

Safeguarding/Child Protection Policy and Procedures

Updated September 2019



INTRODUCTION

The Trustees, Executive Board and staff of Ashcroft Technology Academy (The Academy), fully recognise the responsibilities and duty placed upon them to have arrangements to safeguard and promote the welfare of all students at the Academy. We recognise that all staff, including volunteers, have a full and active part to play in protecting students from harm.

We believe that our Academy should provide a well-ordered, routined, caring, positive, safe and stimulating environment in which students can learn and which promotes the social, physical and emotional wellbeing of each individual student.

The Academy recognises its responsibilities and duties to report child protection concerns to the health and social care service within Children's Specialist Services at Wandsworth & Richmond Local Authority (LA) and to assist Children's Specialist Services in child protection enquiries and in supporting Children in Need.

This policy is in line with the London Child Protection Procedures, Working Together to Safeguard Children 2018 and Keeping Children Safe in Education 2019 and provides a basis for the Academy's Behaviour Policy and Staff Code of Conduct.

The Academy will raise child protection (CP) concerns with parents / carers at the earliest appropriate opportunity, and work in partnership with them and other agencies to ensure that students receive the correct help or support at the right time.

The Academy will ensure that all staff are provided with the appropriate training in CP issues, as recommended in the guidance. In particular, designated members of staff will be released to attend the necessary enhanced training courses to enable them to carry out their role effectively.

Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. All professionals should ensure that their approach is child centred: this means considering at all times what is in the best interests of the child

Staff members must raise any safeguarding concerns with the DSL without delay. Concerns must be logged on MyConcern.

If a staff member has serious concerns about immediate risk to a child or that a child has suffered significant harm and continues to be at risk, they should contact Wandsworth Initial Point of Contact (IPOC) immediately - wherever possible with the support of the Designated Safeguarding Lead (DSL). If a child is in immediate danger the police should also be contacted.

Referrals to IPOC can be made by:
Telephone: 020 8871 6622
E-mail: IPOC@richmondandwandsworth.gov.uk

The IPOC is in operation Monday – Friday 9.00am to 5.00pm. At other times please contact the Out of Hours Duty Service on 020 8871 6000.

All staff are required to read this policy and Part 1 of Keeping Children Safe in Education (implemented 2nd September 2019) carefully and to be aware of their role in these

processes. All new staff will have the opportunity to discuss safeguarding requirements and this policy during their induction process and will be provided with the training to use MyConcern safeguarding software

Our DSL is Phil Hall (Deputy Principal) and our Deputy DSLs are Niall Dooley (Head of Year 8) and Liza Gardner (Head of Year 7).

AIMS

- To raise awareness of all Academy staff of the need to safeguard all children and of their responsibilities in identifying and reporting possible cases of abuse
- To emphasise the need for good communication between all members of staff in matters relating to child protection
- To develop a structured procedure within the Academy which will be followed by all members of the Academy community in cases of suspected abuse, neglect or harm
- To provide a systematic means of monitoring students known or thought to be at risk of significant harm
- To work openly and in partnership with parents in relation to child protection concerns in order to provide appropriate support at the earliest stage of a concern
- To support all students' development in ways that will foster security, confidence and independence
- To promote safe practice and challenge and correct poor and unsafe practice
- To develop and promote effective working relationships with other agencies involved with safeguarding and promoting the welfare of children in order to secure the most appropriate help or support for students in need in a timely manner
- To ensure that all adults working within our Academy have been checked as to their suitability to work with children, in line with current guidance
- To integrate opportunities into the curriculum for children to develop the skills they need to recognise and stay safe from abuse, allowing for continuity and progression through the key stages
- To take account of and inform policy in related areas, such as anti-bullying; e-safety; discipline and behaviour; health and safety; missing children; child sexual exploitation; female genital mutilation (FGM); extremism; positive handling and physical intervention procedures; procedures for dealing with allegations against staff and recruitment practice

DEFINITIONS

- Child abuse is taken to refer to any child of under 18 years who, through the actions of adults (with a caring role for that child) or their failure to act, has suffered or is at risk of

suffering significant harm. It also includes peer-to-peer abuse. This takes the form of physical or online bullying, aggressive or violent behaviour and sexualised behaviour.

- Abuse is broadly divided into four categories: Neglect, Physical Injury, Sexual Abuse and Emotional Abuse. Brief definitions are given below. Guidance for recognising the indicators of possible abuse are attached as Appendix 3.
- **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. It may involve a parent or carer failing to provide adequate food, shelter or clothing, failing to protect a child from physical harm or danger or the failure to ensure access to appropriate medical care and treatment. It may also include neglect of, or unresponsiveness to a child's basic emotional needs and/ or preventing their child from attending school on a regular basis.
- **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 feigns the symptoms of, or deliberately causes ill health to a child who they are looking after. This situation is now known as illness fabricated or induced by carer (previously Munchausen Syndrome by Proxy).
- **Sexual abuse** involves an adult or a peer forcing or enticing a child or a young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways. The nature of this behaviour can be physical or online.
- **Emotional abuse** is the persistent ill treatment 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 the other person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve 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 ill treatment of a child although it may occur alone.

