If you do spot them they might be explained as accidents.

The signs to look for can be divided into the physical and emotional.

Physical signs of self-harm are commonly on the head, wrists, arms, thighs, chest and include

- cuts
- bruises
- burns
- bald patches from pulling out hair

Children who self-harm are also very likely to keep themselves covered up in long-sleeved clothes even when it's really hot. The emotional signs are harder to spot but if you see any of these as well as any of the physical signs then there may be cause for concern:

- depression, tearfulness and low motivation
- becoming withdrawn and isolated, for example wanting to be alone in their bedroom for long periods
- unusual eating habits causing sudden weight loss or gain
- low self-esteem and self-blame
- drinking or taking drugs

What should you do:

If you have a positive relationship with a child and you discover that they're self-harming, it is important to be aware this may have an impact on you emotionally. However it makes you feel, it's very important that you stay calm and let them know that you're there to help and support them.

Gender Based Violence

Gender based violence against women is a violation of human rights and a form of discrimination. It covers all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or in private life.

Since the outbreak of Covid-19, emerging data and reports released by the United Nations have shown that all types of violence against women and girls, particularly domestic violence, has increased.

Here are some facts:

- Globally, before the pandemic, an estimated 736 million women—almost one in three—had been subjected to physical or sexual violence, mostly by an intimate partner.
- Most violence against women is committed by current or former intimate partners.
- One hundred thirty-seven women are killed by a member of their family every day.
- Globally, violence against women disproportionately affects low- and lower-middle-income countries and regions.
- Fewer than 40 per cent of the women who experience violence seek help of any sort.

Pupils exposed to gender based violence are at serious risk of adverse childhood experience and may suffer from short and long term affects of witnessing this type of abuse.

What to look for:

- Unexplained, vague or suspicious medical complaints
- Visible bruises, scratches or marks
- Inability to concentrate or focus on a specific task
- Depression, withdrawal or suicidal tendencies
- Self-harming
- Sudden or extreme shifts in moods or emotions, increased irritability, anger or rage
- Fear of a particular carer or parent
- Fear of going home after school
- Infections in the genital areas
- Displaying sexual knowledge beyond the child's age
- Attendance drops
- Quality of schoolwork decreases

Private Fostering

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

It is imperative that the local authority is notified if a child is living with someone who is not their parent or a 'connected person' for longer than 28 days. The local authority need to be satisfied that the placement is suitable and the child is safe. To be defined as 'private fostering', the child must be living with that person for longer than 28 days and this should be continuous but can include occasional short breaks.

What to look out for:

- People you do not recognise bringing a child to school or picking them up
- A child being disorganised or homework not being completed, a child being more organised and completing homework which is out of character
- Academic progress suddenly slipping/improving
- Low confidence/improved confidence
- Concern raised by the child to another child or adult

What can I do:

If you suspect that there is a private fostering arrangement, it must be reported to Birmingham Safeguarding so they can ensure the safety and wellbeing of the child. Therefore, a CPOMS referral must be filled out immediately to alert a DSL.

Anti Bullying including Cyber Bullying

- Bullying is when someone intimidates or causes harm to another person on purpose. The victims of bullying can be verbally, physically or emotionally assaulted and are often threatened and made to feel frightened and feel they cannot stop the person's behaviour.
- The behaviour is repeated, or has the potential to be repeated, over time.
- Cyber Bullying is any form of bullying which takes place online or through smartphones or tablets. It includes harassment, sending of abusive messages, use of extreme and abusive language, hacking (accessing details illegally) impersonating another person as well as excluding others from social group chats.

What to look out for:

Look for changes in the child. However, be aware that not all children who are bullied exhibit warning signs.

- Changes in behaviour- withdrawn, quieter than normal, tired
- Unexplainable injuries
- Lost or destroyed clothing, books, or jewellery
- Frequent headaches or stomach aches, feeling sick or faking illness
- Changes in eating habits, like suddenly skipping meals at lunchtime or binge eating.
- Sudden decline in attainment, loss of interest in schoolwork, or not wanting to come to school
- Sudden loss of friends or avoidance of social situations- not wanting to go out at break/lunch times
- Feelings of helplessness or decreased self esteem
- Self-destructive behaviours such as running away from home, harming themselves, or talking about suicide

What to do:

Internal:

- Inform pastoral team of concerns
- Pastoral team to log on incident form and investigate further

In class:

- Develop rules and expectations of behaviour with the children.
- Use positive terms to role model required behaviour
- Reward good behaviour
- Whole class/group behaviour PSHE learning linked to bullying and cyberbullying

Remain vigilant and intervene in situations which seem concerning. Incidents of bullying must be recorded onto CPOMS.

Mental Health

Mental health can be defined as *"A person's condition with regard to their psychological and emotional well-being"*. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act.

For children experiencing a range of emotional and behavioural problems that are outside the normal range for their age or gender, may be described as having a mental health problem or disorder. It is currently reported that 1 in 10 children are diagnosed with a clinical mental health disorder.

Mental health professionals have defined these as:

- Emotional disorders such as phobias, anxiety states and depression
- Conduct disorders (stealing, defiance, fire setting, aggression and social behaviour)
- Hyperkinetic disorders (disturbance of activity and attention)
- Developmental disorders (delay in acquiring skills such as speech, social ability, or bladder control, primarily affecting children with autism and those with previous developmental disorders)
- Attachment disorders- children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers
- Other mental health problems can include eating disorders, habit disorders, post-traumatic stress syndromes, somatic disorders and psychotic disorders such as schizophrenia and manic-depressive disorder.

