



Safeguarding Children (Including Child Protection) Policy

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TITLE	Safeguarding children and young people (including Child Protection)
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Approved by:	Vennture Trustees on 3.4.17

Safeguarding Governor: **Mike Newton**

Designated Safeguarding Lead: **Hilary Thomas** - Programme Manager for Home Presence

Deputy Safeguarding Lead/s: **Lynette** - Senior Link Worker, Home Presence

TBC - Programme Manager for Street Presence

Robert Thomas – Lead Executive

1. Context

- 1.1 Certain types of charity are set up to assist or care for those who are particularly vulnerable. By vulnerable the Charity Commission means:
- Children or young people under 18 years of age or
 - Adults who are in receipt of a regulated activity (end notes).
- 1.2 Charity trustees are responsible for ensuring that those benefiting from, or working with, their charity, are not harmed in any way through being involved. This is particularly important where beneficiaries are vulnerable persons or children in the community.

The Charity Commission stresses the importance of charities having proper safeguards in place for their protection.

- 1.3 All organisations, including charities, are expected to comply with the government inter - agency statutory guidance **Working Together to Safeguard Children (March 2015)** and its regular updates.

Safeguarding is defined as:

- Protecting children and young people from maltreatment
- Preventing impairment of children and young people's health and development
- Ensuring that children and young people grow up, and live, in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children and young people have the best outcomes

SAFEGUARDING IS EVERYONE'S RESPONSIBILITY

2. Introduction

- 2.1 This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002; and in line with government statutory guidance in 'Working Together to Safeguard Children' 2015 and 'Keeping Children Safe in Education' September 2016.
- 2.2 Vennture fully recognises its moral and statutory responsibilities for safeguarding and promoting the welfare of children and young people.
- 2.3 Our policy applies to all trustees, staff and volunteers working in the Vennture.
- 2.4 As Vennture works closely alongside schools it maintains the high standards expected in these organisations.

- 2.5 There are four main elements to our policy:
- Ensuring we practice safer recruitment in checking the suitability of staff and volunteers to work with children and young people
 - Raising awareness of child protection issues,
 - Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse;
 - Supporting children and young people who have been identified as in need of early help, or at risk of harm in accordance with his/her agreed Child Protection, Child in Need or Early Help plan
- 2.6 Vennture recognise that some of Vennture's programmes involve regular contact with children, families and young people. In such cases staff and volunteers are well placed to identify concerns early and possibly observe the outward signs of abuse.
- Vennture will therefore establish and maintain relationships where children, young people and vulnerable adults feel safe, secure, valued and respected and are encouraged to talk, believing they will be listened to.
- 2.7 Vennture seeks to ensure that children, young people and vulnerable adult's wishes and feelings are taken into account when determining what action to take. To this end we will:
- Take children, young people and vulnerable adult's views into account at reviews. (This may be through multi-agency working)
 - Ensure, where appropriate, suitable systems of feedback

3. Procedures

- 3.1 Vennture will follow the procedures set out by the Herefordshire Safeguarding Children's Board and take into account of guidance issued by the Department for Education (DfE).
- 3.2 Vennture will:
- Ensure it has a senior leader nominated as Designated Safeguarding Lead (DSL) who has received appropriate training and support for this role;
 - Ensure it has at least one member of staff who will act in the absence of the DSL (deputy DSL);
 - Ensure it has a nominated trustee responsible for safeguarding children;
 - Ensure every member of staff (including temporary and volunteers) and the Board of Trustees knows the name of the DSL and any deputies and understands their role;
 - Ensure that the DSL and/or a deputy DSL is always contactable and there are appropriate arrangements for programmes running outside Office Hours.

- Ensure all staff and volunteers understand their responsibility for referring any concerns to the DSL in a timely manner and are aware that they may raise concerns directly with Children's Social Care Services if they believe their concerns have not been listened to or acted upon;
- Ensure that the duty of care towards children, young people, families and vulnerable adults is promoted by raising awareness of illegal, unsafe and unwise behaviour and assist staff to monitor their own standards and practice; (See Code of Conduct /Safe Working Policies)
- Ensure that all staff and volunteers feel able to raise concerns about poor or unsafe practice and are aware of whistleblowing procedures and helplines; (See Whistleblowing policy)
- Be aware of and follow procedures set out by the HSCB where an allegation of abuse is made against a member of staff or volunteer,
- Ensure that a referral is made to the DBS if a person has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned;
- Operate safer recruitment practice, ensuring that at least one member on every recruitment panel has completed safer recruitment training.

2.14 Vennture procedures will be regularly reviewed and updated at least annually unless an incident or new legislation or guidance requires the need for an interim review. We recognise the expertise our staff builds by undertaking safeguarding training and managing safeguarding concerns on a daily basis. We therefore invite staff to contribute to and shape this policy and associated safeguarding arrangements

4. Training

4.1 When staff and volunteers join Vennture they will be informed of the safeguarding children and young people's arrangements in place. They will be given a copy of this policy including its Appendices, and Vennture's code of conduct/safe working and told who the DSL is, who acts in their absence and what this role includes;

4.2 All staff and volunteers will receive induction in safeguarding children. The induction programme will include basic child protection information relating to signs and symptoms of abuse, how to manage a disclosure from a child or young person, when and how to record a concern about the welfare of a child and advice on safe working practice.

4.3 All staff and volunteers, will receive training in child protection and safe working practice. In addition, they will receive safeguarding and child protection updates as required, **but at least annually.**

4.4 Staff with specific responsibility for safeguarding children will undertake training at a level suitable to their role and responsibilities, **updated every two years.**

In addition to formal training the DSL and deputy/ies will update their knowledge and skills via briefings, meetings and seminars, at regular intervals, **at least annually.**

5. Responsibilities

- 5.1 **The Board of Trustees** will nominate a member to be responsible for safeguarding children and liaise with the DSL in matters relating to safeguarding. It will ensure that:
- The DSL takes lead responsibility for safeguarding and child protection and does not delegate this responsibility;
 - The DSL role is explicit in the role holder's job description;
 - Safeguarding policies and procedures are in place, available on the website or by other means and reviewed at least annually;
 - Any weaknesses brought to its attention relating to safeguarding are remedied without delay.
 - It complies with all legislative duties, including the duty to report suspected or known cases of FGM and the duty to prevent young people from being drawn into terrorism.
- 5.2 **The Lead Executive** will ensure that:
- The Safeguarding policies and procedures are fully implemented and followed by all staff
 - Sufficient resources are allocated to enable the DSL and other staff to discharge their responsibilities with regard to child protection.
 - All staff and volunteers feel able to raise concerns about poor or unsafe practice and that these are handled sensitively and in accordance with the whistleblowing procedures;
- 5.3 **The DSL** will co-ordinate action on safeguarding. The DSL is responsible for:
- Organising child protection induction training for all newly appointed staff and volunteers, whole staff training, **refreshed with annual updates**;
 - Providing a mechanism to ensure that all staff and volunteers understand and are able to discharge their role and responsibilities
 - Undertaking, in conjunction with the Lead Executive and Safeguarding Governor, an annual audit of safeguarding procedures,
 - Making use of the Levels of Need guidance when making a decision about whether or not the threshold for Early Help or Social Care intervention is met;
 - Referring a child to the Multi Agency Safeguarding Hub –(MASH), when there are concerns about possible abuse and neglect (or in the case of the Street Presence Programmes to the Police)
 - Referring a child to the Channel Panel when there are concerns about possible radicalisation or involvement in extremist groups;
 - Ensure that written records of concerns about children are kept, including the use of body maps, even where there is no need to refer the matter immediately;
 - Ensuring all child protection records are kept securely and in locked locations;
 - Oversee the developing effective links with relevant agencies and other professionals and co-operating as required with their enquiries regarding safeguarding matters including co-operation with serious case reviews, attendance at strategy meetings, initial and review child protection conferences, core group and child in need review meetings;