It is important to recognise that many children will be living (or may have lived) in families where **domestic abuse** is a factor, and that these situations have a harmful impact on children emotionally, as well as placing them at risk of physical harm. The definition of domestic abuse is below

*Any incident or pattern of incidents of controlling, coercive or 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.*

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by

gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber bullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Female Genital Mutilation (FGM): professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

Children who go missing from home or care are particularly vulnerable and may be at significant risk at times. The immediate risks associated with going missing include:

- No means of support or legitimate income – leading to high risk activities
- Involvement in criminal activities
- Victim of Abuse
- Victim of crime, for example through sexual assault and exploitation
- Alcohol/substance misuse
- Deterioration of physical and mental health
- Missing out on schooling and education
- Increased vulnerability

Longer-term risks include:

- Long-term drug dependency / alcohol dependency
- Crime
- Homelessness
- Disengagement from education
- Child sexual exploitation
- Poor physical and/or mental health.

KEY PRINCIPLES

- We believe that all children have a right to be protected from harm and /or abuse.
- We recognise that abuse occurs in all cultures, religions and social classes and that staff need to be sensitive to the many differing factors which need to be taken into account depending on the child's cultural and social background when dealing with CP issues. However, we also recognise that the needs of the child are paramount and any concerns will be referred on appropriately whatever the family background of the child concerned.
- We recognise that because of the day to day contact with children, Academy staff are extremely well placed to observe outward signs of abuse.
- We recognise that a child who is abused or witnesses abuse or violence may find it difficult to develop and maintain a sense of self-worth, they may feel helpless and humiliated and may feel self-blame.

- We recognise that the Academy may provide the only stability in the lives of children who have been abused or are at risk of harm.
- We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived as normal to that which is aggressive in an overt way, disturbed or withdrawn.
- We know that it is important that children feel secure, are encouraged to talk and are sensitively listened to, and that children know that there are adults in the Academy whom they can approach if they are worried or unhappy.
- We acknowledge that there may be occasions where it will be appropriate to consider whether specific or additional arrangements need to be put in place where an issue is particularly sensitive due to gender issues or cultural or faith issues. This ensures that in cases of sexual abuse in particular, a student can be spoken to by a same sex member of staff (who has received enhanced training) if this is felt to be appropriate.
- We consider carefully the specific needs of the lesbian, gay, bisexual, transgender and non-binary (LGBT) students seeking suitable expert advice where necessary.
- We adhere to the principles of working in partnership with those who hold parental responsibility for each child.
- The prime concern at all times must be the welfare and safety of the child. Where there is a conflict between the needs of the child and the parent/carer, the interests of the child must be paramount.
- Induction and refresher training for staff members will include the school's behaviour policy and procedures for children missing education as well as the staff code of conduct and also this policy
- The roles of the designated safeguarding leads are explicit in their job descriptions.

PROCEDURES

Our Academy procedures are in line with those agreed by the Wandsworth Safeguarding Children Board (WSCB), the LA and the Secretary of State (**see Appendix 1 for details of relevant procedural and guidance documents**)

We will therefore ensure that:

- We have two members of staff who have received appropriate DSL training and support for this role, in accordance with mandatory requirements.
- DSL trained staff attend safeguarding training required of their position every two years and all staff are provided with safeguarding training every year as a minimum.
- Every member of staff, volunteer, Executive Board member and Trustee knows the name of the DSL and the Deputy DSL, their roles and the back-up arrangements if neither is available.
- All staff are familiar with the Academy's Safeguarding Policy as well as the Staff Code of Conduct and these arrangements are included in the induction for each new staff member.
- All staff develop their understanding of signs and indicators of abuse and report any concerns to the DSL but know that they can also refer direct to the LA's Children's Services Department (Health and social care section) if needed.
- All staff are aware that it is important to identify any concerns about children at as early a stage as possible so that their needs can be identified and monitored and appropriate support put in place.
- When considering referrals to support agencies, the Academy will act in accordance with WSCB thresholds for intervention guidance, which are consistent with the London-wide Continuum of Need thresholds.
- All staff are aware that they should raise any concerns about colleagues or other adults with the DSL.
- All staff understand how to respond to a child who discloses abuse.
- All parents / carers are made aware of the responsibilities of staff members with regard to CP procedures, (for example by including this information in the Academy prospectus).
- We will refer any child believed to have suffered or to be likely to suffer significant harm to the LA's Health and social care section without delay, and will follow up any such referral in writing within 48 hours.
- We will ensure the immediate safety of any child felt to be at serious risk by taking appropriate action and by involving other relevant agencies as necessary.
- We will develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters, including attendance at CP case conferences wherever possible and providing reports as a matter of course (model format attached as appendix 2). We will contribute to multi – agency assessments of children's needs where appropriate and work in a fully integrated way with other relevant services as appropriate.
- If a child's situation does not appear to be improving, the Academy will take responsibility for finding out what is happening and keep pressing for action to be taken.
- Written records are kept of all concerns in MyConcern, whether or not there is a need to refer the matter immediately, and that these records are kept securely, separate from the main student file, and in locked locations.