Poor mental health can seriously affect a child's attainment and some groups of children are more vulnerable to mental health difficulties than others. These include factors such as children from disadvantaged backgrounds, looked after children, children with learning difficulties and children on the autistic spectrum.

What to look out for:

As staff working in schools, we see our children for lengthy periods of time and are therefore brilliant people to describe, understand children's characteristics and explain their day-to-day behaviours. Children who may be suffering from a mental health problem or at risk of developing one will often show changes in their day-to-day behaviours. There are many signs to look out for, such as constantly disruptive or withdrawn behaviour. This may lead to a child isolating themselves and avoiding others. For some children, this may be something they frequently choose to do, but it is important to understand the *changes* of behaviour to those normally seen. In contrast, you may find that the child becomes irritable, tearful or clingy. Often for children suffering, you will notice changes in attendance. For many different reasons, monitoring attendance patterns is extremely important and, along with other concerning factors, poor attendance can be indicative of a child experiencing mental health concerns. You may also notice changes in attainment and mood which can happen to any of our children at any time. It is important to identify those behaviours that are different and therefore a cause for concern.

What to do:

If you think a child may be suffering from a mental health issue, it's important to raise this concern to the inclusion service desk. If you are unsure, it is recommended that you express your concerns regardless. Whilst we as a Trust cannot make a formal diagnosis of a mental health condition, we can observe our children day to day and identify those whose behaviour indicates they may be experiencing or developing a mental health problem. By referring your concerns, this will allow the inclusion/pastoral team to investigate further and decide on an appropriate outcome for the child.

Adverse Childhood Experiences

The term Adverse Childhood Experiences (ACEs) is used to describe a wide range of stressful or traumatic experiences that children can be exposed to whilst growing up. ACEs range from experiences that directly harm a child (such as suffering physical, verbal or sexual abuse, and physical or emotional neglect) to those that affect the environment in which a child grows up (including parental separation, domestic violence, mental illness, alcohol abuse, drug use or incarceration).

What impact can ACEs have:

When exposed to stressful situations, the "fight, flight or freeze" response floods our brain with corticotrophin-releasing hormones (CRH), which usually forms part of a normal and protective response that subsides once the stressful situation passes. However, when repeatedly exposed to ACEs, CRH is continually produced by the brain, which results in the child remaining permanently in this heightened state of alert and unable to return to their natural relaxed and recovered state. Children and young people who are exposed to ACEs therefore have increased – and sustained – levels of stress. In this heightened neurological state, a young person is unable to think rationally, and it is physiologically impossible for them to learn.

ACEs can therefore have a negative impact on development in childhood and this can in turn give rise to harmful behaviours, social issues and health problems in adulthood. There is now a great deal of research demonstrating that ACEs can negatively affect lifelong mental and physical health by disrupting brain and organ development and by damaging the body's system for defending against diseases. The more ACEs a child experiences, the greater the chance of health and/or social problems in later life.

Can ACEs be prevented:

Stable, nurturing adult-child relationships and environments help children develop strong cognitive and emotional skills and the resilience required to flourish as adults. By encouraging such relationships, ACEs can be prevented, even in difficult circumstances, and it is crucial to support and nurture children and young people as they develop and grow.

County Lines

Children as young as 12 are being put in danger by criminals who are taking advantage of how vulnerable these young people are. Criminal exploitation is also known as 'county lines' and is when gangs and organised crime networks exploit children to sell drugs. Often these children are made to travel across counties, and they use dedicated mobile phone 'lines' to supply drugs.

How many young people are affected by county lines:

Gangs are deliberately targeting vulnerable children – those who are homeless, living in care homes or trapped in poverty. These children are unsafe or unable to cope, and the gangs take advantage of this.

These gangs groom, threaten or trick children into trafficking their drugs for them. They might threaten a child physically, or they might threaten the young person's family members. The gangs might also offer something in return for the child's cooperation – it could be money, food, alcohol, clothes and jewellery, or improved status – but the giving of these gifts will usually be manipulated so that the child feels they are in debt to their exploiter.

However, they become trapped in county lines - the children involved feel as if they have no choice but to continue doing what the gangs want.

What are the signs of criminal exploitation and county lines:

- Returning home late, staying out all night or going missing
- Being found in areas away from home
- Increasing drug use, or being found to have large amounts of drugs on them
- Being secretive about who they are talking to and where they are going
- Unexplained absences from school, college, training or work
- Unexplained money, phone(s), clothes or jewellery
- Increasingly disruptive or aggressive behaviour
- Using sexual, drug-related or violent language you wouldn't expect them to know
- Coming home with injuries or looking particularly dishevelled
- Having hotel cards or keys to unknown places.

What can I do:

Communicating with the children in your class regularly and ensuring that you have built a positive relationship with them so that you are aware of any noticeable changes in behaviour.

Hate Crime

Hate crime includes prejudice or discrimination. Hate crime is where the person focuses on a child's disability, race or ethnicity, religion or beliefs, sexual orientation or gender identity.

