

# Tolethorpe Youth Drama

## POLICY STATEMENT

### SAFEGUARDING - Child Protection

<b>Formulation date:</b>	March 2018
<b>Senior Team Responsibility:</b>	J Winterbourne
<b>Board Representative:</b>	C Hayes
<b>Reviewed:</b>	March 2024
<b>Next Review Date:</b>	March 2026

**As a group we are committed to Safeguarding and promoting the welfare of children and young people. To achieve our commitment, we will ensure continuous development and improvement of robust Safeguarding processes and procedures that promote a culture of Safeguarding amongst our staff and volunteers Associated Documentation:**

- Children Act 2004
- Prevent Duty Departmental advice for schools and Care providers DfE June 2015
- Working Together to Safeguard Children 2015, HM Government
- Leicester, Leicestershire & Rutland LSCB Procedures Manual
- Safeguarding Competency Framework, Leicester, Leicestershire & Rutland Safeguarding Children Learning
- Dealing with Allegations of abuse against Staff, DfE, 2012
- CCR- Appointment Procedures with relation to Child Protection
- Keeping Children Safe in Education, DfE, 2016
- E-safety Code
- Anti-bullying Code

**Key named persons:**

**Designated Senior Lead TYD – Jo Winterbourne 07805984707**

Those named on the front sheet are the first points of contact for parents, students, teaching and non-teaching staff and external agencies in all matters of child protection. They co-ordinate the child protection procedures in the College and work with the member of senior team responsible for CPD to ensure an on-going training programme for all college employees. Designated Safeguarding Lead and Deputy Designated Safeguarding Leads receive appropriate training at least every two years.

**Local Authority Designated number 01572 758407**      [childrensduty@rutland.gcsx.gov.uk](mailto:childrensduty@rutland.gcsx.gov.uk)

The LADO should be alerted to all cases in which it is alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed a child.
- Possibly committed a criminal offence against children, or related to a child.
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

The LADO role applies to paid, unpaid, volunteer, casual, agency and self-employed workers. The LADO captures concerns, allegations and offences emanating from outside work. The LADO is involved from the initial phase of the allegation through to the conclusion of the case. They will provide advice, guidance and help to determine whether the allegation sits within the scope of the procedures. The LADO helps coordinate information sharing with the right people and will also monitor and track any investigation, with the aim to resolve it as quickly as possible.

### **Designated Safeguarding Lead - Making a referral:**

For information regarding how to make a referral to Children's Social Care, use the procedures: [http://llrcsb.proceduresonline.com/chapters/p\\_referr.html](http://llrcsb.proceduresonline.com/chapters/p_referr.html) Referrals must be made in one of the following ways:

- In person or by telephone to the relevant Children's Social Carer Services office;
- In an emergency or outside office hours, by contacting the Emergency Duty Team or the Police;
- All professionals must confirm verbal and telephone referrals in writing within 48 hours of being made.
- Urgent referrals should initially be made by telephone to the relevant Children's Social Care on the numbers below, or the Police on 101.

## Rutland

Referrals to Social Care about children must be made in writing or confirmed in writing after telephone contact is made.

Referrals should be made via e-mail using secure e-mail address. If the e-mail address is not secure the referrals should be faxed or use the secure electronic Agency Referral Form.

### **Rutland Contact Information**

Referrals to Children's Social Care	Children's Duty	Tel: 01572 758 407 Fax: 01572 758 307 Email: childrensduty@rutland.gcsx.gov.uk
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### Out of Hours Numbers for Leicestershire and Rutland

Children's Emergency RAIS: **0116 305 0005** (covers all of Leicestershire and Rutland)

**If a child is in immediate danger at any time, left alone or missing, you should contact the police directly and / or an ambulance using 999.**

Police: 101/ Crimestoppers: 0800 555 11 (free and confidential)

## **WHOLE TYD POLICY ON SAFEGUARDING**

### **1. Introduction**

1.1. This policy is subject to the published Equality information, in line with the Equality Duty 2011, and is underpinned by the ethos and values of the group.

