



Safeguarding Localised Procedure 2021-22

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Next Review: September 2022
Person Responsible: Principal

The Helen Allison School Localised Safeguarding Procedure

This Procedure should be read in conjunction with the NAS Safeguarding Children Policy SO-0189.

Location

Meopham and Longfield are commuter villages and considered low crime areas (Kent Police stats June 2019) with crime being largely against property. Meopham/Longfield are semi-rural communities. The school abuts farm land to 2 sides. Students are all dropped to and collected from the school by family or LA taxis. The Hub is located on a relatively quiet site along with other care-based businesses.

Internet security is managed by the NAS centrally.

There is no known gang, trafficking or drug activity in the immediate area but local towns are known to have County Lines activity.

Meopham and Longfield are on the Victoria Line between Victoria station and the coast and the school is a 20-minute walk from the station and the Hub approximately the same distance from Longfield station. Road access is good with the A2 5 miles distant and the M25 10 (approx.) As wealthy commuting/satellite communities' crime is often visited upon by criminals travelling into the area. The school have and will work to support parents with concerns around their child's behaviour outside of school.

The Helen Allison School Safeguarding Procedure

The purpose of this procedure is to create awareness amongst staff and volunteers at Helen Allison School of safeguarding issues and to outline procedures when responding to an incident, allegation or concern of abuse involving children in our care or staff/volunteers in school.

This procedure provides a localised view of safeguarding children at the Helen Allison School and is to be read in conjunction with the National Autistic Society suite of safeguarding policies, such as the National Autistic Society Safeguarding Policy SO-0189, The National Autistic Society Whistleblowing Policy, The National Autistic Society online safety policy, Confidentiality and Disclosure of Records and Reports policy, The National Autistic Society Safer Recruitment policy and The National Autistic Society Conduct Management policy. It should also be read in conjunction with the Anti-bullying Procedure and the Behaviour procedure.

Please note: This procedure refers to the National Autistic Society Nominated Individual and Safeguarding Lead. This is the named person responsible for leading on safeguarding for the National Autistic Society group. This role and this person is distinct from the Designated Officer/Named Person in the Local Authority (LADO) or Children's Social Services.

Helen Allison School acknowledge that whilst Local Authorities play a lead role in safeguarding children and protecting them from harm, it is of paramount importance that all staff and volunteers understand that it is everyone's responsibility to keep all children from harm. All staff and volunteers who come into contact with children and families have a role to play. Effective safeguarding arrangements are underpinned by the following two principles:

- Safeguarding is the responsibility of all staff and volunteers: for services to be effective each professional and organisation should play their full part; and
- A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

Helen Allison school staff understand that no single person working with children can have the full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time from the right service, then everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. It is important the organisations and professionals collaborate effectively and that every person working at Helen Allison School is aware of the responsibility they have to play and the role of other professionals. Staff at Helen Allison School understand that if they are concerned about a child's welfare they should record and report to the Designated Lead(s) for Safeguarding in the

school. Staff know that if they are not satisfied with the response and remain concerned, they are able to make a referral to the Local Authority children's Social Care Kent Social Services – Integrated Front Door Service 03000 41 11 11.

Professionals also understand that if they remain concerned and are not satisfied with the response of social care this must be followed up.

This procedure sits in the context of the overarching national guidance, legislation and standards on safeguarding children:

- Working together to Safeguard Children (2018) – England

Staff are aware that fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect. (See Appendix 2 – Flowchart of key questions for information sharing and Appendix 3 – Seven golden rules for information sharing.)

The Working Together to Safeguard Children (2018) describes the key principles to safeguarding:

1. Safeguarding children is everyone's responsibility, no single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
2. Safeguarding systems are child-centred. Professionals need to keep the needs and views of the children in sight and not place the interests of the adults ahead of the needs of the child.

This procedure must also be read in conjunction with:

- Keeping Children Safe in Education (September 2021)
- DFE Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers. (July 2018)

Keeping Children Safe in Education (2021) states that:

1. Schools and colleges and their staff are an important part of the wider safeguarding system for children. This system is described in statutory guidance Working Together to Safeguard Children.
2. Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.
3. No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
4. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:
 - protecting children from maltreatment;
 - preventing impairment of children's mental and physical health or development;
 - ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
 - taking action to enable all children to have the best outcomes.
5. Children includes everyone under the age of 18.

Keeping Children Safe in Education (2021) states that there must be a child-centred and coordinated approach to safeguarding. It describes the role of staff, what staff need to know, what to look out for, what to do if staff have concerns about a child and what to do if a child is at risk of harm or is in danger. It further discusses record keeping, concerns about staff or practice within the school as well as it highlights

whistleblowing and the NSPCC whistleblowing helpline for staff who feel unable to raise concerns regarding child protection failures internally.

(NSPCC whistleblowing helpline – 0800 028 0285 between 8:00am and 8:00pm or email: help@nspcc.org.uk)

Part 1 of the Guidance describes safeguarding information for **ALL** staff. It states what school staff should know such as:

- **Safeguarding must be approached in a child centred and coordinated way** ○ Staff in school form part of the wider safeguarding system for children which is described in the statutory guidance Working Together to Safeguard Children.
 - Safeguarding and promoting the welfare of children is **everyone’s responsibility**. **Everyone** who comes into contact with children and their families and carers has a role to play. All professionals should make sure their approach is child-centred and should at all times consider what is in the **best interests** of the child.
 - No single professional can have the full picture of a child’s needs and circumstances. **Everyone** who comes into contact with a child has a role to play in identifying concerns, sharing information and taking prompt action if children are to receive the right help at the right time.
 - Safeguarding and promoting the welfare of children is defined for the guidance as: protecting children from maltreatment, preventing impairment of children’s health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.
 - Children includes everyone under the age of 18.
- **The role of school staff** ○ School and college staff are particularly important as they are in a position to identify concerns early, provide help for children, and prevent concerns from escalating.
 - All staff have a responsibility to provide a safe environment in which children can learn.
 - All staff should be prepared to identify children who may benefit from early help.³ Early help means providing support as soon as a problem emerges at any point in a child’s life, from the foundation years through to the teenage years.
 - Any staff member who has a concern about a child’s welfare should follow the referral processes set out in paragraphs 41-53. Staff should expect to support social workers and other agencies following any referral.
 - Every school and college should have a designated safeguarding lead who will provide support to staff to carry out their safeguarding duties and who will liaise closely with other services such as children’s social care.
 - The designated safeguarding lead (and any deputies) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns.
 - The Teachers’ Standards 2012 state that teachers (which includes headteachers) should safeguard children’s wellbeing and maintain public trust in the teaching profession as part of their professional duties.
- **What staff need to know** ○ All staff should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction. This should include the:
 - child protection policy;

- behaviour policy; 5
- staff behaviour policy (sometimes called a code of conduct);
- safeguarding response to children who go missing from education; and
- role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).

Copies of policies and a copy of Part one of this document should be provided to staff at induction.

- All staff should receive appropriate safeguarding and child protection training which is regularly updated. In addition, all staff should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, and at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
- All staff should be aware of their local early help⁶ process and understand their role in it.
- All staff should be aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm) that may follow a referral, along with the role they might be expected to play in such assessments
- All staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the designated safeguarding lead (or a deputy) and children's social care. Staff should never promise a child that they will not tell anyone about a report of abuse, as this may ultimately not be in the best interests of the child.