Race hate crime against children has reached a 3-year high. This included crimes against children under one. Reports from the NSPCC show that Children were being targeted because of how they looked and reported being told to "go back to their own country".

What to look for:

Hate incidents can take many forms. Some examples include:

- verbal abuse like name-calling and offensive jokes
- harassment
- bullying or intimidation by children, adults, neighbours or strangers
- physical attacks such as hitting, punching, pushing, spitting
- threats of violence
- hoax calls, abusive phone or text messages, hate mail
- online abuse for example on Facebook or Twitter
- displaying or circulating discriminatory literature or posters
- harm or damage to things such as a child's home, pet, vehicle
- graffiti
- arson
- throwing rubbish into a garden

- malicious complaints, for example over parking, smells or noise

Honour Based Violence

Honour based violence is a form of domestic abuse and is a violent crime or incident, which may have been committed to protect or defend the honour of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture.

It can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from family and/or community members.

What to look out for:

It's often difficult to tell if honour based abuse is happening, because it usually takes place in the family home and abusers can act very differently when other people are around.

Children who witness honour-based abuse may:

- become aggressive
- start displaying negative behaviours towards others from a different culture
- starting to verbalise strong negative opinions about others
- display anti-social behaviour
- suffer from depression or anxiety
- start to withdraw
- not do as well at school - due to difficulties at home or disruption of moving to and from refuges.

Witnessing honour based abuse is really distressing and scary for a child and causes serious harm. Children living in a home where honour based abuse is happening are at risk of other types of abuse too. Children can experience honour based abuse or violence in lots of different ways.

They might:

- see the abuse towards a sibling or relative
- hear the threatening abuse from another room
- see a parent's/relative's or sibling's injuries or distress afterwards
- be hurt by being nearby or trying to stop the abuse

What can you do:

A referral form can be completed for further support from the pastoral team if a child in your class has witnessed any form of domestic abuse and a change in behaviour has been recognised in addition to logging your concern onto CPOMS.

Online Safety

Social Media

An ever growing part of the online world is social media with the main platforms being the obvious Facebook, Twitter, Instagram, etc. There is a lot of information to be found that advises and helps people stay safe when using these. Instead of looking at how to keep ourselves safe when using the main platforms we need to look at all social media platforms with a view to, how safe are they to use before I start using them? What settings are available that provide the security that we deserve, if I used that social media platform would I 'feel safe' and would I 'be safe'? Where would I look to find this information out?

- <https://www.common sense media.org> - put the name of the platform you are researching and see what information you can find, lots of parent guides available.
- National Online Safety (NOS) are helping the PACT deliver our online safety advice, resources are accessible on the staff hub.
- The Social Media site itself should have guidance, have a look in the help section.

Online Gaming

With games that can be purchased for use with computers and gaming consoles the PEGI rating system is being used, they highlight what the content is and appropriate age. This all helps, yet when

you look at apps or online games they don't all follow the same ratings or advice. What other options do we generally have to guide us?

- Go in to a shop and ask them if you can try it?
- Is there a demo version that you can try?
- If there is no cost, simply have a go
- Have a look on You Tube for video of people playing that game
- Search the internet – lots of advice available including on the websites above

Fake News

We see stories appear in the news talking about dangerous crazes that people (often children) are getting involved in, usually resulting in a horrifying conclusion. This is generally scare mongering, Chinese whispers, some small incident that might or might not have happened that is nothing like what the hype claims it to be. Is a mystical character going to take over your phone and start telling you do strange things? Really? No! The danger that comes with this is often based on how people react to it, reposting the information and the images in an attempt to warn others only helps increase the hype. First thing to do, check reputable online safety websites, like the ones mentioned above. Let's repost what it is, not what it isn't.

Young carers

A young carer is someone who helps care for someone within their family. The support they give is usually regular or ongoing for another family member, usually a parent or sibling. A young carer may provide care or support for another person due to them having an illness, a physical disability, a barrier that prevents them from having independence, a mental health condition, or a drug or alcohol problem. Young carers often have to assume a level of responsibility that would normally only be asked of an adult.

Some people start giving care at a very young age and don't really realise they are carers. Other young people can become carers following an accident or diagnosis of illness. The BBC estimates that there are about 700,000 young carers in the UK.

What are the possible roles of young carers:

Young carers may undertake some or all of the following for another person:

- Practical tasks such as cooking, housework or shopping
- Physical care such as lifting or helping up the stairs
- Personal care such as dressing, washing or attending to toileting needs
- Emotional support such as listening, calming or being there
- Household management such as paying bills or managing finances
- Looking after siblings for example, putting them to bed, walking them to school or general parenting
- Interpretation such as translating for someone with English as an additional language or communicating for someone with a hearing or speech impairment

Many young carers can suffer from:

- Anxiety and exhaustion because of the pressure of taking on adult responsibilities
- Worry that they may let family members down if they can't keep up or feel the need to ask for help
- Social issues – their time at school and social time with their friends can be affected

Sometimes, being a young carer can get too much to deal with. Some of the feelings that can occur for young carers are:

- Becoming stressed by too much responsibility
- Being physically tired
- Being worried about their relative's health
- Coping with other people's mood
- Having no time for themselves or their homework
- Missing school
- Feeling embarrassed about their situation
- Being bullied
- Suffering from low self-esteem, anxiety, anger or guilt

Organisations have been set up to help young carers recognise all of these problems and have people and strategies to support them. If you are concerned or know a child is a young carer, you must inform a DSL by completing a CPOMS referral.