1.2. The board members have established the following policy for Child Protection as a response to their own responsibilities and the responsibilities of staff under section 11 of the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications: 'Working Together to Safeguard Children' 2015, Revised

Safeguarding Statutory Guidance 2 'Framework for the Assessment of Children in Need and their Families' 2000, 'What to do if You are Worried a Child is Being Abused' 2003. The guidance reflects, 'Keeping Children Safe in Education' 2016. The Policy encompasses the Child Protection Procedures of Rutland County Council and the Rutland & Leicestershire LSCB. However, it is recognised that the college may also have to work with the Lincolnshire, Northampton and Cambridgeshire authorities depending upon the child's postal address.

- 1.3. The group fully recognises the contribution it can make to protect children and support students in group. The aim of the policy is to safeguard and promote our students' welfare, safety and health by fostering an honest, open, caring and supportive climate. The students' welfare is of paramount importance.
- 1.4. The Principal, staff and board members recognise that all children have the right to be protected from ill treatment and neglect to experience a high standard of care regardless of age, additional needs or disability, racial or cultural heritage, religious beliefs, gender or sexual orientation, and identity.
- 1.5. The group fully recognises that children or young people who have special educational needs and/or disabilities i.e. including those with learning and/or physical difficulties, as well as those with emotional mental health concerns are most vulnerable and are more likely to be at risk of abuse or significant harm.
- 1.6. There are four main elements to our Safeguarding/Child Protection Policy:
  - Prevention (e.g. positive college/college atmosphere, teaching and pastoral support to students);
  - Identification, Assessment and Protection (by following agreed procedures, ensuring staff are trained and supported to respond appropriately and sensitively to Child Protection concerns);
  - Support (to students and college staff and to children who may have been abused);
  - Working with parents/carers (to ensure appropriate communications and actions are undertaken).
- 1.7. This policy applies to **all** staff, board members and visitors to the group.
- 1.8. Where the Board of Directors provides services or activities directly under the supervision or management of college staff, the college's arrangements for child protection will apply. Where services or activities are provided separately by another body, the Board of Directors should seek assurance that the body concerned has appropriate policies and procedures in place to safeguard and protect children and there are arrangements to liaise with the college on these matters where appropriate.

## 2. Group Commitment

2.1. The group adopts an open and accepting attitude towards children as part of its responsibility for pastoral care. Staff hope that children and parents will feel free to talk about any concerns and will see college as a safe place when there are difficulties. Children's worries and fears will be taken seriously and children are encouraged to seek help from members of staff.

## 2.2. **Our group will therefore:**

- Establish and maintain an ethos where children feel secure and are encouraged to talk, and are listened to;
- Ensure that children know that there are adults in the college whom they can approach if they are worried or are in difficulty;
- Raise the awareness of all teaching and non-teaching staff to the need to safeguard children and of their responsibilities in identifying and reporting all possible cases of abuse (Appendices 1 & 2)
- Ensure every effort is made to establish effective working relationships with parents/carers and colleagues from other agencies;
- Ensure that all parents/carers and other working partners are aware of our child protection policy both within the group and on our website, through meetings/communication with parents.
- Operate safe recruitment procedures and make sure that all appropriate checks are carried out on new staff and volunteers who will work with children, including Disclosure and Barring Service and List 99 checks.

## 3. **Roles and Responsibilities**

3.1. All adults working with or on behalf of children, including temporary staff, volunteers and governors, have a full and active part and responsibility to safeguard and promote the welfare of children. There are, however, key people within the group and the LA who have specific responsibilities. The names of those carrying these responsibilities for the current year are listed on the front cover of this document.

### 3.2. Principal

The Principal is the named person who has the ultimate responsibility for reporting cases of suspected abuse to Social Services. This responsibility has been delegated to the Designated Safeguarding Lead (DSL). The Principal of TYD will ensure that:

- The policies and procedures adopted by the Board members are fully implemented, and followed by all staff;
- Sufficient resources and time are allocated to enable the designated person and other staff to discharge their responsibilities, including taking part in strategy discussions and other inter-agency meetings, and contributing to the assessment of children;
- All staff and volunteers feel able to raise concerns about poor or unsafe practice in regard to children, and such concerns are addressed sensitively and effectively in a timely manner in accordance with agreed whistle-blowing policies.

### 3.3. Designated Senior Lead

The Designated Senior Lead (DSL) she will work closely with other staff with pastoral responsibility to ensure that the Principal is kept informed of any cases of suspected abuse.