- **What school staff should look out for**

Any child may benefit from early help, but all school and college staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan);
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- is frequently missing/goes missing from care or from home;
- is at risk of modern slavery, trafficking or exploitation;
- is at risk of being radicalised or exploited;
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse;
- is misusing drugs or alcohol themselves;
- has returned home to their family from care; and
- is a privately fostered child.

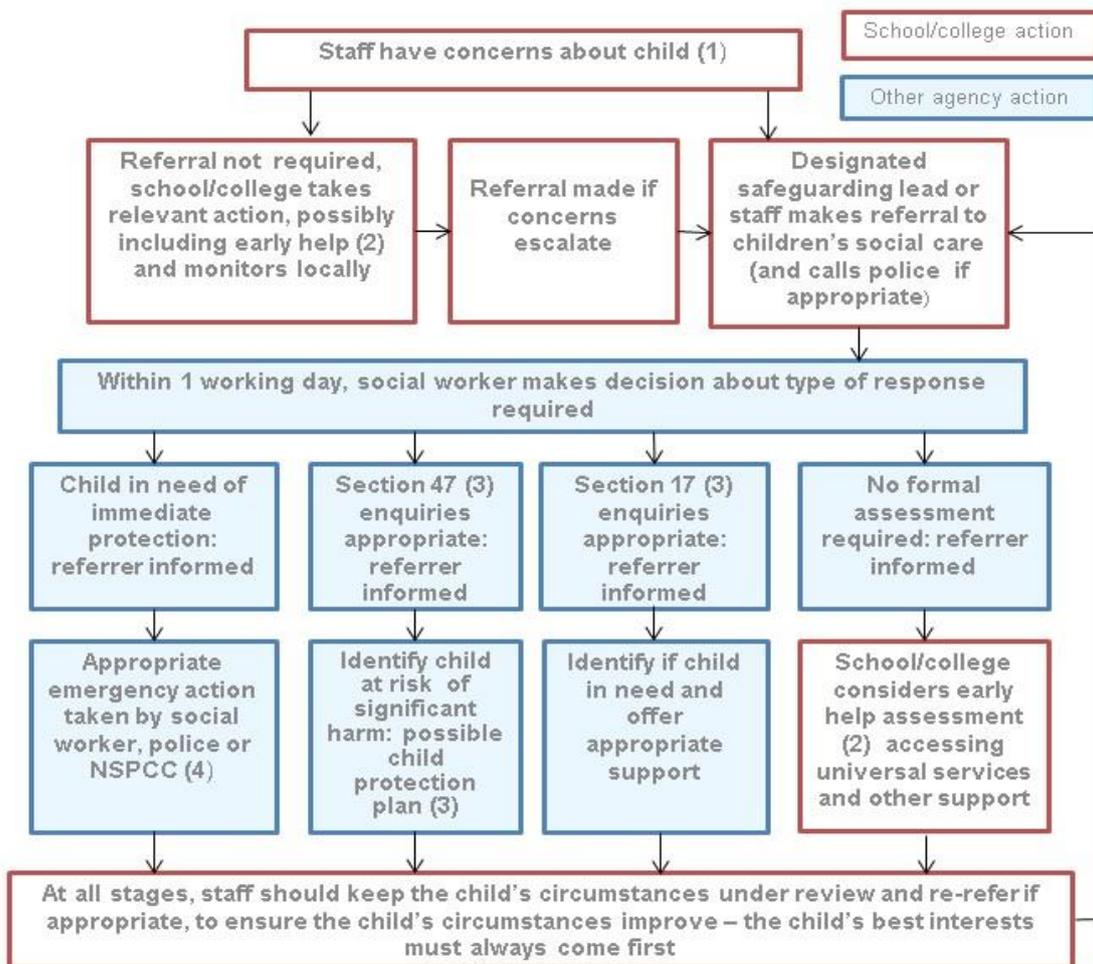
- **What staff should do if they have concerns about a child**
 - If staff have concerns they should decide what action to take and they need to have a conversation with the Designated Lead to agree a course of action, although any staff member can make a referral to children's social care, specialist services or early help services in accordance with the referral threshold set by the Kent Safeguarding Children's Board.
 - If any member of staff other than the Designated Safeguarding Lead makes a referral they should inform the Designated Safeguarding Lead as soon as possible.

The LA should make a decision within one working day of a referral being made about what course of action they

are taking and let the referrer know the outcome. Staff should follow up a referral that information is not forthcoming.

- **See flow chart below** which sets out the process for staff when they have concerns about a child.

Actions where there are concerns about a child



(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) Referrals should follow the local authority's referral process. Chapter one of [Working together to safeguard children](#).

(4) 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 section 17 assessments of children in need and section 47 assessments of children at risk of significant harm. Full details are in Chapter One of [Working together to safeguard children](#).

(5) This could include applying for an Emergency Protection Order (EPO).

○ If after

a referral the situation does not appear to be improving the Designated Safeguarding Lead or the person who made the referral should press for re-consideration to ensure that the concerns have been addressed and most importantly that the child's situation improves.

- If **Early Help** is appropriate the Designated Safeguarding Lead should support the member of staff in liaising with other agencies and setting up an interagency if appropriate.
- If **Early Help** is appropriate the case should be kept under constant review and a consideration given to a referral to social care if the child's situation doesn't appear to be improving.
- If a **teacher** in the course of their duties discovers that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18 the **teacher MUST** report this to the police.
- **What staff should do if a child is in danger or at risk of harm** ○ **If a child is in immediate danger or at risk of harm a referral should be made to children's social care and/or the police immediately.** Anyone can make a referral and if the referral is not made by the Designated Lead, the Designated Lead should be informed as soon as possible.
 - The online tool – **Report child abuse to local council** directs to the relevant local children's social care number.
- **Record Keeping** ○ All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing (using CPOMs). Staff should discuss with the safeguarding lead if unsure about the recording process.
- **Why is all of this important?** ○ It is important for children to receive the right support at the right time to address risks and prevent issues escalating. Research and Safeguarding Practice Reviews (Previously Serious Case Reviews) have repeatedly shown the dangers of failing to take effective action. Poor practice includes: failing to act on and refer the early signs of abuse and neglect, poor record keeping, failing to listen to the views of the child, failing to re-assess concerns when situations do not improve, sharing information too slowly and a lack of challenge to those who appear not to be taking action.
- **What staff should do if they have concerns about another member of staff** ○ If staff members have concerns about another member of staff (including supply staff and volunteers) this should be reported to the principal who will seek advice from the Nominated individual and Safeguarding Lead for the National Autistic Society.
 - Where there are concerns about the principal this should be referred to the Responsible Named Individual for the National Autistic Society. The Notifiable Incident Policy SO-0183 should be consulted for clarification.
 - If the concerns are about the principal, allegations should also be reported directly to the LADO (Local Authority Designated Officer) for Kent.

- **What staff should do if they have concerns about safeguarding practices within the school**
 - All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's safeguarding regime and that such concerns are taken seriously by the senior leadership team.
 - Appropriate whistleblowing procedures should be suitably reflected in staff training and codes of conduct for such concerns to be raised with the senior leadership team.
 - Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them.

The National Autistic Society defines safeguarding and promoting the welfare of children as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- Taking action to enable all children to have the best outcomes. Not taking action is not an option when safeguarding all children.

Helen Allison School recognise that autistic children share the right of all children to protection from abuse. Children with disabilities are known to be at greater risk of abuse than other children. Safeguarding Disabled Children (2009 – HM Gov), points to research that says children with autism are in one of the highest risk groups. We know that autistic children are potentially more vulnerable, because they may find it difficult to communicate with others, struggle with social interaction or have difficulties understanding people's motives. They may be less able to report harm and thus be more vulnerable to it. This necessitates greater vigilance among professionals in recognising, reporting and investigating potential signs of abuse as well as ensuring that safeguarding issues remain on the agenda when working with autistic children and young people.