- 5.4 **Link Workers** will work directly with families who have been referred to Vennture. These families are likely to have some safeguarding issues, and some (but not all) will have Child Protection issues. Link Workers are responsible for:
- Provide on-going management and support to each volunteer mentor or Family Pastor ensuring that they closely follow the safeguarding policy and programme's procedures
 - Listen to what the volunteer mentor is saying about the individual and recognise the time when immediate action should be taken to ensure the safeguarding of an individual, and follow due process to carry that out
 - Developing effective communication and links with relevant agencies and professionals especially regarding safeguarding matters,
 - Attend multi-agency meetings such as strategy meetings, initial and review child protection conferences, child in need review meetings, Team around the Child (CAF) meetings and where appropriate Multi Agency Group Meetings (MAGs)
 - Ensure reports are provided to multi-agency meetings in a timely way, including contributing to assessments.
- 5.5 **Team Leader** will be responsible to ensure that the safeguarding procedures outlined below are followed by their team.

6. Procedures for Managing Concerns about Children or Young People

- 6.1 Vennture adheres to child protection procedures that have been agreed locally through the Herefordshire Safeguarding Children Board (HSCB). Where we identify children and families in need of support, we will carry out our responsibilities in accordance with the [West Mercia Consortium inter-agency procedures](#) and the HSCB Levels of Need Guidance.
- 6.2 Every member of staff, including volunteers working with children and young people at Vennture, is advised to maintain an attitude of '*it could happen here*' where safeguarding is concerned. When concerned about the welfare of a child or young people, staff members should always act in the interests of the **child or young person** and have a responsibility to take action as outlined in this policy.
- 6.3 All staff and volunteers are encouraged to report any concerns that they have, and not see these as insignificant. On occasions, a referral is justified by a single incident such as an injury or disclosure of abuse. More often however, concerns accumulate over a period of time and are evidenced by building up a picture of harm over time; this is particularly true in cases of emotional abuse and neglect.
- In these circumstances, it is crucial that staff record and pass on concerns in accordance with this policy and procedures outlined in each programme's Procedure Guidance to allow the DSL to build up a picture and review support for the child at the earliest opportunity. A reliance on memory without accurate and contemporaneous records of concern could lead to a failure to protect.

- 6.4 It is crucial that Link Workers in Vennture’s Home Presence programmes regularly evaluate the risk to the children or young people in the families they are working with. They need to actively monitor the Visit Log’s from the volunteers, and raise Child Protection concerns with the DSL.
- Where individual incidences *may* evidence, over time, the child or young person being at risk these should be highlighted on the electronic recording system and the DSL informed in writing references the electronic copy of the visit log or communication. The DSL will ensure that this is recorded and followed up in individual conversations, supervision or family reviews.
- 6.5 It is *not* the responsibility of Vennture staff or volunteers to investigate welfare concerns or determine the truth of any disclosure or allegation. All staff and volunteers, however, have a duty to recognise concerns and pass the information on in accordance with the procedures outlined in this policy and each programmes specific procedures
- 6.6 For staff the Designated Safeguarding Lead (DSL) should be used as a first point of contact for concerns and queries regarding any safeguarding concern in Vennture.
- Any member of staff or volunteer who receives a disclosure of abuse or suspects that a child is at risk of harm must report it immediately to the DSL or, if unavailable, to the deputy designated lead. In the absence of either of the above, the matter should be brought to the attention of the most senior member of staff.
- 6.7 All concerns about a child or young person should be reported without delay and recorded in writing using the agreed templates (see each programme’s Procedure Guidance)
- 6.8 For all volunteers they should report any concern through the agreed protocols for the programmes highlighted in training and recorded in each programme’s Protocol Guidance. Link Workers and Team Leaders will take the responsibility of passing that information on to the Designated Safeguarding Lead (DSL)
- 6.9 Following receipt of any information raising concern, the DSL will consider what action to take and seek advice from Children’s Services as required. All information and actions taken, including the reasons for any decisions made, will be fully documented.
- 6.10 If, at any point, there is a risk of immediate serious harm to a child a referral should be made to Children’s Services immediately. Anybody can make a referral. If the child’s situation does not appear to be improving the staff member with concerns should press for re-consideration by raising concerns again with the DSL and/or the Lead Executive. Concerns should always lead to help for the child at some point.
- 6.11 Staff and volunteers should always follow the reporting procedures outlined in this policy in the first instance. However, they may also share information directly with Children’s Services, or the police if:
- the situation is an emergency and the designated senior person, their deputy and the Lead Executive are all unavailable;
 - they are convinced that a direct report is the only way to ensure the pupil’s safety.

6.12 Any member of staff or volunteer who does not feel that concerns about a child have been responded to appropriately and in accordance with the procedures outlined in this policy should raise their concerns with the Lead Executive or the Chair of Trustees. If any member of staff does not feel the situation has been addressed appropriately at this point they should contact Children's Services directly with their concerns.

6.13 **Peer on peer abuse**

Vennture recognises that children and young people are also vulnerable to physical, sexual and emotional abuse by their peers or siblings. This is most likely to include, but not limited to: bullying (including cyber bullying), gender based violence/sexual assaults and sexting. Abuse perpetrated by children can be just as harmful as that perpetrated by an adult, so it is important to remember the impact on the victim of the abuse as well as to focus on the support for the child or young person exhibiting the harmful behaviour.

Such abuse will always be taken as seriously as abuse perpetrated by an adult and the same [safeguarding children and young people's procedures](#) will apply in respect of any child who is suffering or likely to suffer significant harm; staff and volunteers must never tolerate or dismiss concerns relating to peer on peer abuse.

6.12 **Special Educational Needs and Disability (SEND)**

Vennture recognise that children and young people with special educational needs and disabilities can face additional safeguarding challenges and these are discussed in training. These additional barriers can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- Children with SEN and disabilities can be disproportionately impacted by things like bullying without outwardly showing any signs; and communication barriers and difficulties in overcoming these barriers

6.13 **Child Sexual Exploitation (CSE)**

Vennture recognise that CSE is a form of child abuse involving criminal behaviours against children and young people which can have a long-lasting adverse impact on a child or young person's physical and emotional health.

Sexual exploitation involves an individual or group of adults taking advantage of the vulnerability of an individual or groups of children or young people.

Victims can be boys or girls. Children and young people are often unwittingly drawn into sexual exploitation through the offer of friendship and care, gifts, drugs and alcohol, and sometimes accommodation. It may also be linked to child trafficking.