- The child's social worker is notified of any student subject to a Child Protection Plan (CPP) who is absent from the Academy, without explanation, for more than 2 days.
- Any new concern or relevant information about a child subject to a CPP will be passed to the child's allocated social worker without delay.
- If a child subject to a CPP leaves the Academy, records will be transferred to the new school without delay and the child's social worker informed of the change.
- If Academy staff are unsure how to proceed in a potential CP situation, or require advice, this will be appropriately sought via the LA's Safeguarding in Education Advisor, or the link social worker for the Academy, a duty social worker or directly from the Safeguarding Standards Service (useful numbers listed in Appendix 5).

EARLY INTERVENTION AND HELP

- All staff recognise that when a child or family may be experiencing difficulties, support is most effective if it is provided at as early a stage as possible
- This involves identifying emerging problems; liaising with the DSL or other relevant colleagues; sharing information with other professionals to support early identification and acting as lead professional in undertaking an Early Help Assessment (EHA)
- Any concerns will be identified by staff, discussed with relevant colleagues and parents and support put in place. Effective monitoring systems will be used to assess the effectiveness of interventions and outcomes.
- **Any** child may benefit from Early Help but school staff will be particularly alert to the potential need for support for any student who
 - is disabled and has specific additional needs;
 - has special educational needs (whether or not they have a statutory Education, Health and Care Plan (EHCP));
 - 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 misusing drugs or alcohol themselves;
 - Is at risk of modern slavery, trafficking or exploitation;
 - is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
 - has returned home to their family from care;
 - is showing early signs of abuse and/or neglect;
 - is at risk of being radicalised or exploited;
 - is a privately fostered child.

CONTEXTUAL SAFEGUARDING

- Safeguarding incidents and/or behaviours can be associated with factors outside the Academy and/or can occur between children outside the Academy.
- All staff, but especially the DSL (or deputy) should be considering the context within which such incidents and/or behaviours occur.
- This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.
- Children's social care assessments should consider such factors so it is important that the Academy provides as much information as possible as part of the referral process.

- This will allow any assessment to consider all the available evidence and the full context of any abuse.

CHILDREN WITH SPECIAL EDUCATIONAL NEEDS (SEN) / DISABILITIES

- We recognise that children with SEN / Disabilities may be especially vulnerable to abuse and expect staff to take extra care to interpret apparent signs of abuse or neglect.
- We will provide a school environment in which all students, including those with SEN, can feel confident and able to discuss their concerns.
- The DSL will work with the SEN co-ordinator, where necessary, to ensure that the needs of SEN students in relation to CP issues are responded to appropriately (e.g. for a child with particular communication needs).

CHILDREN LOOKED AFTER

- The Academy will ensure there is a designated teacher whose role is to promote the educational achievement of children who are looked after, and that the identified person has received appropriate training as defined in the Children and Young Persons (HL) Act 2008.
- We will ensure that appropriate staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with parental responsibility. They will also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her, as well as the details of the child's social worker and the virtual school head in the LA.

MENTAL HEALTH AND BEHAVIOUR

- In order to help our students succeed, we recognise that the Academy plays an important role in supporting them to be resilient and mentally healthy.
- We will ensure that students and their families are enabled to participate as fully as possible in decisions and are provided with information and support.
- We recognise that some children are more at risk of developing mental health problems than others. These risks can relate to the child, their family or to community and life events.
- Risk factors are cumulative, and children exposed to multiple risks are more likely to develop behavioural or mental health problems.
- Where severe problems occur we will ensure that appropriate referrals are made (with consent) to specialist services (e.g. the NHS's Child and Adolescent Mental Health Services (CAMHS)).

COMMUNICATION WITH PARENTS / CARERS

- We will ensure that all parents are informed that the Academy has a CPP and is required to follow WSCB guidelines in respect of reporting suspected abuse to the LA's Children's Health and social Care.
- Students and parents will be made aware of how the Academy's CP system works and with whom they can discuss any concerns.

- Information will also be made available about any local and national telephone helplines.
- In individual cases, parents will be notified of the Academy's concerns at the earliest appropriate opportunity.

CONFIDENTIALITY

- We recognise that matters related to CP are of a confidential nature. The DSL and / or Principal will therefore share detailed information about a student with other staff members on a need to know basis only.
- All staff must be aware that they have a professional responsibility to share information with other relevant agencies where necessary to safeguard and promote the welfare of children.
- All staff must be aware that they cannot promise a child that they will keep certain information secret.

SUPPORT FOR STAFF

- We recognise that staff working in the Academy who have been dealing with CP issues may find the situation stressful or upsetting.
- We will ensure that opportunities are provided for staff to be supported in these circumstances and to talk through any anxieties they may have.
- Counselling provision will be made available where appropriate.