Identifying safeguarding issues for autistic children and knowing what should be investigated can be complex as many traits of autism can be confused with signs of abuse and neglect. Some examples may include selfinjurious behaviours, repetitive behaviours, OCD type behaviours and lack of personal hygiene. ALL concerns should trigger discussion with Senior Managers.

The Procedures to be undertaken by Helen Allison staff with regards to Safeguarding Children.

We will:

- Contact the National Autistic Society Named Individual and Safeguarding Lead where we have concerns.
- Maintain regular contact with the Local LADO in Kent, the Local Safeguarding Board, and the North Kent Safeguarding Advisor and attend safeguarding update sessions to ensure that designated staff are up to date with local safeguarding procedures.
- Follow the procedures set out by the Kent Safeguarding Children Multi-Agency Partnership & Children's Social Services and take guidance issued by the appropriate government department or regulatory body.
- Have nominated Helen Allison Designated Safeguarding Leads who have regular and appropriate training and support for this role.
- Ensure that staff know the name(s) of the Safeguarding Leads at Helen Allison School – including agency, temporary and volunteers.
- Ensure that all staff understand their role in safeguarding.

- Ensure that all staff and volunteers understand their responsibilities in being alert to the signs of abuse and neglect and maintain an attitude of 'it could happen here'. Staff have a responsibility to refer to the Designated Leads, Principal or Nominated Individual and Safeguarding Lead for the National Autistic Society or directly with the Children's social care services if they believe their concerns have not been listened to or acted upon.
- Ensure that parents and carers have an understanding of the responsibility placed on the school and residential staff for safeguarding children by setting out its obligations in the school prospectus, welcome pack and the school website.
- Ensure that staff working with children are suitably vetted.
- Maintain effective links with relevant agencies and co-operate as required with their enquiries regarding safeguarding matters which may include attending strategy meetings, initial case conferences and core group or child in need review meetings.
- Ensure that the duty of care towards the children and young people supported by the Helen Allison School staff, is promoted by raising awareness of illegal, unsafe and unwise behaviour and assist staff to monitor their own standards and practice;
- Keep written records of concerns about children, even where there is no need to refer the matter immediately (CPOMs).
- Ensure that all child protection records are kept securely, separate from the main file and are kept in a locked location.
- Ensure that all child protection records are transferred in a safe and timely fashion when a child leaves the school.
- Be aware of and follow procedures set out by the Children's Social Services and Kent Safeguarding Children Multi-Agency Partnership if an allegation is made against a member of staff or volunteer. This includes making a referral if threshold is met to DBS/PVG, Access NI and/or National College for Teaching and Leadership if a person working in the school has been dismissed or removed due to safeguarding concerns, or would have been if they had not resigned. Such referrals will be done within a month of the person leaving the school.
- Operate Safer Recruitment practice. On every interview there will be at least one member of the panel who has completed safer recruitment training.
- Ensure that staff receive/attend appropriate safeguarding training.
- Ensure children are taught in line with their age and ability about safeguarding including online through teaching and learning opportunities and as part of a broad and balanced curriculum.
- Where reasonably possible hold more than one emergency contact number for each pupil in order to enable contact with a responsible adult when a child is identified as a welfare or safeguarding concern.
- Regularly review safeguarding children policies and procedures. This procedure will be updated and reviewed at least annually or sooner if necessary.

Understanding and Identifying Abuse

Abuse is the maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Child welfare concerns may arise in many different contexts, and can vary greatly in terms of their nature and seriousness. Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including, via the internet. In the case of female genital mutilation, children may be taken out of the country to be abused. They may be abused by an adult or adults, or another child or children. An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. Abuse and neglect can happen over a period of time, but can also be a one-off event. Child abuse

and neglect can have major long-term impacts on all aspects of a child's health, development and well-being. The warning signs and symptoms of child abuse and neglect can vary from child to child. Autistic children may be especially vulnerable to abuse because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening. Autistic children may have sensory issues, OCD type behaviours or rigid thinking processes which may inhibit their ability to communicate any concerns. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child. Parent/Carer behaviours may also indicate child abuse, so staff and volunteers should also be alert to parent/child interactions which are concerning. This could include parents/ carers who are under the influence of drugs or alcohol or if there is a sudden change in their mental health.

By understanding the warning signs, we can respond to problems as early as possible and ensure that the right support and services are provided for the child and their family. It is important to recognise that a warning sign doesn't automatically mean a child is being abused.

Staff need to be aware that some of the following signs might be indicators of abuse:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;
- Children who make strong efforts to avoid specific individuals, without an obvious reason;
- Children who don't want to change clothes in front of others or participate in physical activities;
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- Children who talk about being left home alone, with inappropriate carers or with strangers.
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- Children who are regularly missing from school or education;
- Children who are reluctant to go home after school;
- Children with poor school attendance and punctuality or who are consistently late being picked up;
- Parents/Carers who are dismissive and non-responsive to practitioners' concerns;
- Parents/Carers who collect their children from school when under the influence of drugs or alcohol;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away;
- Children who shy away from being touched or flinch at sudden movements.

Types of Abuse and Neglect

'All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school or college and/or can occur between children outside of these environments. All staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence'. **(Keeping Children Safe in Education – September 2021)**

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or failing to prevent harm. Staff need to be aware that children may be abused in a family or an institution or community by those who may be known to the child or, more rarely, be others which may be via the internet. They may be abused by an adult(s) or by another child or children.

There are four main categories of abuse: **physical abuse, emotional abuse, sexual abuse and neglect**. In addition, there are other categories of abuse: Child Sexual Exploitation, Child Criminal Exploitation, Bullying and Cyberbullying, Online abuse, Child Trafficking, Female Genital Mutilation (FGM), Breast ironing, Domestic Abuse, Radicalisation and Peer on Peer Abuse.

Each category has its own specific warning indicators which all staff at Helen Allison School should be alert to. Listed below are some definitions and indicators which show some of the ways in which abuse may be experienced by a child but this is not an exhaustive list. Individual circumstances of abuse will vary from child to child.

1. Physical Abuse

Physical Abuse is the causing of physical harm to a child or young person. This may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning or suffocating. Physical harm may also be when a parent or carer feigns symptoms or deliberately causes ill health to a child they are looking after.

Most children will collect cuts and bruises as part of the rough and tumble of daily life. Injuries should be interpreted in light of the child's special educational needs, medical and social history, developmental stage and explanations given. Most accidental bruises are seen over bony parts of the body and are often on the front of the body. Indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the soft parts of the body where injuries are unlikely e.g. cheeks, abdomen, back or buttocks. Where there has been a delay in seeking medical attention where it is obviously necessary, is also a cause for concern.

Physical signs of abuse may include:

- Unexplained bruising
- Multiple bruises
- Cigarette burns
- Human bite marks
- Broken bones
- Scalds, burns with clearly demarcated edge

Changes in behaviour that could indicate physical abuse:

- Fear of parents/carers being approached for an explanation
- Temper tantrums, aggressive behaviour
- Flinching when touched
- Reluctance to get changed for PE/swimming
- Depression
- Withdrawn behaviour
- Absconding from home or school

2. Emotional Abuse

Emotional abuse is the persistent emotional neglect or ill treatment that has severe and persistent adverse effect on a child's emotional development. It may be conveying to a child that they are worthless, unloved, and inadequate or valued in so far as they meet the needs of another person. It may involve the imposition of age or developmentally inappropriate expectations on a child. This type of abuse can cause children to feel frightened or in danger, or exploiting or corrupting children. It can also include not giving a child opportunity to express themselves or making 'fun' of what they say or how it is said. It may also involve serious bullying (including cyberbullying), causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is present in all types of abuse; it can

also occur independently of other forms of abuse. Emotional abuse is the second most common reason for children needing protection.