A common feature of sexual exploitation is that the child or young person often doesn't recognise the coercive nature of the relationship and doesn't see themselves as a victim. The child or young person may initially resent what they perceive as interference by staff, but staff must act on their concerns, as they would for any other type of abuse. All staff are made aware of the indicators of sexual exploitation and all concerns are reported immediately to the DSL.

6.14 'Honour Based' Violence

If staff have a concern regarding a child that might be at risk of HBV they should inform the DSL who will activate local safeguarding procedures, using existing national and local protocols for multiagency liaison with police and children's social care.

Where FGM has taken place it should be reported to the Police.

Teachers have a statutory duty to personally report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. When and how to make a report can be found in the following Home Office guidance: '[Mandatory Reporting of Female Genital Mutilation - procedural information](#)' (October 2015).

6.15 Radicalisation and Extremism

Vennture recognises that safeguarding against radicalisation and extremism is no different to safeguarding against any other vulnerability in today's society. We will ensure that:

- Through training, staff, volunteers and trustees have an understanding of what radicalisation and extremism is, why we need to be vigilant and how to respond when concerns arise.
- The DSL has received Prevent training and will act as the point of contact within Vennture for any concerns relating to radicalisation and extremism.

7. Information Sharing & Confidentiality

7.1 Vennture recognises that all matters relating to child protection are confidential.

7.2 The Executive Lead or DSL will ensure that processed in Vennture ensure that any information about a child, young person or family is only shared with other members of staff or volunteers in a need to know basis only.

7.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

7.4 All staff and volunteers must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being.

7.5 For more information, please see each programme's Procedure Guidance, the Vennture Confidentiality and Information Sharing Policy, and the Data Protection and Information Handling Policy.

8. Communication with Parents

- 8.1 Vennture recognise that good communication with parents is crucial in order to safeguard and promote the welfare of children effectively.
- 8.2 Link Workers will always undertake appropriate discussion with parents prior to involvement of another agency **unless to do so would place the child or an adult at further risk of harm or would impede a criminal investigation.**
- 8.3 Vennture will ensure that parents have an understanding of the responsibilities placed on the Vennture staff and volunteers to safeguard children and their duty to co-operate with other agencies in this respect.

9. Record Keeping

- 9.1 Any member of staff or volunteers receiving a disclosure of abuse from a child or young person, or noticing signs or symptoms of possible abuse, will make notes as soon as possible (within the hour, if possible but definitely before the shift ends) writing down exactly what was said, using the child's own words as far as possible. All notes should be timed, dated and signed, with name printed alongside the signature. Concerns will be recorded using the Vennture's safeguarding children and young people recording system.
- 9.2 All records of a child protection nature will be passed to the DSL including case conference or core group minutes and written records of any concerns.
- 9.3 The DSL will maintain and regularly audit the child protection records and ensure that each stand-alone file includes a chronology of significant events.

10. Supporting and Supervision of Staff

- 10.1 Vennture recognises that staff 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.
- 10.2 Vennture will support such staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support such as counselling or regular supervision, as appropriate.
- 10.3 In order to reduce the risk of allegations being made against staff, and ensure that staff are competent, confident and safe to work with children, they will be made aware of safer working practice guidance and will be given opportunities in training to develop their understanding of what constitutes safe and unsafe behaviour

11. Safer Recruitment and Selection of Staff

- 11.1 Vennture has a written recruitment and selection policy statement and procedures linking explicitly to this policy. The statement will be included in all job advertisements, publicity material, recruitment websites, and candidate information packs.
- 11.2 The recruitment process is robust in seeking to establish the commitment of candidates to support the Vennture's measures to safeguard children and to identify, deter or reject people who might pose a risk of harm to children or young people or are otherwise unsuited to work with them.
- The recruitment process *may* continue through initial training and a post training interview
- 11.3 All trustees, staff and volunteers working within Vennture have been checked as to their suitability, enhanced DBS check and a right to work in the UK

12. Complaints and Concerns

- 12.1 Vennture recognises that listening to children and young people is an important and essential part of safeguarding them against abuse and neglect. To this end, any expression of dissatisfaction or disquiet in relation to an individual child, young person or family will be listened to and acted upon in order to safeguard his/her welfare.
- 12.2 Vennture will also seek to ensure that the child, young person or adult who makes a complaint is informed not only about the action Vennture will take but also the length of time that will be required to resolve the complaint. Vennture will also endeavour to keep the child, young person or adult regularly informed as to the progress of his/her complaint.
- 12.3 Vennture recognises that complaints may vary in severity and complexity. More information can be found in Vennture's Complaint and Allegations of Abuse Policy

13. Allegations of abuse

- 13.1 Vennture acknowledge that a child, young person or adult may make an allegation of abuse against a member of staff.
- 13.2 If such an allegation is made where it is where 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 or related to a child; or
 - Behaved towards a child or young person in a way that they may pose a risk of harm to children
- the member of staff receiving the allegation must immediately inform the Lead Executive, unless the allegation concerns the Lead Executive, in which case the Chair of Trustees will be informed immediately.

- 13.3 The Lead Executive (or Chair of Trustees) will discuss the content of the allegation with Local Authority Designated Officer (LADO), **within one day**, prior to undertaking any investigation
- 13.4 The LADO responsibilities are defined in 'Working together to Safeguard Children' (March 2015). They will:
- Provide advice, information and guidance to employers and voluntary organisations around allegations and concerns regarding paid and unpaid workers
 - Ensure there is a consistent, fair and thorough process for all adults working with children and young people against whom an allegation is made
 - Monitor the progress of the cases to ensure they are dealt with as quickly as possible
 - Recommend a referral and chairing the strategy meeting in cases where the allegation requires investigation by the police and social care
- 13.5 Vennture will follow the Vennture procedures for managing Complaints and Allegations of abuse which has been based on the LA procedures. This will include that the case manager will be guided by the LADO in all matters relating to the case, including suspension, sharing of information and any follow up investigation.

14. Whistleblowing

- 14.1 Vennture recognise that children and young people cannot be expected to raise concerns in an environment where staff fail to do so.
- 14.2 All staff and staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues using the Vennture's confidential reporting (whistleblowing) policy.
- 14.3 Whistleblowing concerns about the Executive Lead should be raised with the Chair of Trustees.
- 14.4 Staff will be made aware that if they feel unable to raise a child protection failure internally, they can contact the [NSPCC whistleblowing helpline](#).

17. Photography and use of images (including hand held devices)

- 17.1 The welfare and protection of children and young people is paramount and consideration should always be given to whether the use of photography will place children or young people at risk. Images may be used to harm children, for example as a preliminary to 'grooming' or by displaying them inappropriately on the internet, particularly social networking sites.
- 17.2 For this reason consent is always sought when photographing children or young people using any means and including iPads, smart phones or cameras.

- 17.3 Consent must be sought from those with parental responsibility (this may include the Local Authority in the case of Looked After Children).
- 17.4 For further information, please see the Code of Conduct/Safe Working Policy.

18. Staff and volunteer relationships with children and young people

- 18.1 Vennture provides advice to staff regarding their relationships with children and young people including personal online activity and has strict rules regarding online contact and electronic communication with children and young people.

Staff found to be in breach of these rules may be subject to disciplinary action or child protection investigation.