ALLEGATIONS AGAINST STAFF OR VOLUNTEERS

- We recognise that there will be occasions when a student at the school, or a parent or another person may make an allegation against a member of staff or volunteer. The term allegations refers to concerns reported or raised that might indicate a person has caused harm to a child, acted in a way that created potential serious risk to a child or would pose a risk of harm if they continue to work in regular or close contact with children in their present position, or in any capacity.
- The majority of allegations against staff and volunteers relate to their behaviour in the workplace. However, some concerns may relate to their personal life or the care of their own children. In some cases, there may have been an allegation of abuse against someone closely associated to them and this person may pose a risk of harm to the children for whom the staff member or volunteer is responsible.
- We expect any member of staff or volunteer who is concerned about the behaviour or presentation of a colleague, or sees an incident which concerns them, to discuss this as soon as possible with the DSL or Principal without fear of reprisal.
- In this event the Principal (or Chair of the Executive Board, if the allegation is against the Principal) must be informed and the Wandsworth Procedures for Managing Allegations against Staff followed. This will always involve a discussion with LA officers and a referral to the Local Authority Designated Officer (LADO) where appropriate within 24 hours of the concern / allegation becoming known.
- The criteria for making a referral to The LADO is that an individual may have:
 - behaved in a way that has, or may have, harmed a child;
 - possibly committed a criminal offence against or related to a child; or
 - behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children.

- The LADO also offers a consultation service, which supports those investigating an allegation or concern and provides expert advice. Every consultation with the LADO is followed up in writing to reflect the advice and guidance given. This means the school will have a clear record of their correspondence with the LADO, which provides important evidence (for example if they are inspected by OFSTED). It also holds the LADO accountable for the advice given.

All staff are expected to recognise the need for absolute confidentiality in these situations.

SAFE RECRUITMENT

- The Academy will ensure that it operates a safe recruitment policy to ensure that all those working in the Academy, in either a paid or unpaid capacity are suitable to do so as far as can be reasonably ascertained.
- Senior Leaders and any other staff involved in selection procedures will undertake Safer Recruitment training.
- Appropriate checks (i.e. enhanced DBS checks will be carried out on all potential employees and volunteers, and all references will be taken up and verified). The Academy will ensure it is following the most recent guidance in respect of these issues, including taking account of the definition of regulated activity.
- Interview panels will follow recommendations from the Vice-Principal in relation to practice. One member of each interview panel must have completed Safer Recruitment training.
- At interview, candidates will be asked to account for any gaps in their employment history and asked for verbal confirmation on their criminal background status

EXECUTIVE BOARD RESPONSIBILITIES

- The Executive Board will ensure that they comply with their duties under legislation. They will ensure that the policies, procedures and training in the Academy are effective and comply with the law at all times and take into account the procedures and practice of the WSCB.
- The Trustees will ensure that a member of the Executive Board (usually the Chair) has been nominated to liaise with the LA and/or partner agencies on issues of CP and that a Trustee would undertake such a role in the event of an allegation of abuse being made against the Principal.
- The Executive Board (or Board of Trustees) will remedy any deficiencies or weaknesses in regard to CP arrangements that are brought to its attention without delay.

POSITIVE HANDLING and PHYSICAL INTERVENTION

- The Academy has a no physical intervention approach and staff are advised not to restrain students unless they pose a threat to themselves or others.

SPECIFIC SAFEGUARDING ISSUES

- Up-to-date guidance and practical support on specific safeguarding issues will be sought where necessary.

- The DSL and Deputy DSLs will attend relevant training and ensure that staff are aware of issues such as Child Sexual Exploitation, Lesbian, Gay, Bisexual, Transsexual and gender issues and FGM, understand the indicators and recognise the complexities of these issues for young people.

ANTI - RADICALISATION

- The Academy supports the Prevent Strategy, which works to prevent the growth of issues that create a climate which encourages radicalisation and extremism, which in turn can lead to acts of violence or terrorism.
- Radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions.
- Extremism is defined as the holding of extreme political or religious views which may deny rights to any group or individual.
- All staff members are aware of these issues and staff have attended training.
- The Academy works within the curriculum to promote tolerance and respect for diverse views, while challenging prejudice of any kind. We are an inclusive, multi-cultural school which values citizenship and a sense of belonging. Students are encouraged to share their views and recognise that they are entitled to have different beliefs, but that these should not be used to influence others.
- As with all matters pertaining to the maintenance of a safeguarding culture within the Academy, staff are expected to be vigilant in identifying concerns and ensuring these are passed to the DSL without delay.
- If any concerns arise, or are disclosed by a child, they will be responded to following normal safeguarding processes and advice would be sought from colleagues in the LA (either Prevent co-ordinator or safeguarding services) if necessary.

CHILDREN WHO ABUSE OTHER CHILDREN

It is important to be conscious that any child who is engaging in abusive behaviour towards others may have been subject to abuse from other children or from adults. Abusive behaviour can be displayed in a variety of ways and can consist of sexual abuse / activity; physical harm; emotional abuse, verbal abuse.

Children who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which meets their needs as well as protecting others.

In such incidences, the Academy will follow guidance issued in relation to children who abuse others and local procedures and instances of sexual violence and sexual harassment will be taken seriously and responded to robustly. The Academy will adhere to guidance in section 5 of Keeping Children Safe in Education and follow procedures (as detailed in Appendix 7)

OTHER RELATED POLICIES

- anti-bullying
- discipline and behaviour
- discrimination (sex, race and disability)
- health and safety

- code of conduct

Guidance for schools re child on child sexual violence and sexual harassment

Victims and alleged perpetrators

There are many different ways to describe children who have been subjected to sexual violence and/or sexual harassment and many ways to describe those who are alleged to have carried out any form of abuse. For the purposes of this advice, we use the term 'victim'. It is a widely recognised and understood term. It is important that the Academy recognises that not everyone who has been subjected to sexual violence and/or sexual harassment considers themselves a victim or would want to be described in this way. Ultimately, schools and colleges should be conscious of this when managing any incident and be prepared to use any term with which the individual child is most comfortable.