Emotional abuse may include interactions which are beyond the child's developmental capability as well as overprotection and limitation of exploration and learning or preventing the child from participating in normal social interaction. It can involve serious persistent bullying, including cyberbullying, causing children to frequently feel frightened or in danger.

Emotional abuse can be difficult to measure as there are often no outward physical signs. Some level of emotional abuse is involved in all types of maltreatment of a child, although it can occur alone.

Changes in behaviour which may indicate emotional abuse include:

- Being unable to play
- Fear of making mistakes
- Sudden speech disorders
- Self-harm
- Fear of parent/carer being approached regarding their behaviour
- Developmental delay in terms of emotional progress

3. Sexual Abuse

Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether this is claimed to be consensual or assented. It may or may not involve a high level of violence. It can involve forcing or enticing a child to take part in sexual activities, whether or not they are aware of what is happening. These activities may involve penetrative or non-penetrative acts. They may include non contact activities such as children looking at inappropriate materials on line or the production of indecent images or watching sexual activities or using sexual language towards a child or encouraging children to behave in sexually inappropriate ways. Sexual abuse is not solely perpetrated by adult males and staff need to be aware that women and other children can also commit acts of sexual abuse. It may also involve noncontact activities such as looking at or in the production of sexual images, watching sexual activities, encouraging sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet)

Usually in cases of sexual abuse it is the child's behaviour that may cause you to become concerned, although there may be physical signs. It is important that all children who disclose any details of sexual abuse are listened to and taken seriously.

The physical signs may be:

- Pain or itching near the genital area
- Bruising or bleeding near the genital area
- Sexually transmitted diseases
- Vaginal discharges or infections
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy
- New older friends

Changes in behaviour might include:

- Sudden expected changes in behaviour e.g. becoming aggressive or withdrawn
- Fear of being left with certain people
- Having nightmares
- Running away from home
- Sexual knowledge beyond their developmental level or their age

- Sexual drawings or language
- Bedwetting

- Eating disorders
- Self-harm or mutilation sometimes leading to suicide attempts
- Saying they have secrets they can't discuss
- Substance or drug misuse
- Suddenly having unexplained money or gifts
- Not allowed to have friends/ or having new older friends
- Acting in sexually explicit ways with adults.

Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

There are three different models of child sexual exploitation which are not exhaustive but show a spectrum of exploitation:

- Inappropriate relationships – there may be a significant age gap and the child may feel they have a genuine loving relationship with the abuser.
- Boyfriend or peer exploitation – the perpetrator grooms the child and then coerces them or forces them into having sex with friends or associates.
- Organised/networked sexual exploitation or trafficking – victims are passed through networks where they may be forced/coerced into sexual activity with multiple men. This can also involve buying and selling of young people.

Some signs or indicators of sexual exploitation:

- Unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Having older boyfriends or girlfriends
- Children suffering from sexually transmitted diseases or become pregnant
- Children who suffer from changes in emotional well-being
- Misuse of drugs and/or alcohol
- Children who go missing for periods of time or regularly come home late
- Children who miss school or who don't take part in education

Mental Health

- All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.
- Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

- Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education.
- If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy.
- The department has published advice and guidance on Preventing and Tackling Bullying, and Mental Health and Behaviour in Schools (which may also be useful for colleges). In addition, Public Health England has produced a range of resources to support secondary school teachers to promote positive health, wellbeing and resilience among young people including its guidance Promoting children and young people's emotional health and wellbeing. Its resources include social media, forming positive relationships, smoking and alcohol. See Rise Above for links to all materials and lesson plans. 11 For further information about county lines see Annex A. 12 Under Section 5B(11) (a) of the Female Genital Mutilation Act 2003, "teacher" means, in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at schools and other institutions in England). 12 Additional information and support.
- Departmental advice What to Do if You Are Worried a Child is Being Abused - Advice for Practitioners provides more information on understanding and identifying abuse and neglect. Examples of potential indicators of abuse and neglect are highlighted throughout the advice and will be particularly helpful for school and college staff. The NSPCC website also provides useful additional information on abuse and neglect and what to look out for.

Female Genital mutilation (FGM) Breast Ironing

This is a form of abuse and violence towards women and girls. It involves injury or removal to the female genital organs. It is illegal in the UK.

Staff in school need to be alert to the possibility of a girl or woman being at risk of FGM or having already undergone FGM. Victims are likely to come from a community that is known to practice FGM. Staff need to be sensitive to the girls and women at risk as they may not be aware to the practice or that it may be conducted on them. If this practice takes place in the UK, the nationality or the residence status of the victim is irrelevant.

Factors that may heighten the risk of FGM:

- Position of the family and their level of integration within society in the UK
- Any girl born to a woman who herself has been subject to FGM is at higher risk
- Any girl who has a sister who has already undergone this practice
- Any girl withdrawn from Personal, Social and Health Education by her parents

Indicators that FGM may be about to take place soon:

- Age of girls undergoing FGM varies dependent on the community and can take place from new-born to marriage or during a first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 years old and therefore these ages are most at risk.
- Girls are taken abroad at the start of the school holidays, in particular the summer holidays.
- Sometimes it is when a female elder is visiting the family from a country of origin.
- A professional may overhear a conversation between two girls.

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- A girl may confide she is having a special procedure or needs to attend a special occasion to 'become a woman'.
Parents state that they or a relative will be taking the girl for an extended holiday to her country of origin.
- A girl may talk about a long holiday to her country of origin.
- Parents seek to withdraw their child from learning about FGM.

Indicators that FGM has already taken place:

- A girl may have difficulty walking, sitting or standing.
- A girl may spend longer than normal in the bathroom.
- A girl may spend long period of time out of the classroom during the day with bladder or menstrual problems
- There may be long or frequent absences from school.
- There may be changes in behaviour following an absence.
- The girl may be reluctant to undergo normal medical examinations.
- A girl may confide in a professional, ask for help but not be specific/explicit about the problem due to embarrassment or fear.
- A girl may talk about pain or discomfort between her legs.

Breast Ironing

- Breast Ironing – is the pounding and massaging of a pubescent girls breasts, using hard or heated objects, to try to make them stop developing or disappear.
- The practice of breast ironing is seen as a protection to girls by making them seem 'child-like' for longer and reduce the likelihood of pregnancy.
- Once girls breasts have developed, they are risk of sexual harassment, rape , forced marriage and kidnapping; consequently, breast ironing is more prevalent in cities.

If staff at Helen Allison School should have any concerns regarding the potential for FGM to take place they should follow local safeguarding procedures, using existing national and local protocols from multi agency liaison with police and Social Care. **Where a member of staff discovers that an act of FGM has been carried out on a girl who is under 18, there is a statutory duty upon that individual to report it to the police. (Mandatory Reporting Duty Section 5B of the Female Genital Mutilation Act 2003, as inserted by the Serious Crime Act 2015)** From 31 October 2015 it is mandatory for teachers in England and Wales to report any known instance of FGM of pupils to the police.

Grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of [sexual abuse](#) or [exploitation](#). This can happen online, in the real world, by someone they know or by a stranger. Groomers can be male or female of any age and may hide their true intentions and take a long time to gain a child's trust. They may even gain the trust of the family so that they can be alone with the child.

Groomers do this by:

- pretending to be someone they are not, for example saying they are the same age online
- offering advice or understanding

-
- buying gifts
- giving the child attention
- using their professional position or reputation
- taking them on trips, outings or holidays
- exploiting the relationship with the family of the child

- make the child dependent on them
- use secrets as a way of controlling or frightening the child
- using social media sites or messaging apps or dating apps or online gaming platforms to connect to the child

Groomers may:

- looking online for flirtatious comments and usernames or those with sexual meanings
- search for comments on social media that indicate a child has low self-esteem or is vulnerable.
- take time to get to know the child and build a relationship with them.
- target one child or send messages to hundreds of children and see if they get a response.
- persuade victims to take part in online sexual activities. They do not necessarily need to meet children in real life to abuse them.

Children do not always tell what is happening to them because they:

- are ashamed
- feel guilty
- may be unaware that they're being abused
- may believe they are in a relationship with a 'boyfriend' or 'girlfriend'.

Signs of grooming aren't always obvious as groomers go to great lengths not to be identified. In older children signs of grooming can be mistaken for 'normal' teenage behaviour, but there may be unexplained changes in behaviour or personality or inappropriate sexual behaviour for their age.

Children may:

- be secretive, including about what they are doing online
- have older boyfriends or girlfriends
- go to unusual places to meet friends
- have new things such as clothes or mobile phones that they can't or won't explain
- have access to drugs and alcohol.

Staff will support pupils by talking about healthy relationships in PSHE lessons, reassure pupils that staff are there to help and support, teach pupils about online safety.

Where staff are concerned they should report this to the Designated Lead in the school.

Concerns can also be reported to help@nspcc.org.uk or by telephone at 0808 800 5000.

Trafficking

Trafficking can also include movement between small geographical areas as well as within national or international borders. Exploitation can include children being used for sex work, domestic work, sweatshop work, drug dealing, shoplifting or fraud. Staff need to be aware when it is unclear who the child lives with or the relationship between the child and the carer is unclear.

School needs to be aware of:

- Children who have no documents when registering with school – birth certificate or passport.

Sexting

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

Young people may call this cybersex or sending a 'nudie' or 'selfie'. It is often seen by young people as flirting and they feel it is part of normal life.

When images are stored or shared online they become public. These images can be removed quickly but images can be copied or saved by other young people. These images may never be removed completely and can be found when young people are seeking jobs or applying for university. These images can leave young people vulnerable to:

- Blackmail
- Bullying
- Unwanted attention
- Emotional distress
- Poor reputation or poor employment opportunities

Actions to be taken:

- If a child is forced by another child to send an image or video – contact the local police as they may be able to take action to prevent this image from being circulated and take appropriate action to safeguard the child.
- If a child shared the video/image willingly – talk to the child about the risks and think about contacting the other child's parents to discuss the situation and make sure the image is not circulated.
- If an image or video has been shared by an adult – contact CEOP – Child Sexual Exploitation and Online Protection Centre.
- If a child believes a video/image has been circulated online – the child can contact Childline <https://www.childline.org.uk/Pages/Home.aspx> or 0800111 who may be able to make a report with their consent to the Internet Watch Foundation to get the image removed from the internet.

CEOP have created a range of videos and resources with advice for parents as well as children about staying safe online, these include videos on sexting and how to talk to children about this.

<https://www.ceop.police.uk/>

Note: Having possession of or distributing images of a person under 18 is an offence under the Sexual Offences Act 2003

Avoiding unnecessary criminalisation of children: The law criminalising indecent images of children was created to protect children and young people from adults seeking to sexually abuse them or gain pleasure from their sexual abuse. It was not intended to criminalise children and young people. The law was also developed long before mass adoption of the internet, mobiles and digital photography. Despite this, children and young people who share nudes and semi-nudes of themselves, or peers, are breaking the law. However, children and young people should not be unnecessarily criminalised. Children and young people with a criminal record face stigma and discrimination in accessing education, training, employment, travel and housing and these obstacles can follow them into adulthood.¹² Whilst children and young people creating and sharing images can be risky, it is often the result of their natural curiosity about sex and their exploration of relationships. Therefore, engaging in the taking or sharing of nudes and semi-nudes may not always be 'harmful' to all children and young people. Situations should be considered on a case by case context, considering what is known about the children and young people involved and if there is an immediate risk of harm. Often, children and young people need education and support for example, on identifying healthy and unhealthy behaviours within relationships and understanding consent and how to give it. Safeguarding action will also be required in cases where there is risk of harm. Investigation by police of an incident of sharing

nudes and semi-nudes does not automatically mean that the child/young person involved will have a criminal record, as explained in the next section. (UK Council for Internet Safety)

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 a child's health or development. It may involve a parent/carer or member of staff failing to provide adequate food, clothing and shelter, or protect a child from physical harm or danger or to ensure adequate medical care or treatment. Neglect may also include the failure to respond to a child's basic needs. It may also result in the child being diagnosed as suffering from 'non-organic failure to thrive', where the child fails to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. Where neglect is extreme the child may be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long term effects. With young children in particular the consequences may be life threatening within a relatively short period of time. Neglect has the most long lasting and damaging effects on children's lives.

Neglect may also 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 and clothing
- Protect a child from physical, emotional harm or danger
- Ensure adequate supervision
- Ensure access to appropriate medical care
- Respond to a child's basic emotional needs

The physical signs may include:

- Constant hunger – sometimes stealing food from other children or bins
- Constantly smelly or dirty or have head lice
- Loss of weight or being constantly underweight
- Inappropriate clothing for the conditions

Changes in behaviour might include:

- Complaining of being tired all the time
- Not requesting medical attention or failing to attend appointments
- Mentioning being left unsupervised or alone
- Being in the community unsupervised

Neglect can be hard to recognise and individual instances of [neglect](#) such as dirty clothing or a missed breakfast can be easy to make excuses for. School staff see children every day and so are in a position to build up a picture of what the child's home-life is like.

School staff should record, using a green Safeguarding Form, even low-level concerns about neglect as it can often form part of a larger picture of abuse over time. Referrals should provide as much detail as possible, as this will help children's services take action and provide the family with the support that they need.

Wider safeguarding issues

Staff at Helen Allison School are also aware of wider safeguarding issues such as bullying, cyberbullying, children missing education, child missing from home or care, CSE, domestic violence, drugs, faith abuse, FGM (Female Genital Mutilation), Breast Ironing, forced marriage, gender-based violence or violence against women and girls (VAWG), hate, mental health, missing children and adults, private fostering, preventing radicalisation, relationship abuse, sexting, children and the court system, children with family member in

prison, criminal exploitation – county lines, homelessness, honour based violence, trafficking fabricated or induced illness, substance misuse and gang activity, peer on peer abuse including sexual harassment and sexual violence between children at school.

In addition, children with disabilities are more likely to be subject to other forms of abusive practice such as:

- Force feeding
- Physical interventions which are not carried out in line with procedure
- Inappropriate behaviour modification
- Financial abuse
- Misuse of medication, sedation or tranquilisation
- Being denied access to education, play and leisure opportunities
- Being denied mobility, communication or other equipment, or isolation (Deprivation of Liberty)

Peer on Peer abuse

Children can abuse other children, which can take many forms including:(but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

Up-skirting

Up skirting is a criminal offence which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.