19. Challenge and Escalation

- 19.1 Vennture recognise that professional disagreements may arise between any agencies and resolving problems is an integral part of co-operation and joint working to safeguard children.
- 19.2 As part of our responsibility for safeguarding children, we acknowledge that we must be prepared to challenge each other if we feel that responses to concerns, assessments or the way in which plans are implemented are not safeguarding the child and promoting their welfare.
- 19.3 Vennture are aware of the HSCB in raising concerns in respect of poor practice and recognise our responsibility to utilise these as and when necessary, in the interests of safeguarding and promoting the welfare of children.

20. Other Relevant Policies

- 20.1 The Governing Body's statutory responsibility for safeguarding the welfare of children goes beyond basic child protection procedures.
- 20.2 The duty is now to ensure that safeguarding permeates all activity and functions. This policy therefore complements and supports a range of other policies, for instance:
- Safe Working/Code of Conduct
 - Complaints and Allegations of Abuse Procedure
 - Whistleblowing (Confidential Reporting)
 - Safer Recruiting

APPENDIX 1
FORM 1
Logging a Concern about a Child's Safety and Welfare

Child's name:	d.o.b. .
Date:	Time:
Name: Print Signature
Position:	
Note the reason(s) for recording the incident.	
Details of concern/incident - record the who/what/where/when factually (continue on reverse of sheet if necessary):	
Any other relevant information (witnesses, immediate action taken)	
Action taken	
Reporting staff signature Date	
DSL – Response/Outcome	
DSL signature Date	

Check to make sure your report is clear now - and will also be clear to a stranger reading it next year.

PLEASE PASS THIS FORM TO YOUR DESIGNATED SAFEGUARDING LEAD

Continuation Sheet	
Incident /Concern; other relevant information; Action Taken; Outcome	
CHILD'S NAME:	
DATE	DETAILS
Signature	

APPENDIX 2

Recognition & Identification of Abuse

Taken from Working Together to Safeguard Children 2015, Appendix A

What is abuse?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Indicators of Abuse

Caution should be used when referring to lists of signs and symptoms of abuse. Although the signs and symptoms listed below may be indicative of abuse there may be alternative explanations. In assessing the circumstances of any child any of these indicators should be viewed within the overall context of the child's individual situation including any disability.

EMOTIONAL ABUSE

Emotional Abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Emotional abuse is difficult to:

- define
- identify/recognise
- prove.

Emotional abuse is chronic and cumulative and has a long-term impact. Indicators may include:

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc.')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Unusual physical behaviour (rocking, hair twisting, self-mutilation) - consider within the context of any form of disability such as autism
- Extremes of passivity or aggression
- Children suffering from emotional abuse may be withdrawn and emotionally flat. One reaction is for the child to seek attention constantly or to be over-familiar. Lack of self-esteem and developmental delay are again likely to be present
- Babies – feeding difficulties, crying, poor sleep patterns, delayed development, irritable, non-cuddly, apathetic, non-demanding
- Toddler/Pre-School – head banging, rocking, bad temper, 'violent', clingy. From overactive to apathetic, noisy to quiet. Developmental delay – especially language and social skills
- School age – Wetting and soiling, relationship difficulties, poor performance at school, non-attendance, antisocial behaviour. Feels worthless, unloved, inadequate, frightened, isolated, corrupted and terrorised
- Adolescent – depression, self-harm, substance abuse, eating disorder, poor self-esteem, oppositional, aggressive and delinquent behaviour
- Child may be underweight and/or stunted

- Child may fail to achieve milestones, fail to thrive, experience academic failure or under achievement
- Also consider a child's difficulties in expressing their emotions and what they are experiencing and whether this has been impacted on by factors such as age, language barriers or disability

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment), failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision (including the use of inadequate care-givers) or failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

There are occasions when nearly all parents find it difficult to cope with the many demands of caring for children. But this does not mean that their children are being neglected. Neglect involves ongoing failure to meet a child's needs.

Neglect can often fit into six forms which are:

- Medical – the withholding of medical care including health and dental.
- Emotional – lack of emotional warmth, touch and nurture
- Nutritional – either through lack of access to a proper diet which can affect in their development.
- Educational – failing to ensure regular school attendance that prevents the child reaching their full potential academically
- Physical – failure to meet the child's physical needs
- Lack of supervision and guidance – meaning the child is in dangerous situations without the ability to risk assess the danger.¹

Common Concerns:

With regard to the child, some of the regular concerns are:

- The child's development in all areas including educational attainment
- Cleanliness
- Health
- Children left at home alone and accidents related to this
- Taking on unreasonable care for others
- Young carers

Neglect can often be an indicator of further maltreatment and is often identified as an issue in serious case reviews as being present in the lead up to the death of the child or young person. It is important to recognise that the most frequent issues and concerns regarding the family in relation to neglect relate to parental capability. This can be a consequence of:

- Poor health, including mental health or mental illness
- Disability, including learning difficulties
- Substance misuse and addiction
- Domestic violence

School staff need to consider both acts of *commission* (where a parent/carer deliberately neglects the child) and acts of *omission* (where a parent's failure to act is causing the neglect). This is a key consideration with regard to school attendance where parents are not ensuring their child attend school regularly.

Many of the signs of neglect are visible. However school staff may not instinctively know how to recognise signs of neglect or know how to respond effectively when they suspect a pupil is being neglected. Children spend considerable time in school so staff have opportunities to identify patterns over time and recognise and respond to concerns about their safety and welfare. All concerns should be recorded and reflected upon, not simply placed in a file.

Here are some signs of possible neglect:

¹ Source: Horwath, J (2007): Child neglect: identification and assessment: Palgrave Macmillan

Physical signs:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Emaciation
- Untreated medical problems
- The child seems underweight and is very small for their age
- The child is poorly clothed, with inadequate protection from the weather
- Neglect can lead to failure to thrive, manifest by a fall away from initial centile lines in weight, height and head circumference. Repeated growth measurements are crucially important
- Signs of malnutrition include wasted muscles and poor condition of skin and hair. It is important not to miss an organic cause of failure to thrive; if this is suspected, further investigations will be required
- Infants and children with neglect often show rapid growth catch-up and improved emotional response in a hospital environment
- Failure to thrive through lack of understanding of dietary needs of a child or inability to provide an appropriate diet; or may present with obesity through inadequate attention to the child's diet
- Being too hot or too cold – red, swollen and cold hands and feet or they may be dressed in inappropriate clothing
- Consequences arising from situations of danger – accidents, assaults, poisoning
- Unusually severe but preventable physical conditions owing to lack of awareness of preventative health care or failure to treat minor conditions
- Health problems associated with lack of basic facilities such as heating
- Neglect can also include failure to care for the individual needs of the child including any additional support the child may need as a result of any disability

Behavioural signs:

- No social relationships
- Compulsive scavenging
- Destructive tendencies
- If they are often absent from school for no apparent reason
- If they are regularly left alone, or in charge of younger brothers or sisters
- Lack of stimulation can result in developmental delay, for example, speech delay, and this may be picked up opportunistically or at formal development checks
- Craving attention or ambivalent towards adults, or may be very withdrawn
- Delayed development and failing at school (poor stimulation and opportunity to learn)
- Difficult or challenging behaviour

PHYSICAL ABUSE

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

When dealing with concerns regarding physical abuse, refer any suspected non-accidental injury to the Designated Safeguarding Lead without delay so that they are able to seek appropriate guidance from the police and/or Children's Services in order to safeguard the child.