We also use the term 'alleged perpetrator' and where appropriate 'perpetrator'. These are widely used and recognised terms and the most appropriate to aid effective drafting of advice. However, the Academy should think very carefully about terminology, especially when speaking in front of children. As above, the use of appropriate terminology will be for the Academy to determine, as appropriate, on a case-by-case basis.

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 who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physically and verbally) and are never acceptable. It is important that **all** victims are taken seriously and offered appropriate support.

Reports of sexual violence and sexual harassment are extremely complex to manage. It is essential that victims are protected, offered appropriate support and every effort is made to ensure their education is not disrupted. It is also important that other children, adult students and Academy staff are supported and protected as appropriate.

The Academy needs to 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. Children need to understand that sexual violence or sexual harassment will not be dismissed as "banter", "part of growing up", "just having a laugh" or "boys being boys" and that challenging behaviour (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras, lifting up skirts and upskirting will not be tolerated as this risks normalising such behaviour.

We understand that such behaviours may reflect wider societal factors beyond the Academy, such as everyday sexist stereotypes and everyday sexist language. This is why a whole Academy approach (especially preventative education) is important.

Some pupils (e.g. those with SEND, or those who are LGBT) can be particularly vulnerable. The Academy also needs to be aware that staff can also be victims of sexual violence or harassment and to have strategies to protect staff.

Sexual violence refers to sexual offences under the Sexual Offences Act 2003 as described below:

Rape: A person commits an offence of rape if he intentionally penetrates the vagina, anus or mouth of another person with his penis, that person does not consent to the penetration and he does not reasonably believe that they have consented.

Assault by Penetration: A person commits an offence if: s/he intentionally penetrates the vagina or anus of another person with a part of her/his body or anything else, the penetration is sexual, that person does not consent to the penetration and s/he does not reasonably believe that they have consented.

Sexual Assault: A person commits an offence of sexual assault if: s/he intentionally touches another person, the touching is sexual, that person does not consent to the touching and s/he does not reasonably believe that they have consented.

Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

- a child under the age of 13 **can never consent** to any sexual activity;
- the age of consent is 16. However, it is recognised that between the ages of 13 and 16 sexual activity may be considered by the young people to be consensual. In cases where the sexual activity is mutually agreed and non-exploitative then it is not intended to instigate criminal proceedings. An assessment against risk factors should be carried out to assist in decision making in relation to safeguarding
- sexual intercourse without consent is rape.

Sexual harassment is 'unwanted conduct of a sexual nature' that can occur online and offline. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment. Whilst not intended to be an exhaustive list, sexual harassment can include:

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- sexual "jokes" or taunting;
- physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature;
- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:

- non-consensual sharing of sexual images and videos. (UKCCIS sexting advice provides detailed advice for schools and colleges);
- sexualised online bullying;
- unwanted sexual comments and messages, including, on social media; and
- sexual exploitation; coercion and threats

Preventative programmes should be developed to be age and stage of development appropriate and tackle such issues as

- healthy and respectful relationships;
- what respectful behaviour looks like;
- consent;
- gender roles, stereotyping, equality;
- body confidence and self-esteem;
- prejudiced behaviour;
- advising that sexual violence and sexual harassment is always wrong; and
- addressing cultures of sexual harassment.

Responding Reports of sexual violence and sexual harassment are likely to be complex, requiring difficult professional decisions to be made, often quickly and under pressure. Pre-planning, effective training and effective policies will provide the Academy with the foundation for a calm, considered and appropriate response to any report.

Ultimately, any decisions are for the Academy to make on a case-by-case basis, with the DSL (or a deputy) taking a leading role, using their professional judgement and being supported by other agencies, such as the LA's Children's Health and social care service and the police as required.

Disclosures from children should be dealt with sensitively in line with guidance about any safeguarding disclosures. The child should be reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

When there has been a report of sexual violence, the DSL (or a deputy) should make an immediate risk and needs assessment.

Where there has been a report of sexual harassment, the need for a risk assessment should be considered on a case-by-case basis.

The risk and needs assessment should consider:

- the victim, especially their protection and support;
- the alleged perpetrator; and

- all the other children (and, if appropriate, adult students and staff) at the Academy, especially any actions that are appropriate to protect them;

The DSL (or a deputy) should ensure they are engaging with the LA's Children's Health and social care service and other specialist services as required. Where there has been a report of sexual violence, it is likely that professional risk assessments by social workers and or sexual violence specialists will be required.

It is important that the DSL (and their deputies) are clear about the local process for referrals and follow that process.

Where a report of rape, assault by penetration or sexual assault is made, the starting point is this should be passed on to the police. Whilst the age of criminal responsibility is ten, if the alleged perpetrator is under ten, the starting principle of reporting to the police remains. The police will take a welfare, rather than a criminal justice, approach.