In her role as DSL she will:

- Refer cases of suspected abuse or allegations to the relevant investigating agencies;
- Act as a source of support, advice and expertise within the educational establishment when deciding whether to make a referral by liaising with relevant agencies
- Liaise with the Principal to inform him of any issues and ongoing investigations and ensure there is always cover for this role.
- Keeping written records of concerns about a child even if there is no need to make an immediate referral.
- Ensuring that all such records are kept confidentially and securely and are separate from pupil records, until the child's 25<sup>th</sup> birthday, and are copied on to the child's next college.
- Ensuring that an indication of the existence of the additional file in the statement above is marked on the pupil records.

In regards to staff training she will:

- Enable staff to recognise how to identify signs of abuse and when it is appropriate to make a referral and who to make the referral to;
- Have a working knowledge of how Local Safeguarding Children's Board (LSCB) operate, the conduct of a child protection case conference, and be able to attend and contribute to these effectively when required to do so;
- Ensure each member of staff has access to and understands the college's child protection policy especially new or part-time staff who may work with different educational establishments;
- Ensure all staff have induction training covering child protection and are able to recognise and report any concerns immediately they arise. This will be updated annually.
- Ensure that all staff see and read the colleges Safeguarding/Child Protection Policy, the staff Code of Conduct and "Keeping Children Safe in Education, Sept 2016";
- Keep detailed, accurate and secure written records of referrals/concerns;
- Be able to keep detailed, accurate and secure written records of referrals/concerns;
- Obtain access to resources and attend any relevant or refresher training courses at least every two years.
- To make staff aware of the risks of **peer on peer abuse** and to ensure that any concerns or suspicion's in respect of this are reported accordingly.

### 3.4. Board of Directors

In accordance with the Statutory Guidance “*Keeping Children Safe in Education*” – Sept 2016, the Governing Body will ensure that the Board of directors are accountable for ensuring that:

- The group operates and adheres to the Safeguarding/Child Protection Policy and procedures and that training is in place which is effective and complies with the law at all times. The policy is made available publicly via the group website and to staff.
- The group operates safer recruitment practices, including appropriate use of references and checks on new staff and volunteers. There are clear procedures for dealing with allegations of abuse against members of staff and volunteers;
- There is a senior member of the group who is designated to take lead responsibility for dealing with child protection (DSL) and that there is always cover for this role
- The DSL undertake local training in addition to basic child protection training and this is refreshed every two years as required by law;
- The Principal, and all other staff and volunteers who work with children, undertake appropriate training which is regularly updated (at least every two years in compliance with the LSCB protocol); and the new staff and volunteers who work with children are made aware of the college’s arrangements for child protection and their responsibilities . The college Safeguarding/Child Protection Policy, the “*Keeping Children Safe in Education*”:
- Any deficiencies or weaknesses brought to the attention of the board of directors will be rectified without delay;
- The Chair of the board (or, in the absence of the Chair, the Vice Chair deals with allegations of abuse made against the Principal, in liaison with the Designated Officer/Designated Team (previously known as the LADO);
- Effective policies and procedures are in place and updated annually for staff and volunteers;
- Information is provided to the Local Authority (on behalf of LSCB) through the Section 11 Safeguarding Audit and other information, as requested;
- There is an individual member of the Directors who champions issues to do with Safeguarding Children and Child Protection within TYD, liaises with the DSL, monitors Safeguarding within TYD and provides information and reports to the full board of directors;
- The group contributes to inter-agency working in line with statutory guidance “*Working Together to Safeguard Children*” 2015 including providing a coordinated offer of early help for children who require this. Safeguarding arrangements take into account the procedures and practice of Leicestershire and Rutland LSCB.

## 4. Procedures

4.1. Reporting a concern about a child (see appendix 4)

4.2. If staff members have any concerns about a child (as opposed to a child being in immediate danger), they will need to refer to the Designated Safeguarding Lead

(DSL) who will decide on an appropriate course of action. It should be noted that any person can make a referral to children's social care (although the reporting person must inform the DSL if it is not this person who refers). The DSL may decide to refer for specialist services or early help in accordance with the LSCB's procedures.

- 4.3. Staff members must report concerns to the DSL on the same day of being aware.
- 4.4. A written factual report must be provided as evidence (signed and dated by the reporting member of staff).
- 4.5. **If a child is in immediate danger or is at risk of harm a referral should be made to children's social care and/or the police immediately.**
- 4.6. **If a staff member has a concern about another staff member then this must be reported to the Principal in accordance with the 'Whistleblowing Policy'. If the concern is about the Principal, allegations must be reported to the Local Authority Designated Officer (LADO) by the Designated Officer in accordance with the aforementioned policy.**
- 4.7. If it is discovered that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18, the DSL must report this to the police.