Staff must be alert to:

- Unexplained recurrent injuries or burns; improbable excuses or refusal to explain injuries;
- Injuries that are not consistent with the story: too many, too severe, wrong place or pattern, child too young for the activity described.

Physical signs:

- Bald patches
- Bruises, black eyes and broken
- Untreated or inadequately treated injuries
- Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen
- Scalds and burns
- General appearance and behaviour of the child may include:

- Concurrent failure to thrive: measure height, weight and, in the younger child, head circumference;
- Frozen watchfulness: impassive facial appearance of the abused child who carefully tracks the examiner with his eyes.
- Bruising:
 - Bruising patterns can suggest gripping (finger marks), slapping or beating with an object.
 - Bruising on the cheeks, head or around the ear and black eyes can be the result of non-accidental injury.
- Other injuries:
 - Bite marks may be evident from an impression of teeth
 - Small circular burns on the skin suggest cigarette burns
 - Scalding inflicted by immersion in hot water often affects buttocks or feet and legs symmetrically
 - Red lines occur with ligature injuries
 - Retinal haemorrhages can occur with head injury and vigorous shaking of the baby
 - Tearing of the frenulum of the upper lip can occur with force-feeding. However, any injury of this type must be assessed in the context of the explanation given, the child's developmental stage, a full examination and other relevant investigations as appropriate.
 - Fractured ribs: rib fractures in a young child are suggestive of non-accidental injury
 - Other fractures: spiral fractures of the long bones are suggestive of non-accidental injury

Behavioural signs:

- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Injuries that the child cannot explain or explains unconvincingly
- Become sad, withdrawn or depressed
- Having trouble sleeping
- Behaving aggressively or be disruptive
- Showing fear of certain adults
- Having a lack of confidence and low self-esteem
- Using drugs or alcohol
- Repetitive pattern of attendance: recurrent visits, repeated injuries
- Excessive compliance
- Hyper-vigilance

SEXUAL ABUSE

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

Sexual abuse is usually perpetrated by people who are known to and trusted by the child – e.g. relatives, family friends, neighbours, people working with the child in school or through other activities.

Characteristics of child sexual abuse:

- It is usually planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic;
- Grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent. This can be done in person or via the internet through chat-rooms and social networking sites;
- Grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives. Again, this can be done in person or via the internet through chat-rooms and social networking sites.

In young children behavioural changes may include:

- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Being overly affectionate - desiring high levels of physical contact and signs of affection such as hugs and kisses
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
- They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age
- Starting to wet again, day or night/nightmares

In older children behavioural changes may include:

- Extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism
- Genital discharge or urinary tract infections
- Marked changes in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically
- The child may refuse to attend school or start to have difficulty concentrating so that their schoolwork is affected
- They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities
- The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person
- Children who have been sexually abused may demonstrate inappropriate sexualised knowledge and behaviour
- Low self-esteem, depression and self-harm are all associated with sexual abuse

Physical signs and symptoms for any age child could be:

- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Stomach pains or discomfort walking or sitting
- Sexually transmitted infections
- Any features that suggest interference with the genitalia. These may include bruising, swelling, abrasions or tears
- Soreness, itching or unexplained bleeding from penis, vagina or anus
- Sexual abuse may lead to secondary enuresis or faecal soiling and retention
- Symptoms of a sexually transmitted disease such as vaginal discharge or genital warts, or pregnancy in adolescent girls

Sexual Abuse by Young People

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

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

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

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

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

Assessment

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

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

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

APPENDIX 3

Child Sexual Exploitation (CSE)

The sexual exploitation of children and young people (CSE) under-18 is defined as that which:

'involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.'

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.' (Department for Education, 2012)

Child sexual exploitation is a form of abuse which involves children (male and female, of different ethnic origins and of different ages) receiving something in exchange for sexual activity.

Who is at risk?

Child sexual exploitation can happen to any young person from any background. Although the research suggests that the females are more vulnerable to CSE, boys and young men are also victims of this type of abuse.

The characteristics common to all victims of CSE are not those of age, ethnicity or gender, rather their powerlessness and vulnerability. Victims often do not recognise that they are being exploited because they will have been groomed by their abuser(s). As a result, victims do not make informed choices to enter into, or remain involved in, sexually exploitative situations but do so from coercion, enticement, manipulation or fear. Sexual exploitation can happen face to face and it can happen online. It can also occur between young people.

In all its forms, CSE is child abuse and should be treated as a child protection issue.

WARNING SIGNS AND VULNERABILITIES CHECKLIST²

The evidence available points to several factors that can increase a child's vulnerability to being sexually exploited. The following are typical **vulnerabilities in children prior to abuse**:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss
- Gang association either through relatives, peers or intimate relationships (in cases of gang-associated CSE only)
- Attending school with young people who are sexually exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families
- Friends with young people who are sexually exploited
- Homeless

² The Office of the Children's Commissioner (2012) Interim Report - Inquiry into Child Sexual Exploitation in Group and Gangs.

- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation or a foyer
- Low self-esteem or self-confidence
- Young carer

The following signs and behaviour are generally seen in children who are **already being sexually exploited**:

- Missing from home or care
- Physical injuries
- Drug or alcohol misuse
- Involvement in offending
- Repeat sexually-transmitted infections, pregnancy and terminations
- Absent from school
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites
- Estranged from their family
- Receipt of gifts from unknown sources
- Recruiting others into exploitative situations
- Poor mental health
- Self-harm
- Thoughts of or attempts at suicide

Evidence shows that any child displaying several vulnerabilities from the above lists should be considered to be at high risk of sexual exploitation.

All schools should ensure that there is a dedicated lead person with responsibility for implementing local guidance in respect of child sexual exploitation. This would normally be the DSL.

The DSL must ensure that all staff are aware of signs and symptoms of CSE and know that these must be reported and recorded as child protection concerns. The DSL must follow the Herefordshire Pathway for dealing with issues of CSE, including completion of the screening tool.

APPENDIX 4

Effects of domestic abuse on children and young people

The impact of domestic abuse on the quality of a child's or young person's life is very significant. Children and young people who live with domestic abuse are at increased risk of behavioural problems, emotional trauma, and mental health difficulties in adult life.

The impact of domestic abuse on children and young people can be wide-ranging and may include effects in any or all of the following areas:

Physical: Children and young people can be hurt either by trying to intervene and stopping the violence or by being injured themselves by the abuser. They may develop self-harming behaviour, or eating disorders. Their health could be affected, as they may not be being cared for appropriately. They may have suicidal thoughts or try to escape or blank out the abuse by using drugs, alcohol or by running away.

Sexual: There is a high risk that children and young people will be abused themselves where there is domestic abuse. In homes where living in fear is the norm, and situations are not discussed, an atmosphere of secrecy develops and this creates a climate in which sexual abuse could occur. In addition to this, children and young people may sometimes be forced to watch the sexual abuse of their mother/carer. This can have long-lasting effects on the sexual and emotional development of the child/young person.