Contextual Safeguarding

In order to prevent and tackle peer-on-peer abuse, the Trust has adopted a Contextual Safeguarding approach, which is an approach to understanding, and responding to, the risk of harm to which children can be exposed, and/or harm which they can experience, beyond their families. It recognises that the different relationships that children form in their neighbourhoods, schools, and online can feature violence, coercive control, and abuse. Parents can have little influence over these contexts, and the risk of harm to which children can be exposed, and/or harm which they can experience, outside of the family, can undermine parent-child relationships. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that children are vulnerable to, and can experience, abuse in a range of social contexts outside of their home and of school.

All staff must consider the location and culture of their school and assess the risks that our children may be exposed to, both inside and outside of the school community.

External factors include peer groups, gangs, influences of extremism, the wider community or online. Each school in the MAT has an individual safeguarding policy which highlights risks within the community taking into consideration the schools location, culture and crime rate.

Individual schools also have a Contextual Safeguarding Prevention Plan with an aim to reduce external safeguarding risks to our children.

Child Abduction and Community Safety Incidents

Child abduction is the unauthorised removal or retention of a minor from a parent or person with a legal responsibility for the child. Child abduction can be committed by parents or other family members; by people known but not related to the victim (such as neighbours, friends, and acquaintances); and by strangers.

Community safety incidents in the vicinity of a school can raise concerns amongst children and parents, for example, people loitering nearby or unknown adults engaging children in conversation.

What you can do:

As children get older and are granted more independence (for example, as they start walking to school on their own) it is important they are given practical advice on how to keep themselves safe. As a trust we support children to become aware of their surroundings and teach them how to keep themselves safe through our safeguarding assemblies. It is important to build children's confidence and abilities rather than simply warning them about strangers. Further information is available on www.actionagainstabduction.org and www.clevernevergoes.org.

It is also important staff are aware of contextual safeguarding risks for their school, so that they are aware of current community safety concerns that are significant issues in their locality – for example: gangs, drugs, bail hostels, major road works etc.

Channel

Channel is a voluntary, confidential support programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. Prevent referrals may be passed to a multi-agency Channel panel, which will discuss the individual referred to determine whether they are vulnerable to being drawn into terrorism and consider the appropriate support required. A representative from the school or college may be asked to attend the Channel panel to help with this assessment. An individual's engagement with the programme is entirely voluntary at all stages.

The designated safeguarding lead should consider if it would be appropriate to share any information with the new school or college in advance of a child leaving. For example, information that would allow the new school or college to continue supporting victims of abuse or those who are currently

receiving support through the 'Channel' programme and have that support in place for when the child arrives.

What you can do:

You can make a Prevent referral. This can be made by anyone who is concerned about someone they know being at risk of radicalisation or drawn into terrorism. This could be a family member, friend, colleague, or a professional.

If an individual is found to represent a security threat, they will always be referred to the police for further investigation.

If the referral progresses and it is assessed that there is a genuine risk of radicalisation, the case is considered by a multi-agency 'Channel Panel' of safeguarding professionals who collectively assess the risk to a person and decide on a tailored package of support that can be offered to the person to help them move away from harmful activity.

The Channel panel is chaired by the local authority and can include a variety of partners such as the police, children's services, social services, education professionals and mental health care professionals.

What kind of support is offered via Channel:

If a Channel intervention is required, a tailored support package will be offered. This could include mentoring, theological guidance, education, and careers assistance to those assessed as being at risk of radicalisation and requiring support. This is known as [Channel in England and Wales, and Prevent Multi-Agency Panels \(PMAP\) in Scotland](#).

Channel is voluntary and people who are referred to Prevent must give consent (via a parent or guardian if they are underage) before they can be given support. If a person does not engage with Channel or decides not to continue with the process for any reason, alternative forms of support may be available from the local authority or other providers. Any risks are then carefully managed by the police.

Key statistics and facts:

- Prevent supported 2,352 individuals identified as vulnerable to radicalisation between 2015 and 2020.
- 6,287 referrals to Prevent were made in the year ending on 31 March 2020. Of all the referrals in 2019/2020:
 - 51% were related to mixed, unclear or unstable ideologies
 - 24% to Islamist radicalisation
 - 22% to extreme right-wing radicalisation
- 1,424 cases were discussed at a Channel panel and 697 were adopted as a Channel case.
- Prevent addresses all forms of terrorism. Of all the Channel cases adopted in 2019/2020:
 - 43% were related to extreme right-wing radicalisation (302)
 - 30% were linked to Islamist radicalisation (210)
 - 18% came under a Mixed, Unclear or Unstable (MUU) ideology (127)
 - 8% were related to other radicalisation concerns (58)
- Prevent makes up an extremely small part of overall safeguarding referrals. In 2018-19, over one million safeguarding referrals were made, in comparison to just 6,287 Prevent referrals in 2019-20.

Children and the Court System

There are a number of occasions when children may be directly or indirectly involved in the court system and they will often require support through the process.

What is the purpose of the children's court:

The role of the Children's Court is to ensure that the best interests of children and young people are paramount to any proceedings. The court only deals with children and young people. If an adult - a parent, for example - is charged with a crime against a child, they go to a different court.