Bullying

According to the Children's Act 1989/2004, bullying should be addressed as a child protection concern when there is 'reasonable cause to suspect that a child is suffering or is likely to suffer significant harm.' Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time where it is difficult for those bullied to defend themselves.

All concerns and reports of bullying are taken seriously and treated as a priority. The school's anti-bullying procedure covers all forms of bullying including online bullying and homophobic bullying. Bullying is not always easily recognised as it can take a number of forms. Regardless of where the bullying takes place whether at home, school or online; all forms of bullying are not be tolerated. There are three main types of bullying – physical, verbal and emotional.

- Physical – punching, kicking, hitting, pinching, threats of violence
- Verbal – name-calling, sarcasm, spreading rumours, persistent teasing
- Emotional – excluding, tormenting, ridiculing, humiliating

Persistent bullying can result in:

- Depression
- Change in behaviour
- Low self esteem
- Shyness
- Poor academic achievement
- Isolation
- Threatened or attempted suicide

Signs that a child may be bullied:

- Bruises and cuts

- Torn clothing
- Broken or missing possessions
- Losing money
- Falling out with good friends
- Being moody or bad tempered
- Worrying about going to school
- Sleep problems
- Anxiety
- Complaining of headaches or stomach aches
- Becoming withdrawn

School staff are experienced in using their extensive knowledge of the pupils to identify changes in their behaviour that might indicate some underlying worry, including bullying.

ALL IDENTIFIED OR SUSPECTED INCIDENTS OF BULLYING SHOULD ALWAYS BE REPORTED TO A MEMBER OF THE SENIOR LEADERSHIP TEAM, WHO WILL INVESTIGATE THEM FULLY.

PSHE and R.E. lessons, Assemblies, class meetings and the school council will be utilised to reinforce the ethos that Helen Allison is a 'telling' school. Here it is right and expected that pupils should have access to an adult of their choice with whom they feel comfortable, to discuss personal difficulties such as bullying – whether it involves themselves or others whom they have witnessed bullying or experiencing bullying acts. Pupils need to be reassured that this is the right and brave course of action. Equally, pupils will be encouraged to avoid 'covering' for one another in the name of friendship or to avoid the idea 'grassing'.

Responding to bullying

School staff will respond firmly, reassuringly and promptly when bullying is identified. There is a range of natural consequences available to staff, the appropriate one in each individual case being determined in consultation with staff involved and members of the SLT. The choice of natural consequence will depend on the result of an investigation of the incident and its context.

Natural consequences will include a range of the following:-

- Referral to the SLT;
- Implementation of the school's natural consequences and debrief procedures;
- Discussion with the parents/carers of all pupils involved (victim and perpetrator);
- Withdrawal of activities/privileges;
- 1-1(s);
- A programme of support and remedial education/de-briefing designed to support both the victim and perpetrator;
- Record incident in the serious incident log;
- Report to Local Authority any serious incidents of bullying;
- Bullying will become a safeguarding incident when there is: 'reasonable cause to suspect the child is suffering or is likely to suffer significant harm.' On these occasions safeguarding procedures will be followed;

Helen Allison School will:

1. Take every allegation/incident of bullying seriously, fully investigating every occurrence.

- All concerned will be met with individually and confidentially – even when a group of individuals are involved in the incident.
 - Peer group pressure will be prevailed upon to prevent and discourage further incidents and to support the victim in coping and the perpetrator(s) in addressing their issues.
 - If necessary, groups of pupils who bully will be separated, certainly in social time and possibly, if feasible, in class time.
 - Parents/carers of all pupils involved will be kept fully informed throughout the process of the investigation.
 - Pupils who have been bullied will be helped and supported with positive and assertive strategies to avoid further incidents – including offering outside help from other professionals should this be necessary and appropriate.
 - Ensure that a pupil or pupils identified as using bullying behaviour will be helped and supported to recognise their unacceptable behaviour and offered support to modify that behaviour.
 - They will be afforded support from school staff and/or outside professionals as deemed appropriate to each individual.
 - Record incident in the serious incident log;
 - Report incident Local Authority if any serious incidents of bullying occur;
 - Follow safeguarding procedures when bullying when there is: ‘reasonable cause to suspect the child is suffering or is likely to suffer significant harm.’
2. They will be supported in making reparation to their victim, in the most appropriate form acceptable to the victim.
 3. Ensure that all incidents of bullying, wherever located in the school or on journeys to and from school, will be treated equally and seriously.
 4. Log the findings of all investigations into bullying log, reporting these annually to the LA via the annual audit form, and ensure that both victim and perpetrator receive follow-up support and guidance.

If an autistic child bullies another child or children, careful consideration should be given to the possible reasons. Some autistic children find it difficult to control their emotions or behaviour and may have little or no concept of the consequences of their actions. They might not have the insight or the language to describe their feelings or frustration and may lack the empathy to appreciate the impact of their words or behaviour on others. They may be perceiving the bullying type behaviour they are experiencing from others due to their autism. The possibility that the autistic child is being coerced by others should also be explored. Careful consideration is necessary when investigating bullying and autism.

Cyberbullying

Cyberbullying is also an area of bullying and is an increasing problem in the light of developing technology. Cyber bullying can take the form of abusive comments, rumours, gossip, blackmail, threats, pictures, stolen identity and bullying through social networking sites.

Staff are aware that the damage of bullying can frequently be underestimated. It can cause distress to children and affect their health and development or in the extreme cause them ‘significant harm.’

Sexual Violence and sexual harassment between children in schools

Sexual violence and sexual harassment can occur between two children of **any** age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children affected will find the experience stressful and distressing and this could affect their educational attainment.

Sexual violence and sexual harassment may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that **all** victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Staff at Helen Allison should:

- make it clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerate or dismiss sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- challenge behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

Sexual Violence refers to sexual offences under the Sexual Offences Act 2003 with regards to rape, assault by penetration and sexual assault.

Staff need to teach children about consent and that this is having the freedom and capacity to choose.

Sexual harassment means ‘unwanted conduct of a sexual nature that can occur on or offline in the context of child on child harassment. This can include: sexual comments, sexual jokes or taunts, physical behaviours such as brushing against someone, interfering with someone’s clothes, displaying pictures, photographs or drawings of a sexual nature and online sexual harassment.

Staff need to remember that the initial response to the child reporting is important. It is essential to reassure the victim and take the report seriously. The victim should be kept safe and supported and not made to feel they are creating a problem.

Concerns should be reported in line with the school procedure.

Other children at risk:

Children in the Court system

Some children may be required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age appropriate guides to support children 5-11-year olds and 12-17 year olds.

Children with family members in prison

Staff are aware that some children may have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information designed to support staff working with offenders and their children, to support outcomes that are more positive for these children.

Child Sexual Exploitation (CSE)

CSE occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex. It can

include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media). The above CCE indicators can also be indicators of CSE, as can:

- children who have older boyfriends or girlfriends; and
- children who suffer from sexually transmitted infections or become pregnant.

Child Criminal Exploitation (CCE)

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology. CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country (county lines), forced to shoplift or pickpocket, or to threaten other young people. Some of the following can be indicators of CCE:

- children who appear with unexplained gifts or new possessions;
- children who associate with other young people involved in exploitation;
- children who suffer from changes in emotional well-being;
- children who misuse drugs and alcohol;
- children who go missing for periods of time or regularly come home late; and
- children who regularly miss school or education or do not take part in education.