Economic: The parent or carer of the child or young person may have limited control over the family finances. Therefore, there might be little or no money available for extra-curricular activities, clothing or even food, impacting on their health and development.

Emotional: Children and young people will often be very confused about their feelings – for example, loving both parents/carers but not wanting the abuse to continue. They may be given negative messages about their own worth, which may lead to them developing low self-esteem. Many children and young people feel guilty, believing that the abuse is their fault. They are often pessimistic about their basic needs being met and can develop suicidal thoughts. Some children and young people may internalise feelings and appear passive and withdrawn or externalise their feelings in a disruptive manner.

Isolation: Children and young people may become withdrawn and isolated; they may not be allowed out to play; and if there is abuse in the home they are less likely to invite their friends round. Schooling may be disrupted in many ways, and this may contribute to their growing isolation. They may frequently be absent from school as they may be too scared to leave their mother alone. They may have to move away from existing friends and family – e.g. into a refuge or other safe or temporary accommodation.

Threats: Children and young people are likely to have heard threats to harm their mother/father. They may have been directly threatened with harm or heard threats to harm their pet. They also live under the constant and unpredictable threat of violence, resulting in feelings of intimidation, fear and vulnerability, which can lead to high anxiety, tension, confusion and stress.

This clearly highlights that living with domestic abuse has a significant impact on a child's ability to achieve the five outcomes as outlined in the *Every Child Matters* agenda:

- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution;
- achieve economic well-being.

What you might see

- Unexplained absences or lateness at school– either from staying at home to protect their parent or hide their injuries, or because they are prevented from attending school;
- Children and young people attending school when ill rather than staying at home;
- Children and young people not completing their homework, or making constant excuses, because of what is happening at home;
- Children and young people who are constantly tired, on edge and unable to concentrate through disturbed sleep or worrying about what is happening at home;
- Children and young people displaying difficulties in their cognitive and school performance;
- Children and young people whose behaviour and personality changes dramatically;
- Children and young people who become quiet and withdrawn and have difficulty in developing positive peer relations;
- Children and young people displaying disruptive behaviour or acting out violent thoughts with little empathy for victims;
- Children and young people who are no trouble at all.

This list is not exhaustive – this is intended to give you an idea of some of the types of behaviour that could be presented.

What Vennture can do

Vennture can create an environment which both promotes their belief and commitment that domestic abuse is not acceptable, and that they are willing to discuss and challenge it.

It would help if Vennture displayed posters or had cards/pens available with information about domestic abuse and contact details for useful agencies: for example,

- NSPCC **0808 800 5000**
- ChildLine **0800 11 11**;
- Parentline **0808 800 2222**;
- West Mercia Constabulary - Police Domestic Abuse Units **101**.

Research shows that the repeated use of physical, sexual, psychological and financial abuse is one of the ways in which male power is used to control women. The underlying attitudes which legitimate and perpetuate violence against women should be challenged by Vennture as part of the whole organisational ethos.

APPENDIX 5

Forced Marriage – a form of Domestic Abuse

Forced Marriage should be recognised as a human rights abuse – and should always invoke child protection procedures within the school.

A forced marriage is a marriage conducted without the full consent of both parties, and one where duress is a factor. A forced marriage is not the same as an arranged marriage – in an arranged marriage the families take a leading role in choosing the marriage partner. The marriage is entered into freely by both people.

Warning signs

Warning signs can include a sudden drop in performance, truancy from lessons and conflicts with parents over continuation of the student's education.

There may be excessive parental restrictions and control, a history of domestic abuse within the family, or extended absence through sickness or overseas commitments. Students may also show signs of depression or self-harming, and there may be a history of older siblings leaving education early to get married.

The justifications

Most cases of forced marriage in the UK involve South Asian families. This is partially a reflection of the fact that there is a large established South Asian population in the UK. It is clear, however, that forced marriage is not a solely South Asian phenomenon — there have been cases involving families from East Asia, the Middle East, Europe and Africa.

Some forced marriages take place in the UK with no overseas element, while others involve a partner coming from overseas, or a British citizen being sent abroad. Parents who force their children to marry often justify it as protecting them, building stronger families and preserving cultural or religious traditions. They may not see it as wrong.

Forced marriage can never be justified on religious grounds: every major faith condemns it and freely given consent is a pre-requisite of Christian, Jewish, Hindu, Muslim and Sikh marriage.

Culture

Often parents believe that they are upholding the cultural traditions of their home countries, when in fact practices and values there have changed. Some parents come under significant pressure from their extended families to get their children married.

The law

Sexual intercourse without consent is rape, regardless of whether this occurs within the confines of a marriage. A girl who is forced into marriage is likely to be raped and may be raped until she becomes pregnant.

In addition, the Forced Marriage (Civil Protection) Act (2007) makes provision for protecting children, young people and adults from being forced into marriage without their full and free consent through Forced Marriage Protection Orders. Breaching a Forced Marriage Protection Order is a criminal offence.

The Anti-Social Behaviour, Crime and Policing Act 2014 makes it a criminal offence, with effect from 16th June 2014, to force someone to marry.

Further guidance is available from The Forced Marriage Unit:

Tel: (+44) (0)20 7008 0151 between 9.00 a.m. and 5.00 p.m. Monday to Friday

Emergency Duty Officer (out of hours): (+44) (0)20 7008 1500

E-mail: fm@fco.gov.uk **Website:** www.fco.gov.uk/forcedmarriage

FMU publication: '*Multi-Agency Practice Guidelines: Handling Cases of Forced Marriage*' June 09

See also: '*The Right to Choose – Multi-Agency Guidance in relation to Forced Marriage*' Government Office - November 2008 and Interagency Guidance on Forced Marriage on the WSCB website.

APPENDIX 6

Female Genital Mutilation (FGM) – a form of Human Rights Abuse

What is FGM?

FGM includes procedures that intentionally alter or injure the female genital organs for non-medical reasons.

There are four known types of FGM, all of which have been found in the UK:

Type 1 – clitoridectomy: partial or total removal of the clitoris and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris)

Type 2 – excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina)

Type 3 – infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris

Type 4 – other: all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterising the genital area.

FGM is sometimes known as 'female genital cutting' or female circumcision. Communities tend to use local names for this practice, including 'sunna'.

Why is FGM carried out?

It is believed that:

- It brings status and respect to the girl and that it gives a girl social acceptance, especially for marriage.
- It preserves a girl's virginity/chastity.
- It is part of being a woman as a rite of passage.
- It upholds the family honour.
- It cleanses and purifies the girl.
- It gives the girl and her family a sense of belonging to the community.
- It fulfills a religious requirement believed to exist.
- It perpetuates a custom/tradition.
- It helps girls and women to be clean and hygienic.
- It is cosmetically desirable.
- It is mistakenly believed to make childbirth safer for the infant.

Religion is sometimes given as a justification for FGM. For example, some people from Muslim communities argue that the Sunna (traditions or practices undertaken or approved by the prophet Mohammed) recommends that women undergo FGM, and some women have been told that having FGM will make them 'a better Muslim'. However, senior Muslim clerics at an international conference on FGM in Egypt in 2006 pronounced that FGM is not Islamic, and the London Central Mosque has spoken out against FGM on the grounds that it constitutes doing harm to oneself or to others, which is forbidden by Islam.