Criminal court

These courts will look to punish individuals for breaking the law. Proceedings are usually brought by the Crown Prosecution Service and select others, and if the defendant is found guilty (beyond reasonable doubt) the penalty is within set guidelines.

Civil court

Civil courts cover different cases to criminal courts – in civil court the aim is to achieve a remedy to situations where there is dispute between two parties, often hinging on whether a duty of care has been met. In civil court the standard of proof is lower – the court only has to be satisfied that on the balance of probability one side has the stronger argument.

What is the impact:

- Involvement with the courts can be stressful.
- In both criminal and civil courts the decision rests with someone else.
- The outcome of court could significantly change the child's life.
- There may be many unanswered questions.
- Court appearances may cause / entrench conflict within families or groups.
- There may be personal risk involved.

Child care proceedings

Public law

Where the local authority has concerns about the care that the parents / carers are providing for their children and feel that they need to be involved in order to share responsibility for the child and have a legal right to have a say in that child's upbringing (e.g. where they live, who they have contact with, etc.)

Private law

This is often where two parents cannot agree on what should happen in terms of care for a child or where a child should live. This may also include other matters such as preventing children leaving the UK if there are concerns about female genital mutilation or forced marriage.

Key facts

More than a quarter of a million children every year in the UK are affected by their parents separating, and one in three couples will end up in the family court system, with the children caught in the middle of bitter disputes.

There has been a dramatic fall in the number of children who end up in the criminal justice system, as the police and youth offending services have increasingly sought to deal informally with minor offending by children: 26,881 children aged 10-17 received a caution or conviction in England and Wales in 2018 compared with 225,000 in 2007, an 88% drop.

Children and Family Members in Prison

Around 300,000 children in England and Wales are affected by the imprisonment of a parent or family member each year. Grandparents and other members of the extended family often step in to look after the children when a parent, especially a mother, is in prison. A survey carried out by the Home Office found that only half of women prisoners had expected to be given a custodial sentence, so had not made any childcare arrangements. The sudden and unexpected imprisonment of a mother often causes great difficulties for the whole family.

The Child's Feelings and Behaviour

The child may have seen their parent/family member arrested and this can be very traumatic. A sudden disappearance of a parent/family member without explanation can leave a child feeling confused and scared. This is especially true when the adults around them are upset or angry. Children often internalise their feelings which can result in nightmares, changes in behaviour and withdrawal from others.

Every child and every family cope in a different way with having a family member in prison. Children may experience a strong sense of loss or have muddled feelings about the parent who is in prison. They may feel guilty, angry, resentful, let down, or ashamed. They may even blame themselves. Some children show few signs of being upset and appear to cope as if nothing has happened.

The typical 'stages of grief' model may help you understand how a child reacts:

- Shock - The child may show signs of disbelief. In response, they may switch to auto-pilot and try to carry on as normal; or they may have an extreme reaction, sobbing uncontrollably.
- Denial – They may not accept the loss and pretend that nothing has happened, refusing to believe that their family member is gone. This may result in them lying about the situation, to others and to themselves
- Anger - The child may be mad at the world and blame others. They may get easily frustrated and over-reactive, blowing up over the smallest event. They may also use anger to cover up their hurt/sadness, and lash out at those not involved in the situation
- Bargaining – They may try and “make deals” to change the situation – e.g. “if Dad comes back I will be good forever” or “if I make the house clean and tidy, Mum will come back”
- Guilt - Guilt can be seen as anger turned inwards – they may blame themselves for their family member’s imprisonment, or feel guilt for any enjoyment they feel.
- Depression – You may see signs of depression, they may not want to be with their friends and refuse to go to school.
- Acknowledgement – This is when the child acknowledges and believes the loss is real, and they show signs of being willing to move on.

What can you do:

A referral form can be completed for further support from the pastoral team in school, if you are concerned a child may be affected by a parent or family member in prison, this must be recorded onto CPOMS.

Below is a list of additional organisations that can support children and young people with a family member in prison;

- Barnados CAPI - <http://www.barnados.org.uk/capi-community-support-for-offenders-families/service-view.htm?id=210221911>
- The National Offenders' Families Helpline - 0808 808 2003
- AFFECT (Action for Families Enduring Criminal Trauma) - 0300 365 3651
- Children Heard+Seen – www.childrenheardandseen.co.uk

Cyber Crime

Cyber crime continues to rise in scale and complexity, affecting essential services, businesses and private individuals alike. Cyber crime costs the UK billions of pounds, causes untold damage, and threatens national security.

The threat from cyber crime

There has been a significant growth in cyber criminality in the form of high-profile ransomware campaigns over the last year. Breaches leaked personal data on a massive scale leaving victims vulnerable to fraud, while lives were put at risk and services damaged by the WannaCry ransomware campaign that affected the NHS and many other organisations worldwide. Tactics are currently shifting as businesses are targeted over individuals and although phishing attacks on individuals are increasing, fewer are falling victim as people have become more alert.

Because the distinction between nation states and criminal groups is increasingly blurred, cyber crime attribution is sometimes difficult. Many Russian-speaking cyber groups are threatening UK interests, but home-grown cyber criminals are becoming more sophisticated and therefore a rising threat. Although young criminals are often driven by peer kudos rather than financial reward, organised UK cyber crime groups are motivated by profit.