Domestic abuse

The definition of domestic violence and abuse is:

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

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. Staff need to be aware that in some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life. This abuse can encompass:

psychological;

physical; sexual;

financial; and

emotional

Homelessness

Homelessness or being at risk of becoming homeless is a real risk to a child's welfare. The DSL's need to be aware of referral routes the Local Housing Authority at the earliest opportunity in order that concerns can be raised. Some indicators that a family may be at risk are: household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property.

Even where referrals have been made to the Local Housing Authority, this does not replace a referral to children's social care where a child has been harmed or is at risk of being harmed.

‘Honour- based’ violence

Keeping Children Safe guidance describes ‘honour-based violence as violence (HBV) which encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. This abuse often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factor when deciding what form of

All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such.

The Prevent duty and Radicalisation

Helen Allison School is aware that it is essential for all staff to be able to identify children who may be vulnerable to radicalisation and know what to do when they are identified. Protecting children from the risk of radicalisation is seen as part of the school’s wider safeguarding duties.

School is aware that it is essential to build pupils resilience to radicalisation by promoting British values to support pupils to be able to challenge extremist views. This is not intending to stop pupils debating controversial issues but to provide a safe space where children and staff can understand the risk associated with terrorism and for children to develop the skills and knowledge to be able to challenge extremist arguments. At Helen Allison School opportunities for discussion are woven into the curriculum and addressed where opportunities present themselves.

There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology. As with managing other safeguarding risks, staff should be alert to changes in children’s behaviour which could indicate that they may be in need of help or protection. Children at risk of radicalisation may display different signs or seek to hide their views. Staff at Helen Allison School should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately. Helen Allison School will ensure that suitable filtering is in place for the internet, have an individual online safety plans where appropriate and necessary, monitor pupil’s use and report concerning conversations/viewpoints.

Staff are aware that they should discuss their concerns with the Designated Safeguarding Lead and a decision will be made as to whether a referral to the Channel programme might be necessary. Staff will work with Local Authorities and the Local authority safeguarding partnerships (formerly Local Safeguarding Children’s Board), Home Office dedicated Prevent co-ordinator as well as the family for advice and support.

PSHE and SRE are used as a way to provide pupils with time to explore controversial or sensitive issues and equipping them with the knowledge and skills to understand difficult situations.

Pupils may be at risk due to their autism and their lack of understanding of the intentions of others. Staff are aware that pupils at Helen Allison School will be at risk and are vulnerable.

Safer Recruitment

Helen Allison School will ensure that there will be at least one person on the appointment panel who is safer recruitment trained. School will adhere to statutory responsibilities to check staff who work with children; taking proportionate decisions on whether to ask for check beyond what is required and ensure that all volunteer are appropriately supervised. School will make decisions about the suitability of prospective employees based on checks and evidence including criminal record checks (DBS), barred list checks and prohibition checks together with references and interview information.

From 01 January 2021 (Keeping Children Safe in Education update January 2021) the TRA Teacher Services system will no longer maintain a list of those teachers who have been sanctioned in EEA member states.

Candidates from overseas **must** undergo the same checks as all other staff in schools, including obtaining an enhanced DBS certificate with barred list information. This still applies even if the candidate has never been to the UK.

- When recruiting, you **must**:
 - follow Part 3 of KCSIE which sets out the safer recruitment checks schools must conduct. ○ make any further checks you think appropriate so that relevant events that occurred outside of the UK can be considered - the Home Office provides guidance on [criminal records checks for overseas applicants](#).
 - carry out additional checks for teaching roles, which may include information about their past conduct, for example, by checking documents issued by overseas teaching authorities - you should also consider this evidence together with other information which you have obtained through other safer employment checks.

Inter-agency working

Helen Allison staff will work with social care, the police, health services and other services to promote the welfare of children and protect them from harm. This includes a co-ordinated offer of **early help** when additional needs of children are identified and contributing to inter-agency plans to provide additional support to children subject to child protection plans.

Early Help

Early Help exist to support a child, young person or their family early in the life of a problem. Concerns need to be raised with the DSL's who may make a referral, after discussion with the family, seeking additional support.

For advice, support and guidance, you can get in touch with the Early Help Triage team by email or phone:

Email: www.kelsi.org.uk

Telephone: 03000 41 41 41

Staff Training

At induction all staff will undergo safeguarding training and child protection training. This training will be regularly updated.

In addition, all staff should receive regular updates via email, e-bulletins, staff meetings as required but at least annually to ensure they have the skills and knowledge to safeguard children effectively.

Online safety

As school increasingly works online we will ensure that children are safeguarded from potentially harmful and inappropriate material. As such filters are in place as well as appropriate monitoring systems.

Teaching Safeguarding

Children are taught safeguarding through teaching and learning opportunities as part of the broad and balanced curriculum. This may include covering relevant issues through personal, social, health and economic education (PSHE) and through sex and relationship education (SRE).

Helen Allison staff are aware that when working with autistic children there are key points to consider:

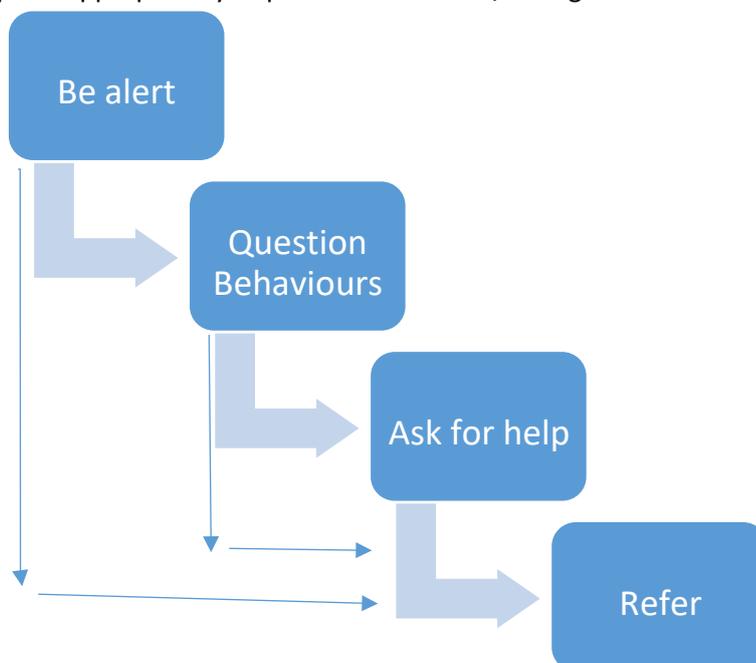
- Working with autistic children can be a complex job. A clear understanding of how autism impacts upon each individual is crucial on order to then consider whether there are significant safeguarding or child protection concerns.
- Many of the traits associated with autism, if viewed in isolation can be seen as fitting the standard indicators of child abuse, for example self-injurious behaviour and withdrawal from social situations. There is a risk that associated traits can be misinterpreted as indicators of abuse or that abuse is missed because a child has autism.

- There is an increased risk of professionals becoming over-familiar with the behaviour that an autistic child exhibits and then are at risk of not picking up other concerns or seeing new behaviour as an extension of behaviour they have already observed.

While a clear understanding of autism and its impact on a child is imperative, so too is the ability to recognise subtle changes or other indicators and remaining open to the possibility of abuse or neglect.

ALL concerns should trigger discussion with the Safeguarding Lead(s).

What to do if you're worried a child is being abused (March 2015), lists four key steps to follow to help staff identify and respond appropriately to possible abuse and/or neglect:



Staff are aware that it may not be appropriate to go through all the four stages sequentially. If a child is in immediate danger or is at risk of harm they will refer to the Designated Lead who, with the staff, will establish the facts and refer to children's social care and/or the police.