Within which communities is FGM known to be practised?

According to the Home Office it is estimated that up to 24,000 girls under the age of 15 are at risk of FGM.

UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leonei, Egyptian, Nigerian and Eritrean, as well as non-African communities including Yemeni, Afghani, Kurdish, Indonesian and Pakistani.

Obviously, this not to say that all families from the communities listed above practise FGM, and many parents will refuse to have their daughters subjected to this procedure. However, in some communities a great deal of pressure can be put on parents to follow what is seen as a cultural or religious practice.

Is FGM harmful?

FGM is extremely harmful and is often described as brutal because of the way it is carried out, and its short and long term effects on physical and psychological health.

FGM is carried out on children between the ages of 0 and 15, depending on the community in which they live. It is often carried out without any form of sedation and without sterile conditions. The girl or young woman is held down while the procedure of cutting takes place and survivors describe extreme pain, fear and feelings of abandonment.

Where the vagina is cut and then sewn up, only a very small opening may be left. This is often seen as a way to ensure that when the girl enters marriage, she is a virgin. In some communities the mother of the future husband and the girl's own mother will take the girl to be cut open before the wedding night.

Repeat urinary tract infections are a common problem for women who have undergone FGM, and for some, infections come from menstruation being restricted. Many women have problems during pregnancy and childbirth. The removal of the clitoris denies women physical pleasure during sexual activity and some groups will practise complete removal to ensure chastity.

Is it illegal?

FGM is internationally recognised as a violation of the human rights of girls and women, and is illegal in most countries – including the UK. The Female Genital Mutilation Act 2003 came into force in 2004:

The act makes it illegal to:

- practise FGM in the UK
- take girls who are British nationals or permanent residents of the UK abroad for FGM, whether or not it is lawful in that country
- aid and abet, counsel or procure the carrying out of FGM abroad.

The offence carries a penalty of up to 14 years in prison, and/or a fine.

Signs, symptoms and indicators

The following list of possible signs and indicators are not diagnostic, but are offered as a guide as to what kind of things should alert professionals to the possibility of FGM.

Things that may point to FGM happening:

- a child talking about getting ready for a special ceremony
- a family arranging a long break abroad
- a child's family being from one of the 'at-risk' communities for FGM (see above)
- knowledge that an older sibling has undergone FGM
- a young person talks of going abroad to be 'cut', or get ready for marriage.

Things that may indicate a child has undergone FGM:

- prolonged absence from school or other activities
- behaviour change on return from a holiday abroad, such as the child being withdrawn and appearing subdued
- bladder or menstrual problems
- finding it difficult to sit still, and looking uncomfortable
- complaining about pain between their 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 urinary tract infection
- disclosure.

What should Vennture do?

Where Vennture has a concern about a child or young person, they should contact Children's Social Care Services. If the concerns are based on more concrete indicators – i.e., the young person says this is going to happen to them, or disclosure that it has happened to them or to an older sister – schools should make a child protection referral and inform the Police as required by the mandatory reporting duty. Vennture should not:

- contact the parents before seeking advice from children's social care;
- make any attempt to mediate between the child/young person and parents.

It is important to keep in mind that the parents may not see FGM as a form of abuse; however, they may be under a great deal of pressure from their community and or family to subject their daughters to it. Some parents from identified communities may seek advice and support as to how to resist and prevent FGM for their daughters, and education about the harmful effects of FGM may help to make parents feel stronger in resisting the pressure of others in the community. Remember that religious teaching does not support FGM.

The 'one chance' rule

In the same way that we talk about the 'one chance rule' in respect of young people coming forward with fears that they may be forced into marriage, young people disclosing fears that they are going to be sent abroad for FGM are taking the 'one chance', of seeking help.

It is essential that we take such concerns seriously and act without delay. Never underestimate the determination of parents who have decided that it is right for their daughter to undergo FGM. Attempts to mediate may place the child/young person at greater risk, and the family may feel so threatened at the news of their child's disclosure that they bring forward their plans or take action to silence her.

Mandatory Reporting Duty

Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on teachers. Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers in England and Wales, to personally report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. Further information on when and how to make a report can be found in the following Home Office guidance: ['Mandatory Reporting of Female Genital Mutilation - procedural information'](#) (October 2015).

APPENDIX 7

SEXTING

What is sexting?

Sexting is the exchange of self-generated sexually explicit images, through mobile picture messages or webcams over the internet.

Sexting is often seen as flirting by children and young people who think that it's part of normal life.

Often, incidents of sexting are not clear-cut or isolated; schools may encounter a variety of scenarios. Sexting incidents can be divided into two categories – aggravated and experimental³:

Aggravated incidents of sexting involve criminal or abusive elements beyond the creation of an image. These include further elements, adult involvement or criminal or abusive behaviour by minors such as sexual abuse, extortion, threats, malicious conduct arising from personal conflicts, or creation or sending or showing of images without the knowledge or against the will of a minor who is pictured.

Experimental incidents of sexting involve youths taking pictures of themselves to share with established boy or girlfriends, to create romantic interest in other youth, or for reasons such as attention seeking. There is no criminal element (and certainly no criminal intent) beyond the creation and sending of the images and no apparent malice or lack of willing participation.

The consequences of sexting can be devastating for young people. In extreme cases it can result in suicide or a criminal record, isolation and vulnerability. Young people can end up being criminalised for sharing an apparently innocently image which may have, in fact, been created for exploitative reasons.

Because of the prevalence of sexting, young people are not always aware that their actions are illegal. In fact, sexting as a term is not something that is recognised by young people and the 'cultural norms' for adults can be somewhat different. Some celebrities have made comments which appear to endorse sexting – 'it's okay, as long as you hide your face' - giving the impression that sexting is normal and acceptable. However, in the context of the law it is an illegal activity and young people must be made aware of this.

The decision to criminalise children and young people for sending these kinds of images is a little unclear although recent media information suggested that all incidents reported to the police would be recorded, but not all would be investigated. The current Association of Chief Police Officers (ACPO) position is that:

'ACPO does not support the prosecution or criminalisation of children for taking indecent images of themselves and sharing them. Being prosecuted through the criminal justice system is likely to be upsetting and distressing for children especially if they are convicted and punished. The label of sex offender that would be applied to a child or young person convicted of such offences is regrettable, unjust and clearly detrimental to their future health and wellbeing.'

Further information from ACPO is expected imminently (August 2016).

Action to take in the case of an incident of sexting

Disclosure by a child or young person

Sexting disclosures should follow the normal safeguarding practices and protocols. A child or young person is likely to be very distressed especially if the image has been circulated widely and if they don't know who has shared it, seen it or where it has ended up. They will need pastoral support during the disclosure and after the event. They may even need immediate protection or a referral to Social Care.

The following questions will help decide upon the best course of action:

- Is the child or young person disclosing about themselves receiving an image, sending an image or sharing an image?
- What sort of image is it? Is it potentially illegal or is it inappropriate?
- Has the DSL been consulted and is their advice and support available?
- How widely has the image been shared and is the device in their possession?