Cyber criminals seek to exploit human or security vulnerabilities in order to steal passwords, data or money directly. The most common cyber threats include:

- Hacking - including of social media and email passwords
- Phishing - bogus emails asking for security information and personal details
- Malicious software – including ransomware through which criminals hijack files and hold them to ransom
- Distributed denial of service (DDOS) attacks against websites – often accompanied by extortion

The scale and complexity of cyber attacks is wide ranging. 'Off the shelf' tools mean that less technically proficient criminals are now able to commit cyber crime, and do so as awareness of the potential profits becomes more widespread. The evolving technical capabilities of malware means evolving harm as well as facilitating new crimes, such as the cryptomining malware which attacks digital currencies like Bitcoin.

Cyber attacks are financially devastating and disrupting and upsetting to people and businesses. There is significant under-reporting, although the new General Data Protection Regulation is likely to prompt a better picture of scale. Currently the level of sentencing at court is not commensurate with the seriousness of attacks, and this is an area which is ripe for consideration.

Most cyber attacks could be prevented by taking these basic security steps:

- Choose strong passwords and don't reuse them for multiple logins
- Install security software such as anti-virus and two-factor authentication. This kind of software is often available for free.
- Keep all security software and operating systems updated (this can be set to update automatically)

For further advice on how to stay safe online please visit [Cyber Aware](#), [Get Safe Online](#) or the [National Cyber Security Centre](#). If you are a victim of cyber crime please report it to [Action Fraud](#), the UK's fraud and cyber crime reporting centre.

Domestic Abuse

Around 1 in 5 children have been exposed to domestic abuse. Children never just 'witness' domestic abuse, the law now recognises they can be victims. Exposure to domestic abuse is child abuse, and it can have a significant impact on a child's development, health and wellbeing.

During the pandemic, NSPCC Helpline contacts about domestic abuse increased. The helpline responded to over 11,600 contacts about domestic abuse in 2020/21, a 35% increase on the previous year.

What is Domestic Abuse?

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse.

It's important to remember domestic abuse:

- can happen inside and outside the home
- can happen over the phone, on the internet and on social networking sites
- can happen in any relationship and can continue even after the relationship has ended
- both men and women can be abused or abusers.

Types of domestic abuse

Domestic abuse can be emotional, physical, sexual, financial or psychological, such as:

- kicking, hitting, punching or cutting
- rape (including in a relationship)
- controlling someone's finances by withholding money or stopping someone earning
- controlling behaviour, like telling someone where they can go and what they can wear
- not letting someone leave the house
- reading emails, text messages or letters
- threatening to kill someone or harm them
- threatening to another family member or pet

Effects of domestic abuse on young people

Living in a home where domestic abuse happens can have a serious impact on a child or young person's [mental](#) and physical wellbeing, as well as their behaviour. And this can last into adulthood. Support is linked to ensuring that the abuse stops and that children have a safe and stable environment to grow up in.

Children are now recognised victims of domestic abuse

Being exposed to domestic abuse has serious consequences for children and young people; and it can affect how they feel, think and behave in harmful ways. The Domestic Abuse Act recognises that children who witness domestic abuse are in fact victims themselves. The implementation of this act should mean that children in these situations can access the protection and support they need to recover.

What can you do:

Raise a concern with a DSL and log this concern immediately onto CPOMs. If in doubt, it is better to raise your concern rather than keep it to yourself.

Useful sites:

<http://thehideout.org.uk/>- Women's Aid have created this space to help children and young people to understand domestic abuse, and how to take positive action if it's happening to you.

<https://www.childline.org.uk/>Childline has information and advice for children and young people about [domestic abuse](#), including why it happens and what they can do.

<https://learning.nspcc.org.uk/services-children-families/dart> Through Domestic Abuse, Recovering Together (DART™), children and mothers can talk to each other about domestic abuse, learn to communicate and rebuild their relationship.

Modern Slavery and National Referral Mechanism

Modern slavery is a complex crime and may involve multiple forms of exploitation. It encompasses:

- Sexual exploitation
- Criminal exploitation
- Forced labour
- Domestic servitude

An individual could have been a victim of human trafficking and/or slavery, servitude and forced or compulsory labour.

Current statistics:

- 17% increase in victims since 2015
- Just over half of victims are female.
- Just over a third of victims are children.
- Sexual exploitation: 34%. 22% are children at referral.
- Just over a tenth are a victim of domestic servitude. 24% are children.
- 41% are victims of labour exploitation. 84% male, 26% children

Common areas of labour exploitation:

- food processing
- factories
- construction
- car wash
- agriculture
- tarmacking

Exploiters can also force victims to claim benefits on arrival, but the money is withheld, or the victim is forced to take out loans or credit card debts. Cannabis cultivation is the highest form of criminal exploitation. 33% of those are children when referred to the NRM. Victims can be from any country in the world including Poland, Romania, Albania, China, Vietnam, Nigeria. UK citizens are also victims.

What to look for:

There are several indicators of trafficking and forced labour. Not all of the indicators will apply in every case, and some may not be immediately apparent. Victims may be reluctant to tell their story through fear of reprisal or not being believed, through a feeling of shame about letting themselves be treated in this way, or because they do not know their rights and the treatment they are entitled to receive. There is no set number of signs that will indicate that a person is a victim of trafficking or subject to forced or compulsory labour. One or a combination of factors could suggest a person is a potential victim, so each case should be considered on an individual basis.