Disclosure

Concerns of abuse:

Staff and volunteer concerns about a child being abuse may arise through various factors:

- A child may tell them
- Someone else might report that a child has told them or that they strongly believe that a child has been or is being abused
- A child might show signs of physical injury or neglect for which there appears to be no satisfactory explanation
- A child's behaviour may indicate to them that it is likely he/she is being/has been abused
- Observing one child abusing another
- A child having contact with a person who may pose a risk to them

The child needs:

- to be believed
- to talk or communicate at their own pace
- to be heard

- to be supported

Staff actions when a disclosure is made or is at risk

Staff must provide immediate support and comfort and assist in protecting the child from further abuse.

- Find a place to talk where there are no physical barriers between the member of staff and the child
- Be on the same eye level as the child
- Don't interrogate or interview the child or ask leading questions
- Be tactful – choose words carefully and not be judgemental
- Listen to the child and do not make any assumptions. Let the child tell his/her own story
- Reassure the child that they have done the right thing by telling but that you as staff cannot keep it a secret.
- Be calm.
- Assess the urgency of the situation – is the child in immediate danger? Safety needs may make a difference to your response.
- Confirm the child's feelings. Let them know it is ok to be scared, confused or sad.
- Tell the child it is not their fault.
- Tell the child you as staff will try to get some help and that you need to report what they have told you.
- Let the child know what you will do - this will help to build the trust.

Recording

It is important to keep an accurate record of all events surrounding the disclosure or suspected abuse. State the facts, times, explanations and actions taken (record on CPOMs).

Do not ask leading questions. Use 'Tell me', 'Describe to me', or 'Explain to me' as open questions. Then listen to the child. Do not interview them or ask them any leading questions.

Make notes of the conversation as soon after the event as possible on CPOMs. Complete the form as fully as possible. Once completed, submit the form to the Designated Safeguarding Lead. The form MUST contain a 'notify' to the DSL.

All safeguarding records are kept securely, electronically

The Designated Safeguarding Lead will maintain and regularly audit the safeguarding records and ensure that each standalone file contains a chronology of events.

It may also need to be reported to the National Autistic Society Named Individual and Safeguarding Lead. In a case where the Principal is involved the same procedure will be followed.

The Designated Safeguarding Lead will be responsible for making any referral to Social Services and if verbal must follow it up in writing within 48 hours. It is important that an accurate record of all that has occurred is kept stating the facts, times, accounts and action taken.

Staff must on no account make physical examinations or pursue enquiries beyond the initial statement or observation.

On every occasion that any member of staff has reason to suspect that a pupil has suffered abuse or is at risk of suffering abuse, the Designated Safeguarding Lead must be informed and an electronic Incident recorded on CPOMs.

Our prime concern must be the interests and safety of the children in our care. In urgent situations, where immediate action is required; ensure the child is safe while you are taking action.

The Safeguarding team at the Helen Allison are:

Adam Wadey (School –Deputy Head – Designated Safeguarding Lead)

Lisa Waters (School – Senior Assistant Head)

Simon Collins (Principal)

Kerry Doherty (Positive Behaviour Support Specialist)

If you are unable to contact one of the Safeguarding Team, it is your responsibility to contact Kent Children's Safeguarding Board using the contact details at the end of the document and to seek their advice.

THE CPOMs INCIDENT FORM MUST BE COMPLETED IMMEDIATELY AND TAKES PRIORITY OVER EVERYTHING ELSE.

Reporting

Once a cause for concern form is received the process is:

- Notify Adam Wadey Designated Safeguarding Lead Helen Allison School
- The Designated Safeguarding Lead will discuss with the staff that submitted it, the concern, if appropriate.
- In discussion with the Designated Safeguarding Lead the following points will be considered:
 - Early help referral
 - Contact with parent/carer
 - Contact appropriate agency - Social Care/ LADO/Early Help
 - If referral is made to LADO/Early Help/Social Care they should update school within 24 hours.
 - School to follow up referral for update.
 - Actions taken if necessary and record appropriately.
 - Where necessary staff can discuss with the Designated Safeguarding Lead the referral updates.
- The Designated Lead will note as an action on CPOMs details of that discussion.
- The Designated Safeguarding Lead will make a decision as to which actions should be taken, but staff are aware that should they feel the Designated Lead has not responded adequately to the concerns raised they may take their concern to others.
- All incidents will be stored in CPOMs.

Recording

- Safeguarding incidents are logged and stored securely in CPOMs. Only the Designated Safeguarding Team & NAS education directorate have access to the incident logs in CPOMs.
- CPOMs automatically creates an incident chronology.
- Incidents are dated and a time stamp added so that there is clear and transparent recording of the timeline. Any changes are tracked. The administrator only has access to this log.
- All Safeguarding concerns are recorded electronically on CPOMs.
- All incidents are dated and a time stamped so that there is clear and transparent recording of the timeline.

Referral

Having been informed, the Designated Safeguarding Lead will make a decision as to whether to contact the appropriate Social Services Team or for allegations against staff the LADO (Local Authority Designated Officer). **Should staff feel that the Designated Lead has not responded adequately to the concerns raised, they should take their concerns to others without fear or conflict.**

If there are any concerns or if further advice is needed you may also contact:

1. **Appropriate Local Authority/ Social Services** for individual pupils.
2. Having been informed the DSL or Principal will make a decision as to whether to contact the appropriate Social Services Team or relevant Social Worker. If a student is at immediate risk of harm the Police may be called.

Appendix 2 – Flowchart of key questions

Appendix 3 – Seven Golden Rules for Information Sharing

- 1. Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
- 2. Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- 3. Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
- 4. Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- 5. Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- 6. Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- 7. Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Local Contacts:

Kent Social Services-Integrated Front Door (for referrals to Social Services) 03000 41 11 11

Kent Social Services Out of Hours Duty Team- 03000 41 91 91

North Kent Area Safeguarding Advisor (Education) Anup Kandola 03000 412445

LADO Team (for allegations of misconduct against a child by a member of staff): 03000 410888

For Online Safety-

Education Safeguarding Adviser – Online Protection 03000 415797

References:

- Working Together to Safeguard Children (2018)
- DFE Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers. (July 2018)
- Keeping Children Safe in Education (September 2021)
- Keeping Children Safe in Education (September 2021) – Part 1
- Keeping Children Safe in Education (September 2021) – Part 5
- What to do if you are worried a child is being abused (2015)
- Safeguarding Disabled Children – Practice Guidance (2009 – HM Gov)
- NSPCC <https://www.nspcc.org.uk>
- CEOP <https://www.ceop.police.uk/>
- Children and the court system
<https://www.gov.uk/government/publications/young-witness-booklet-for-5-to-11-year-olds>
<https://www.gov.uk/government/publications/young-witness-booklet-for-12-to-17-year-olds>
- Children with a parent in prison <https://www.nicco.org.uk/>
- Domestic abuse <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/signssymptoms-effects/>
<http://www.refuge.org.uk/get-help-now/support-for-women/what-about-my-children/>
- Homelessness <https://www.gov.uk/government/publications/homelessness-reduction-bill-policy-factsheets>
- FGM mandatory reporting <https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilationprocedural-information>
- FGM factsheet
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/496415/6_1639_HO_SP_FGM_mandatory_reporting_Fact_sheet_Web.pdf

- Forced Marriage
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf
- Prevent – updated guidance
<https://www.gov.uk/government/publications/prevent-duty-guidance>
- Educate against hate <https://educateagainsthate.com/>
- Channel guidance <https://www.gov.uk/government/publications/channel-guidance>