#### 4.8. Records and Monitoring

Well-kept records are essential to good child protection practice. All staff are clear about the need to record and report concerns about a child or children within our group (Appendix 3). The DSL is responsible for such records and for deciding at what point these records should be passed over to other agencies. Child Protection records are held separately from a child's file and in secure storage.

#### 4.9. Confidentiality

- We recognise that all matters relating to child protection are confidential.
- Principal, DSL will disclose any information about a child to other members of staff on a need to know basis only.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.
- We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with the Local Authority Duty Team at this point

#### 4.10 The child's wishes

Where there is a safeguarding concern, we must ensure that a child's wishes and feelings are taken into account when determining what action to take and what services to provide. Children must be allowed to express their views and give feedback. We must make decisions with the child's best interests at heart.

#### 4.11 Supporting Students at Risk



- Once a case of a child at risk is suspected, involved members of staff are expected to keep a sensitive check on the situation and to take into consideration the likely feelings and anxieties of a child who knows that his/her welfare is being monitored. It is also important to consider the sensitive handling of any siblings who might also attend the group. All cases should be discussed with the appropriate member of staff with pastoral responsibility who will seek further advice and support where necessary. In the first instance this should be the Senior Inclusion Officer or DDSL (RCC). The named member of staff in consultation with others should decide on the procedure to follow depending on the case reported. Any suspected case of child abuse must be reported to Social Care, who will decide whether to inform the police.
- It is also recognised that some children who have experienced abuse may in turn abuse others. This requires a considered, sensitive approach in order that the child can receive appropriate help and support.

#### 4.12 Looked After Children

- As a college we understand that children or young people who have been taken into care by the local authority or who have a voluntary care arrangement are known as 'Looked After'. This is because of family breakdown, abuse, neglect or social need. Looked After Children will either be living in foster homes, children's residential homes, living with a relative or with their natural parent(s).
- We are committed to providing quality education for all our students including Looked After Children.

#### 4.14 Supporting Staff

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

**Recognising signs of child abuse and Peer on Peer Abuse**

**Categories of Abuse:**

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

**Signs of Abuse in Children:**

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

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour

- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour □ Child Sexual Exploitation.

## **Risk Indicators**

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

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

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

In an abusive relationship the child may:

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

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

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

## **Recognising Physical Abuse**

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment

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

## **Bruising**

Children can have accidental bruising, but the following must be considered as non accidental unless there is evidence or an adequate explanation provided: □ Any bruising to a pre-crawling or pre-walking baby

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

## **Bite Marks**

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

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

## **Burns and Scalds**

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

- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of his/her own accord will struggle to get out and cause splash marks)

- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

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

## **Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures.

There are grounds for concern if:

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

## **Scars**

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

## **Recognising Emotional Abuse**

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

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

The following may be indicators of emotional abuse:

### □ Developmental delay

- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goat within the family
- Frozen watchfulness, particularly in pre-school children

- Low self esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others

## **Recognising Signs of Sexual Abuse**

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

Some behavioural indicators associated with this form of abuse are:

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

Some physical indicators associated with this form of abuse are:

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

## **Sexual Abuse by Young People**

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

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

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

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

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

## Assessment

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

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

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

## Recognising Neglect

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

- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care

- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from college
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

## **Peer on Peer Abuse**

### **Types of abuse**

There are many forms of abuse that may occur between peers. Each form of abuse or prejudiced behaviour is described in detail below.

### **Physical abuse**

Physical abuse may include hitting, kicking, nipping, shaking, biting, and hair pulling or otherwise causing physical harm to another person. There may be many reasons why a student harms another and it is important to understand why a young person has engaged in such behaviour, including accidentally before considering the action or sanction to be undertaken.

### **Sexually harmful behaviour/sexual abuse**

Sexually harmful behaviour from young people is not always contrived or with the intent to harm others. There may be many reasons why a young person engages in sexually harmful behaviour and it may be just as distressing to the young person who instigates it as well as the young person it is intended towards. Sexually harmful behaviour may range from inappropriate sexual language, inappropriate role play, to sexually touching another or sexual assault/abuse.