At this stage, the Academy will generally inform parents or carers unless there are compelling reasons not to, for example, if informing a parent or carer is likely to put a child at additional risk. In circumstances where parents or carers have not been informed, it will be especially important that the Academy is supporting the child in any decision they take. This should be with the support of the LA's Children's Health and social care service and any appropriate specialist agencies.

The wishes of the victim in terms of how they want to proceed should be taken into account. This is especially important in the context of sexual violence and sexual harassment. Victims should be given as much control as is reasonably possible over decisions regarding how things are being taken forward.

Additional guidance is available in Part 5 of KCSiE 2019 and https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/719902/Sexual_violence_and_sexual_harassment_between_children_in_schools_and_colleges.pdf

Appendix 8

Safeguarding sexually active young people (under 18s)

The London Child Protection Procedures has several supplementary procedures. One of these is the Procedure for Safeguarding Sexually Active Children (remembering that all young people are deemed to be a child in law until their eighteenth birthday). These are designed to help professionals identify those children and young people whose sexual relationships may be abusive.

A child under the age of 13 is not legally capable of consenting to sexual activity. Any suspicion that a child under 13 is involved in sexual activity should be discussed with the nominated child protection lead in the organisation. Under the Sexual Offences Act 2003 penetrative sex with a child under 13 is classed as rape. All cases such as these must be referred to Children's Specialist Services.

Sexual activity with a child under 16 is also an offence. However, it is recognised that between the ages of 13 and 16 this activity may be consensual. There should still be consideration as to whether this should be discussed with or referred to Children's Specialist Services as there may still be serious consequences for the young person, but no automatic

requirement to do so. The younger the child the stronger the presumption must be that sexual activity may be harmful

It is also accepted that it is not always in the best interests of child for criminal proceedings to be instigated. In cases where the sexual activity is mutually agreed and non- exploitative then it is not intended to instigate criminal proceedings.

The first duty is to safeguard and promote the welfare of young people and professionals should be aware that the duty of confidentiality is not absolute in matters such as this. There may be other children involved, for example siblings, and sharing information may be required in law.

Sexual activity between the ages of 16 and 17 will not be an offence but may still involve risk or harm and so particular factors still need to be considered.

Professionals working with children need to consider how to balance children's rights and wishes with their responsibility to keep children safe from harm.

Underage sexual activity should always be seen as a possible indicator of child sexual exploitation.

In order to assess whether the relationship is harmful the following factors should be discussed:

- Is the young person competent to understand and consent to sexual activity?
- The child's living conditions (any other types of concern/ other statutory agencies involved)
- Age differences in the relationship
- Whether the child has a disability
- Power imbalances in the relationship
- Whether aggression, coercion or bribery could have been involved
- Whether the child may have been disinhibited by substances or alcohol
- If attempts had been made to keep the matter secret (beyond what would normally be expected)
- Have there been attempts at 'grooming' (through gifts, treats, money, drugs or developing a relationship with the child or their parents)
- Whether the partner is known to have had previous concerning relationships.

If there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm then a strategy meeting will be held to share concerns and agree action.

It is the responsibility of individual members of staff to ensure that the relationship they develop with students cannot be misinterpreted or developed beyond the professional. It is an offence for anyone in a position of trust or authority in relation to a young person to have a sexual relationship with a child or young person up to the age of 18.

London Child Protection Procedures, 5th edition

Available electronically via Wandsworth Safeguarding Board website www.wscb.org.uk
and London SCB website – www.londonscb.gov.uk

London Safeguarding Children Board supplementary procedures

These provide detailed information related to specific safeguarding issues. They are available via the London SCB website (as above).

Keeping Children Safe in Education

DfES statutory guidance issued March 2015

Keeping Children Safe in Education 2019 update

Or via <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

Working Together to Safeguard Children 2018

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

What to Do If You Are Worried a Child Is Being Abused

[What to do if you are worried – revised guidance for all professionals to use if they are worried a child may be being abused](#)

Information Sharing Guidance

[Information Sharing Guidance 2015 – revised guidance on information sharing for all professionals](#)