Guidance of indicators can be found here: [spot-the-signs-glaa.pdf](https://www.gla.gov.uk/media/3178/spot-the-signs-glaa.pdf) (<https://www.gla.gov.uk/media/3178/spot-the-signs-glaa.pdf>)

The National Referral Mechanism (NRM) is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support.

Victims may not be aware that they are being trafficked or exploited, and may have consented to elements of their exploitation, or accepted their situation. If you think that modern slavery has taken place, the case should be referred to the NRM so that the Single Competent Authority (SCA) can fully consider the case. You do not need to be certain that someone is a victim.

[Report modern slavery – GOV.UK](https://www.modernslavery.gov.uk/start?hof-cookie-check) (<https://www.modernslavery.gov.uk/start?hof-cookie-check>)
Slavery is closer than you think. It happens all over the world including the UK. Find out more at [modernslavery.co.uk](https://www.modernslavery.co.uk) or to seek help or report slavery call the helpline. 0800 0121 700

More information:

<https://www.gov.uk/government/collections/modern-slavery>

<https://www.met.police.uk/advice/advice-and-information/ms/modern-slavery/>

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/modernslaveryintheuk/march2020>

<https://www.gla.gov.uk/media/3178/spot-the-signs-glaa.pdf>

Homelessness

The definition of homelessness means not having a home. People are classed as homeless if they have nowhere to stay and are living on the streets, but can be homeless even if they have a roof over their head.

People are classed as homeless if they are:

- staying with friends or family
- staying in a hostel, night shelter or B&B
- squatting (because they have no legal right to stay)
- at risk of [violence or abuse in their home](#)
- living in poor conditions that affect their health
- living apart from their family because you don't have a place to live together

There are many reasons that homelessness may occur:

- People become homeless for lots of different reasons. There are social causes of homelessness, such as a lack of affordable housing, poverty and unemployment; and life events which push people into homelessness.
- People are forced into homelessness when they leave prison, care or the army with no home to go to. Many women experiencing homelessness have escaped a violent or abusive relationship.
- Many people become homeless because they can no longer afford the rent.
- And for many, life events like a relationship breaking down, losing a job, mental or physical health problems, or substance misuse put people under considerable strain. Being homeless can, in turn, make many of these problems even harder to resolve. However, in many cases homelessness is preventable and in every case it can be ended.

What can I do to help:

There are different types of support the council could offer to support homeless families. For example, they may offer advice, emergency housing, support to find longer-term housing or help so they can stay in their home.

The type of help offered depends on:

- eligibility for assistance
- priority need
- causes of homelessness

Families may be a priority need if any of the following are true:

- someone you live with is pregnant

- 'dependent children' live with them (under 16s or under 19s if they're studying full-time)
- aged 16 or 17
- under 21 (and have been in care between the ages of 16 and 18)
- [assessed by the council as vulnerable](#), for example as a result of old age, disability or domestic abuse
- homeless after a flood, fire or other disaster

Families may also be entitled to [Housing Benefit](#) or [Universal Credit](#) to help with your housing costs.

More information:

<https://www.gov.uk/if-youre-homeless-at-risk-of-homelessness>

<https://www.crisis.org.uk/ending-homelessness/about-homelessness/>

https://england.shelter.org.uk/housing_advice/homelessness/what_is_homelessness

Environmental Factors/Contextual Risks

It's equally important that schools and colleges think about children's safety outside of the school gates. Are they aware of any unsafe spaces in their local area? Are schools and colleges aware of incidents of sexual harassment or violence involving children in the local park or other places where young people congregate? Staff should pass on contextual information like this to the police so that they can address the risks.

Some of the most influential places or people for young children are places and people they see every day, as shown below. It is our duty of care to ensure that we know as much as possible about these places and people so we can make their lives as safe as possible.

Sexual Violence and Sexual Harassment

[Sexual Violence and Sexual Harassment between children in schools DFE Sept 2021](#)

Sexual violence is an umbrella term that includes a wide range of sexual acts. The term can include rape, sexual assault, sexual harassment, unwanted touching, sexual coercion, sex trafficking, female genital cutting, child sexual abuse, child marriage, enforced sterilisation, sexual slavery, enforced prostitution and forced pregnancy.

Sexual violence occurs in every country, during times of peace as well as during and after armed conflict. Sexual violence can also be perpetrated online or via digital technologies. Technology-facilitated sexual violence includes online stalking, gender-based hate speech, image-based sexual abuse, online rape threats and online sexual harassment. Sexual harassment is unwanted behaviour of a sexual nature.

Sexual violence sexual harassment government review:

- The review of sexual abuse in schools and colleges by Ofsted in 2021 found that nearly 90% of girls, and nearly 50% of boys, said they had been sent explicit pictures or videos
- 92% of girls, and 74% of boys, said sexist name-calling happens a lot or sometimes to them or their peers
- 90 per cent of recorded offences of rape against a 13 to 15-year-old were against girls

What to look out for?

Sexual harassment and violence is behaviour of a sexual nature that is unwanted; it may include behaviour that is characterised through the following questions:

- Is the presenting behaviour consensual for all children or young people involved?
- Is the behaviour reflective of natural curiosity or experimentation?
- Does the behaviour involve children or young people of a similar age or developmental ability?
- Is the behaviour occurring in a public or private space?
- Is this a cause for concern?
- Are other children or young people showing signs of alarm or distress as a result of the behaviour?