### **Bullying**

Bullying is unwanted, aggressive behaviour among school age children that involves a real or perceived power imbalance. The behaviour is repeated, or has the potential to be repeated, over time. Both young people who are bullied and who bully others may have serious, lasting problems.

In order to be considered bullying, the behaviour must be aggressive and include:

- An imbalance of Power: Young people who bully use their power – such as physical strength, access to embarrassing information, or popularity – to control or harm



others. Power imbalances can change over time and in different situations, even if they involve the same people.

- Repetition: Bullying behaviours happen more than once or have the potential to happen more than once.

Bullying includes action such as making threats, spreading rumours, attacking someone physically or verbally or for a particular reason e.g. size, hair colour, gender, sexual orientation and excluding someone from a group on purpose.

## **Cyber bullying**

Cyber bullying is the use of phones; instant messaging, e-mail, chat rooms or social networking sites such as Facebook and Twitter to harass threaten or intimidate someone for the same reasons as stated above.

Cyber bullying can very easily fall into criminal behaviour under the Malicious Communication Act 1988 under section 1 which states that electronic communications which are indecent or grossly offensive convey a threat or false information or demonstrate that there is an intention to cause distress or anxiety to the victim would be deemed criminal. | This is also supported by the Communications Act 2003, Section 127 which states that electronic communications which are grossly offensive of indecent, obscene or menacing, or false, used again for the purpose of causing annoyance, inconvenience or needless anxiety to another could also be deemed to be criminal behaviour.

If the behaviour involves the use of taking or distributing indecent images of young people under the age of 18 then this is also a criminal offence under the Sexual Offences Act 2003. Outside the immediate support young people may require in these instances, the college will have no choice but to involve the police to investigate these situations.

## **Sexting**

Sexting is when someone sends or receives a sexually explicit text, image or video. These include sending "nude pictures", "rude Pictures" or "nude selfies". Pressuring someone into sending nude pictures can happen in any relationship and to anyone, whatever age, gender or sexual preference.

However, once the image is taken and sent, the sender has lost control of the image and these images could end up anywhere. By having in their possession, or distributing, indecent images of a person under 18 on to someone else, young people are not even aware that they could be breaking the law as stated as these are offences under the Sexual Offences Act 2003

## **Initiation/Hazing**

Hazing is a form of initiation ceremony which is used to induct newcomers into an organisation such as a private school, sports team etc. There are a number of different forms, from relatively mild rituals to severe and sometimes violent ceremonies.

The idea behind this practice is that it welcomes newcomers by subjecting them to a series of trials which promote a bond between them. After hazing is over, the newcomers also have something in common with older members of the organisation because they all experienced it as part of a rite of passage. Many rituals involve humiliation, embarrassment, abuse, and harassment.

### **Prejudiced Behaviour**

The term prejudice-related bullying refers to a range of hurtful behaviours, physical or emotional or both, which causes someone to feel powerless, worthless, excluded or marginalised, and which is connected with prejudices around belonging, identity and equality in wide society – in particular, prejudices to do with disabilities and additional needs, ethnic, cultural and religious backgrounds, gender, home life (e.g. in relation to issues of care, parental occupation, poverty and social class) and sexual identity (homosexual, bisexual, transsexual).

### **Teenage relationship abuse**

Teenage relationship abuse is defined as a pattern of actual or threatened acts of physical, sexual, and/or emotional abuse, perpetrated by an adolescent (between the ages of 13 and 18) against a current or former partner. Abuse may include insults, coercion, social sabotage, sexual harassment, threats and/or acts of physical or sexual abuse. The Abusive teen uses this pattern of violence and coercive behaviour, in a heterosexual or same gender relationship, in order to gain power and maintain control over a partner.

## **Appendix 2**

### **Child Sexual Exploitation**

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be at risk of becoming either a victim or perpetrator of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage

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

### **Forced Marriage (FM)**

Forced marriage is where one or both do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse used. This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a college or through a third party.

### **Female Genital Mutilation (FGM)**

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

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for nonmedical reasons.