Managing Allegations against Staff

WSCB guidance, available on WSCB website. www.wscb.org.uk

Children Missing from Home and Care

WSCB procedures, available on WSCB website www.wscb.org.uk

Positive Handling

WSCB guidance, available on WSCB website www.wscb.org.uk

Sexual exploitation

WSCB protocol and guidance, available on WSCB website www.wscb.org.uk

Domestic Violence – guide for schools

Wandsworth guidance issued June 2012

Thresholds for Intervention – Multi-Agency guidance

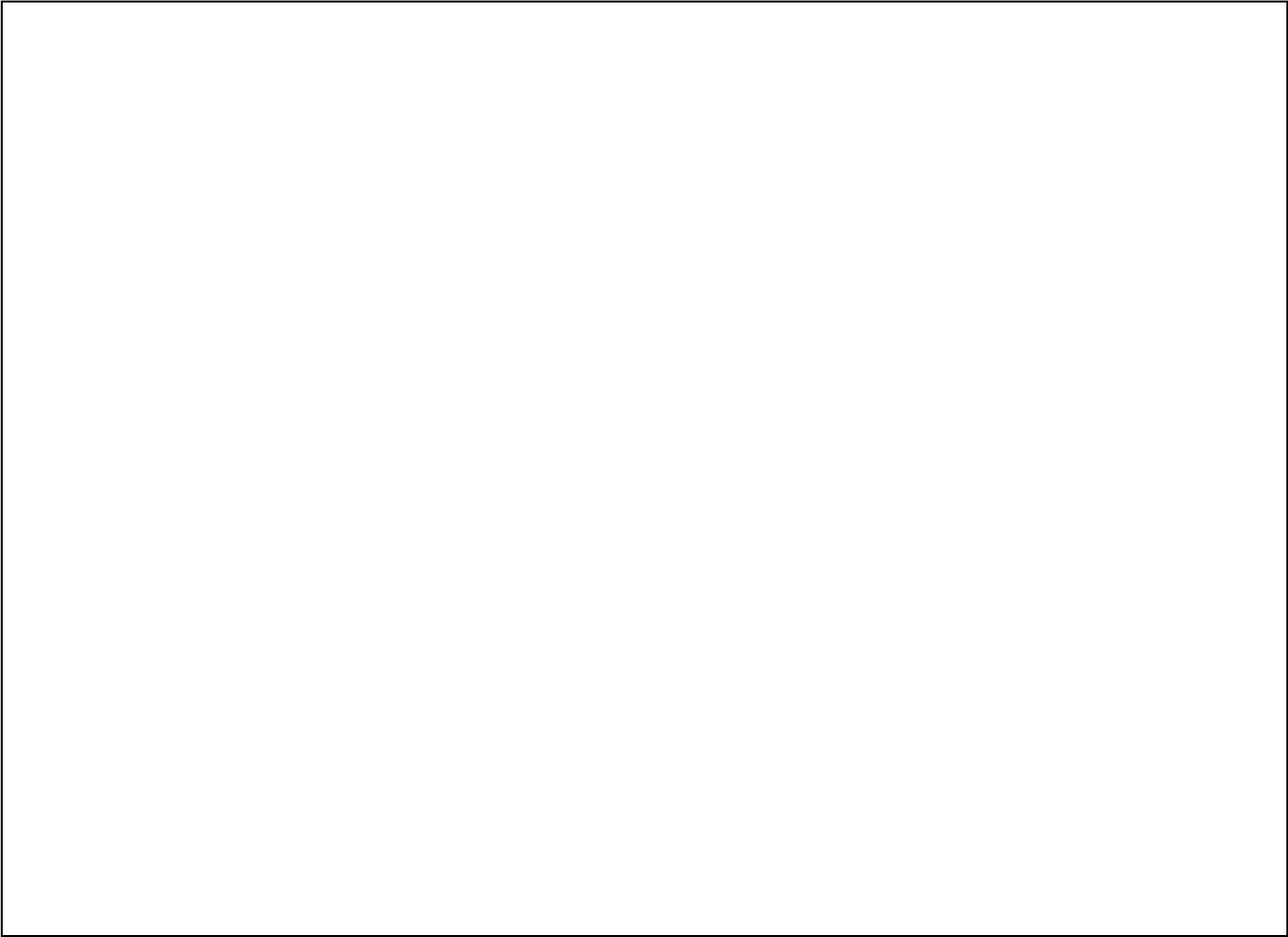
Wandsworth Guidance issued 2014, available on WSCB website www.wscb.org.uk

Mental Health and Behaviour in schools – departmental advice for school staff

DfE guidance, issued June 2014

DFE-00435-2014 www.gov.uk/government/publications

What are we worried about?



What needs to happen further?

Signature	
Print name	
Date	

Reports should be shared with families prior to the meeting except in exceptional circumstances

Please send this report wherever possible at least 48 hours in advance of the relevant meeting to Childrensplanning@wandsworth.gov.uk and bring copies for those attending the meeting.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents / carers are uninterested or undisturbed by an accident or an injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury).
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

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

Bite Marks

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

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

Burns and Scalds

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

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation

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

Fractures

Fractures may cause pain, swelling and discoloration over a bone or a joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

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

Scars

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

Behavioural Indications

Some children may behave in ways that alert you to the possibility of physical injury, for example

- Withdrawal from physical contact
- Fear of returning home
- Self-destructive tendencies
- Aggression towards others

Recognising Emotional Abuse

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

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

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent / carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness,
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' – difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate responses to painful situations
- Neurotic behaviours
- Self-harming
- Running away

Recognising Neglect

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

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from or late for school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Compulsive stealing or scavenging

Recognising Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and / or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child / family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional / behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct

- Sexually explicit behaviour, play or conversation, inappropriate for the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder, self-mutilation and suicide attempts)
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes for e.g. sports events (but this may be related to cultural norms or physical difficulties)
- Concerning changes in behaviour or general presentation
- Regressive behaviour
- Distrust of a particular adult
- Unexplained gifts of money
- Sleep disturbances or nightmares
- Phobias or panic attacks