Sexual harassment can include:

- sexual comments or jokes
- physical behaviour, including unwelcome sexual advances, touching and various forms of sexual assault
- displaying pictures, photos or drawings of a sexual nature
- sending emails with a sexual content

Sexual harassment is a form of unlawful discrimination under the Equality Act 2010. The law says it's sexual harassment if the behaviour is either meant to, or has the effect of:

- violating a person's dignity, or
- creating an intimidating, hostile, degrading, humiliating or offensive environment

Safer Recruitment

The school pays full regard to Keeping Children Safe in Education (DfE 2022). Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history, and ensuring a candidate has the health and physical capacity for the job.

It also includes undertaking interviews and appropriate checks through the disclosure and Barring Service (DBS). See Safer Recruitment Policy.

The relationships and associations staff have in school and outside of school (including online) may have an implication for the safeguarding of children in the school. Where this is the case, the member of staff must speak to the school.

For all appointments, an enhanced DBS certificate, which includes barred list information, will be required as most staff will be engaging in regulated activity.

In summary, a person will be engaging in regulated activity if, as a result of their work they:

- Will be responsible, on a regular basis in a school, for teaching, training, instructing, caring for, or supervising children
- Will carry out paid, or unsupervised unpaid work regularly in a school that requires having contact with children
- Engage in intimate or personal care, or overnight activity, even if this happens only once

Joining the DBS update service allows for vetting checks to have portability that means it can be taken from one employer to another, as long as the person has registered with the update service at the point the check was received, or within 19 days of receiving it.

Before using the update service, the school must:

- Confirm the certificate matches the individual's identity
- Examine the original certificate to ensure it is for the appropriate workforce and level of check, e.g. enhanced certificate / enhanced including barred list information

All recruitment materials will include reference to the school's commitment to safeguarding and promoting the wellbeing of children. A minimum of one member of staff who has undertaken CWDC/NCSL safer recruitment training will be involved in all recruitment processes and sit on the recruitment panel.

Early Help Guidance

The Early Help (EH) strategy outlines a range of tools for professionals to use in their everyday practice to enable them to provide children and families with tailored support when or if it is required. In Birmingham Early Help is part of the [Right Help, Right Time Framework](#). Every member of staff must have an awareness of this framework and their role providing early help. Many professionals working with children and families will be providing EH in their everyday practice by doing things such as: signposting to outside agencies; supporting parents with accessing external provision and providing interventions.

Illustrative Table

Universal Needs	
RHRT: The child enjoys and participates in learning activities, access to books, toys and age-appropriate learning, good links between home and school, has experiences of success and achievement.	School: The child has good attendance, there is a good relationship between the school and parents and the child's health and emotional, needs are met at home.
Universal Needs Plus	

RHRT: patterns of regular school absence, here maybe identified learning needs or SEN support in place, emerging worries regarding diet, hygiene, use of social media places the child at risk, moderate anger-management.	School: Deploy strategies such a breakfast club, hardship fund, parent meetings, home visits, mentoring, etc. Complete a Family Connect Form
Additional Needs	
RHRT: consistently poor attendance and punctuality, SEND needs, not achieving key stage benchmarks due to parental care, greater or equal to 3 fixed term suspensions in any year.	School: Deploy strategies such a breakfast club, hardship fund, parent meetings, home visits, mentoring, liaise with Inclusion Lead, sign posting parents to external support services, etc. Seek advice from CASS.
Complex and Significant Needs- Make a referral to CASS	
RHRT: A primary age child is permanently excluded from school, persistent poor attendance if in conjunction with other complex and significant needs, peer on peer abuse, acute mental health problems	School: Make a referral to CASS

Contextualised Safeguarding

The school adopts a Contextual Prevention Plan which is reviewed annual by the Trust Safeguarding Network team. The Plan Outlines strategies to reduce risks to children identified within the community within the school surroundings. It also highlights support provided for pupils, staff and parents.

School Roles

Role	Name
Lead Designated Safeguarding Lead (DSL)	Ashley Knibbs
Deputy Lead DSL	Maura Carney
CP admin	Pam Khan
Designated Academy Committee representative for safeguarding	Scott Banks
Children's Advice and Support Service (CASS)	Monday to Thursday: 8:45am to 5:15pm Friday: 8:45am to 4:15pm Telephone: 0121 303 1888 Emergency out-of-hours Telephone: 0121 675 4806
Mental Health First Aider	Veronica Robinson

Link to PACT Policies

Staff should refer to the [Staff Hub](#) for all policies, including those listed below:

- Anti- Bullying Policy
- Attendance and Punctuality Policy
- Children with Health Needs who cannot attend school
- Confidentiality Policy
- EAL Policy
- Home Visit Policy
- Induction Policy
- Intimate Care Policy
- Lone Worker Policy
- LAC Policy
- No Platform for Extremism Policy
- Online Safety Policy
- Visitors Policy
- Supporting Pupils with Medical Conditions Policy
- Parent Code of Conduct
- Behaviour Policy
- PHSE Policy
- SRE Policy
- Safe Recruitment Policy (Staff should refer to [Appendix 2: Safer Recruitment](#))