#### **4 types of procedure:**

Type 1 Clitoridectomy – partial/total removal of clitoris

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

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

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

#### **Why is it carried out?**

Belief that:

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

#### **Is FGM legal?**

In the UK, under the FGM Act 2003 and the Serious Crime Act 2015, it is an offence for any person (regardless of their nationality or residence status) to:

- Perform FGM:
- Assist a non-Uk person to carry out FDGN outside the UK on a UK national or permanent UK resident

The Serious Crime Act 2015 also includes:

- Provision of lifelong anonymity in the media of FGM;
- A new offence of “failing to protect a girl from FGM” – each person responsible for the girl at the time the FGM occurred will be liable;

- FGM Protection Orders – for the purpose of protecting a girl against the commission of FGM offence or protecting a girl against whom such an offence has been committed;
- A new mandatory reporting duty requiring specified regulated professionals (healthcare, social care and teachers in England and Wales to make a report to the police. The duty applies where, in course of their professional duties, a professional discovers that FGM appears to have been carried out on a girl under 18 (at the time of discovery).

#### Circumstances and occurrences that may point to FGM happening

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

#### Signs that may indicate a child has undergone FGM:

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

#### **The “One Chance” rule**

As with Forced Marriage there is the “One Chance” rule. It is essential that the college takes action **without delay**.

#### **Preventing Extremism and Radicalisation**

The Counter-terrorism and Security Act, which received Royal Assent on 12<sup>th</sup> February 2015 and The Prevent Duty – July 2015 placed a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have a due regard to the need to prevent people from being drawn into terrorism (“The Prevent Duty”).

The Counter-Terrorism and Security Act 2015 also places a duty on local authorities to ensure “Channel” panels are in place. The panel must include a local authority and chief

officer of the local police. Panels will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, following a referral from the police and where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals. The Act will require partners of Channel panels to cooperate with the panel in the carrying out of its functions and with the police in undertaking the initial assessment as to whether a referral is appropriate. Academies and colleges who are required to have regard to "Keeping Children Safe in Education" are listed in the Act as partners in the panel. The relevant provisions of the Act came into force on 12<sup>th</sup> April 2015.

The biggest threat is around terrorist groups seeking to radicalise and recruit people. This threat is greater amongst young people. Extremism is defined as a rejection of a cohesive, integrated, multi-faith society and parliamentary democracy. The local agenda supports the Prevent Strategy. Communities and local authorities have a key part to play in developing a sense of belonging and will be an important part of wider partnership working. The threat is not just from radical religious groups such as "Islamic State" but also from radical "far right" and other political groups who may attempt to radicalise children and young people.

Any contacts made with concerns in relation to Prevent will be assessed through LSCB procedures. If there are concerns that a child or young person may be vulnerable to violent extremism or radicalisation the DSL within the college must be informed and, after initial discussions, a multi-agency referral form will be submitted to the Local Authority Social Care team.

As part of the "Prevent Duty" academies must address the four key areas which are:

- Risk
- Working in partnership
- Staff Training
- IT Policies

Colleges are expected to assess risk to their students based on the potential risk in the area.

- Have clear protocols around visiting speakers.
- Staff training should enable the identification of young people at risk, the ability to challenge extremist ideas which legitimise terrorism and knowledge about how to refer.
- Young people must not be able to access extremist ideas online in college.

### **What is "Extremism"?**

Extremist organisations can develop and popularise ideas which create an environment conducive to violent extremism and terrorism.

"In assessing the drivers of and pathways to radicalisation, the line between extremism and terrorism are often blurred. Terrorist groups of all kinds very often draw upon

ideologies which have been developed, disseminated and popularised by extremist organisations that appear to be non-violent (such groups which neither use violence nor specifically and openly endorse its use by others)" (prevent strategy 5.34).

As a college we are expected to assess the risk to our students based on the potential risk within the local area.

### Dimensions of Risk

- **Engagement** – admission of interest, sympathy to extremist ideology
- **Intent** – indication that someone is ready to use violence to promote their views; justify offending
- **Capability** –requires skills, resources and networks to be successful

### The use of Social Media in radicalisation

There is increasingly widespread recognition that terrorist and extremist organisations are utilising the internet and social media for the radicalisation and grooming of young people.

### Referring procedures

Leicestershire Prevent Team 0116 2486726. The Channel police practitioner will make an initial assessment and advice.

### Staff Training

In line with the Prevent Duty, the group assess training needs in the light of their assessment of risk. This is currently assessed as low.