³ Reprinted from Wolak and Finkelhor 'Sexting: a Typology' March 2011

- Does the child or young person need immediate support and or protection?
- Are there other students and or young people involved?
- Do they know where the image has ended up?

This situation will need to be handled very sensitively. Whatever the nature of the incident, ensure Vennture safeguarding and child protection policies and practices are adhered to.

If any illegal images of a child are found you should consider whether to inform the police. As a general rule it will almost always be proportionate to refer any incident involving “aggravated” sharing of images to the police, whereas purely “experimental” conduct may proportionately be dealt with without such referral, most particularly if it involves the child sharing images of themselves.

Any conduct involving, or possibly involving, the knowledge or participation of adults should always be referred to the police.

If an “experimental” incident is not referred to the police the reasons for this should be recorded in writing.

If there is an indecent image of a child on a website or a social networking site then you should report the image to the site hosting it. In the case of a sexting incident involving a child or young person where you feel that they may be at risk of abuse then you should report the incident directly to CEOP www.ceop.police.uk/ceop-report, so that law enforcement can make an assessment, expedite the case with the relevant provider and ensure that appropriate action is taken to safeguard the child.

What to do and not do with the image

If the image has been shared across a personal mobile device:

- Confiscate and secure the device;
- Don't view the image unless there is a clear reason to do so;
- Don't send, share or save the image anywhere;
- Don't allow students to view images or send, share or save them anywhere.

If the image has been shared across a school network, a website or social network:

- Block the network to all users and isolate the image;
- Don't send or print the image;
- Don't move the material from one place to another;
- Don't view the image outside of the protocols of your safeguarding policies and procedures.

Step 4 – Who should deal with the incident?

Whoever the initial disclosure is made to must act in accordance with the Vennture’s safeguarding policy, ensuring that the DSL or a senior member of staff is informed.

The DSL should always record the incident. There may be instances where the image needs to be viewed and this should be done in accordance with protocols. The best interests of the child should always come first; if viewing the image is likely to cause additional stress, staff should make a judgement about whether or not it is appropriate to do so.

Step 5 - Deciding on a response

There may be a multitude of reasons why a student has engaged in sexting – it may be a romantic/sexual exploration scenario or it may be due to coercion.

It is important to remember that it won’t always be appropriate to inform the police; this will depend on the nature of the incident. However, as a school it is important that incidents are consistently recorded. It may also be necessary to assist the young person in removing the image from a website or elsewhere.

If indecent images of a child are found:

- Act in accordance with your child protection and safeguarding policy, e.g. notify DSL
- Store the device securely
- Carry out a risk assessment in relation to the young person (see Appendix B of the Safeguarding Children in Education Guidance for a Sexting Risk Assessment pro-forma and flow chart)
- Make a referral if needed
- Contact the police (if appropriate)
- Put the necessary safeguards in place for the student, e.g. they may need counselling support, immediate protection and parents must also be informed.
- Inform parents and/or carers about the incident and how it is being managed.

Step 6 – Contacting other agencies (making a referral)

If the nature of the incident is high-risk, consider contacting Children's Social Care. Depending on the nature of the incident and the response you may also consider contacting local police or referring the incident to CEOP.

Understanding the nature of the incident, whether experimental or aggravated, will help to determine the appropriate course of action.

Step 7 – Containing the incident and managing pupil reaction

Sadly, there are cases in which victims of sexting have had to leave or change schools because of the impact the incident has had on them. The student will be anxious about who has seen the image and where it has ended up. They will seek reassurance regarding its removal from the platform on which it was shared. They are likely to need support from the school, their parents and their friends. Education programmes can reinforce to all students the impact and severe consequences that this behaviour can have. Consider engaging with your local police and asking them to talk to the students.

Other staff may need to be informed of incidents and should be prepared to act if the issue is continued or referred to by other students. The school, its students and parents should be on high alert, challenging behaviour and ensuring that the victim is well cared for and protected. The students' parents should usually be told what has happened so that they can keep a watchful eye over their child, especially when they are online at home.

Creating a supportive environment for students in relation to the incident is very important.

Step 8 – Reviewing outcomes and procedures to prevent further incidences

As with all incidents, a review process ensures that the matter has been managed effectively and that the school has the capacity to learn and improve its handling procedures. Incidents of sexting can be daunting for a school to manage, especially if the image has been widely shared between pupils in school.

Further information is available from the [NSPCC](https://www.nspcc.org.uk)

APPENDIX 8

RADICALISATION AND EXTREMISM

What is Prevent?

Prevent is the Government's strategy to stop people becoming terrorists or supporting terrorism, **in all its forms**. Prevent works at the pre-criminal stage by using early intervention to encourage individuals and communities to challenge extremist and terrorist ideology and behaviour.

The Counter-Terrorism and Security Act (2015), places a duty on specified authorities, including schools and colleges, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). The Prevent duty reinforces existing duties placed upon educational establishments for keeping children safe by:

- Ensuring a broad and balanced curriculum is in place schools to promote the spiritual, moral, social and cultural development of pupils;
- Assessing the risk of pupils being drawn into extremist views;
- Ensuring safeguarding arrangements by working in partnership with local authorities, police and communities;
- Training staff to provide them with the knowledge and ability to identify pupils at risk;
- Keeping pupils safe online, using effective filtering and usage policies.

Warning Signs/Indicators of Concern

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

Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors. It is vital that school staff are able to recognise those vulnerabilities. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

Factors which may make pupils more vulnerable may include:

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

Pupils who are vulnerable to radicalisation may also be experiencing:

- Substance and alcohol misuse
- Pressure
- Influence from older people or via the Internet
- Bullying
- Domestic violence
- Race/hate crime

Behaviours which may indicate a child is at risk of being radicalised or exposed to extremist views could include:

- Being in contact with extremist recruiters and/or spending increasing time in the company of other suspected extremists;
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
- Pupils accessing extremist material online, including through social networking sites;
- Possessing or accessing materials or symbols associated with an extremist cause;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Pupils voicing opinions drawn from extremist ideologies and narratives, this may include justifying the use of violence to solve societal issues;
- Graffiti symbols, writing or art work promoting extremist messages or images;
- Significant changes to appearance and/or behaviour increasingly centred on an extremist ideology, group or cause;
- Changing their style of dress or personal appearance to accord with the group;
- Attempts to recruit others to the group/cause;
- Using insulting to derogatory names for another group;
- Increase in prejudice-related incidents committed by that person – these may include:
 - physical or verbal assault
 - provocative behaviour
 - damage to property
 - derogatory name calling
 - possession of prejudice-related materials
 - prejudice related ridicule or name calling
 - inappropriate forms of address
 - refusal to co-operate
 - attempts to recruit to prejudice-related organisations
 - condoning or supporting violence towards others
 - Parental reports of changes in behaviour, friendship or actions and requests for assistance;
 - Partner schools, local authority services, and police reports of issues affecting pupils in other schools.

Referral Process

All concerns about young people vulnerable to radicalisation should be referred to the DSL in the first instance. The DSL will follow safeguarding procedures including:

- Talking to the young person about their behaviour/views/on-line activity/friends etc.;
- Discussion with parents/carers about the concerns;
- Checking out on-line activity, including social media if possible;
- Providing in-house support, if available;
- Providing Early Help targeted support if necessary.
- Refer to the Channel programme