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is disclosed
- Physical symptoms such as injuries to the genital or anal areas, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen in vagina, anus, external genitalia or clothing
- Wetting or soiling

Safeguarding team:

Designated Safeguarding Lead (DSL) – Phil Hall (Deputy Principal (DP) Year 9), Douglas Mitchell (Principal)

Deputy DSLs – Niall Dooley (Head of Year (HoY) 8), Liza Gardner (HoY 7)

Safeguarding & Special Educational Needs (SEN) Consultant – Cheryl John

Leadership Group (LG) – Mike Smith (DP Year 7), Amit Chadda (Assistant Principal (Year 8), Jen Calvert (DP Year 10), Matt Gallagher (DP Year 11), Mike Collins (Head of Sixth Form)

HoYs – Rebecca Britten, Josh Hockaday, Lisa Haviland, Julia Sturgess

Inclusive Care & Support (ICAS) Learning Mentors and Assistant Mentors – Emma King, Michelle Pitter, Natalie Woolford, Diane Jeffries, Marianne Hurt, Rhian McGowan-Reid, Julie Dooley, Darryl Marshalleck

Other key staff – Katie Salisbury Education Welfare Officer (EWO), Lisa Shadbolt (Welfare Officer), Roger Williams (Head of ICAS)

Rationale for the Protocol:

Safeguarding concerns are on the rise, and therefore we need a team of individuals with specific training and skills to manage caseloads. The aim of this protocol is to identify who is responsible at each stage of managing a safeguarding concern, and what the individual and collective responsibilities are. **All staff members have a statutory responsibility to safeguard and promote the welfare of all students at all times.**

A concern:

If you are concerned that a student has been harmed or is at risk of harm, or their welfare is being compromised, you are required to act appropriately to ensure action can be taken to protect the student concerned.

The concern may be as a result of a disclosure from a student, a parent or a third party or may arise due to behaviour that has caused you to become concerned.

If a student discloses abuse please note the following key points:

- Listen carefully to what the student is telling you without interrupting
- Do not promise confidentiality
- Remain non-judgemental and keep an open mind
- Do not ask leading questions, or more questions than you have to – just establish what the student is telling you
- Be honest with the student and explain what will happen next
- Record the information fully

Reporting concerns:

All adults employed by the Academy must undertake safeguarding training, and be prepared to report all concerns to the DSL. In the event that a disclosure is made, or that a member of staff has a safeguarding concern, these must be immediately reported to the DSL, Phil Hall. This should be a face-to-face discussion, in the first instance. **In the event that the DSL is not available, the member of staff must email Phil Hall (and cc Niall Dooley and Liza Gardner) with a brief summary of the concern and then speak to either of the Deputy DSLs, Niall Dooley or Liza Gardner.** If they are also not available, they must speak to a member of LG.

Please remember the DSL is available to offer help, advice and guidance to staff and students where necessary. If you have a concern or problem and are unclear how to proceed ask for advice.

In all cases ensure ongoing support is offered to the student as appropriate.

Reporting on MyConcern:

Once the initial discussion has taken place, members of staff will always be instructed to log the concern on MyConcern. This should be done as soon as possible after the conversation, and certainly on the same day. **Members of staff should not log reports on MyConcern before they have first spoken to the DSL.**

Where possible, members of staff should upload supporting evidence to the MyConcern website. This could be a statement from a student, an image, a screenshot, or anything else of relevance.

Managing Cases on MyConcern:

This is the responsibility of the DSL, Phil Hall. Cases will be categorised based on the nature of the concern and then assigned to the most appropriate member of staff. The DSL will oversee all cases, but cases will be assessed by the DSL and allocated in the following way:

KS3 – Phil Hall or Liza Gardner

KS4 – Phil Hall or Niall Dooley

KS5 – Phil Hall or Mike Collins

DSLs and Deputy DSLs all have access to a shared calendar on Microsoft Outlook, which is used for managing all appointments and meetings of a safeguarding nature.

Referral to Social Services:

These must be completed by the DSL, or Deputy DSLs. In certain cases, a HoY or Learning Mentor could also complete the paperwork, but the form must be checked by the DSL before submission to Wandsworth. Advice should be sought from Wandsworth's Initial Point of Contact (IPOC) before making a referral and parents should be informed.

If a referral leads to an immediate visit from a social worker, the DSL and Principal will remain at the Academy, with the student until the social worker arrives, meets with the student (and family) and makes a decision.

Useful contacts

Stella Macaulay	
Safeguarding in Education Advisor	0208 871 7961 office 07931 325 665 mobile
Referral and Assessment Service / MASH (Duty SW)	0208 871 6622
Out of hours duty service	0208 871 6000
Safeguarding Standards Service (manager: Ruth Lacey) Principal administrator Jackie Reynolds WSCB development manager Linda Webber	0208 871 7208 0208 871 8610
LADO	
Chantel Langenhoven	0208 871 7226 0208 8717440 07920254786 mobile
School nurse Jane Gallagher	07833 289237
Police Catriona Birdcall	0208 2478040
Police – Matthew Curtis	0208 247 8172
Wandsworth safety net (For Independent Domestic Abuse advisors)	0207 801 1777