## Appendix 3

# Child Protection

## Logging of a Concern or Nagging Doubt

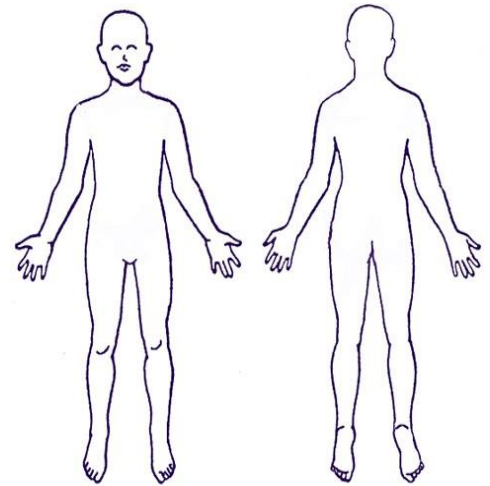
<b>Name of Child:</b>	<b>PTG:</b>	<b>Year:</b>	<b>House:</b>
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**D.O.B:**

**Child's  
Address:**

Nature of Concern/nagging doubt/incident (please ensure your report would be clear to a stranger reading this in 6 months time):

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Attach additional sheet if necessary.

The body map is to be used if required to indicate positioning of anything identified in information above.



Source of Information:	
Date of Concern/incident:	Time of Concern/incident:
Name of Reporting Person:	Signature of Reporting Person:
Date and time report completed	

This section to be completed by DSL or DDSL
Date/Time received by Designated Safeguarding Lead:
Signature of DSL:

**Action taken by DSL**

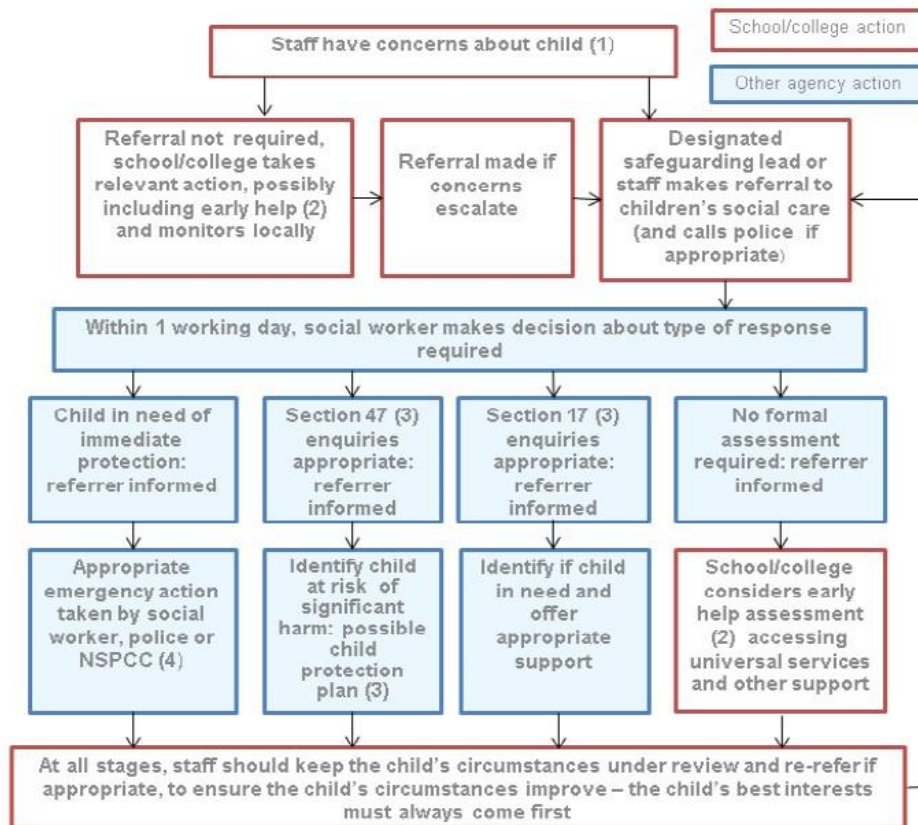
**Date:**

**Time**

**Signature**

**Print**

## Actions where there are concerns about a child (Appendix 4)



1. In cases which also involve an allegation of abuse against a staff member, see Part four of this guidance.
2. Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of [Working together to safeguard children](#) provides detailed guidance on the early help process.
3. Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. This can include s17 assessments of children in need and s47 assessments of children at risk of significant harm. Full details are in Chapter one of [Working together to safeguard children](#)
4. This could include applying for an Emergency Protection Order (EPO).