



SAFEGUARDING and CHILD PROTECTION POLICY



PART ONE – OUR MUSICAL THEATRE GROUP

1. INTRODUCTION

Creative Performance Academy (CPA) aims: to provide a safe and secure environment for children of all abilities. CPA is fully committed to safeguarding the welfare of all children and young people up to the age of 18. We recognise our responsibility to take all reasonable steps to promote safe practice and to protect children from harm, abuse and exploitation. CPA acknowledges its duty to act appropriately to any allegations, reports or suspicions of abuse. All staff and volunteers will work together to encourage the development of an ethos which embraces difference and diversity and respects the rights of children, young people and adults. CPA recognises its duty of care under the Children and Young Persons Act 1963, the Children (Performances and Activities) (England) Regulations 2014, the Children Act 1989 and Working Together to Safeguard Children 2023.

CPA follows the child protection procedures as defined by Staffordshire Safeguarding children board (<https://www.staffsscb.org.uk>) and multi-agency threshold guidance. This policy applies to all staff, volunteers and visitors to our MT group as safeguarding is everyone's responsibility. Our belief is that every child should be protected and be able to thrive in a safe environment. The children's safety is paramount.

This policy is available on our website <https://creativeperformance.yolasite.com/> and hard copies are available on request.

Our children and young people understand our responsibility to keep them safe. We share a child/young person version of our Child Protection and Safeguarding policy as part of their enrolment.

All staff (this includes volunteers) are aware of the safeguarding procedures at our MT group and these are explained to staff as part of their staff induction.

This includes:

- the child protection policy;
- the behaviour policy for CPA students
- the staff behaviour policy (sometimes called a code of conduct);
- the role of the designated safeguarding lead (including the identity of the designated



safeguarding lead and any deputies).

- part one and Annex A- Keeping Children Safe in Education 2024

CPA is aware of and assesses the risks/issues in the wider community when considering the well-being and safety of our students. We are aware of indicators of abuse and neglect and understand that children can be at risk of harm inside and outside of CPAI, inside and outside of home and online.

*This policy applies to all staff, volunteers and visitors at CPA as safeguarding is everyone's responsibility. Our belief is that **"it could happen here"** and **"we have the interest of the children"** as our priority.*

We ensure that safeguarding and child protection is at the forefront and underpins all relevant aspects of process and policy development. We know that ultimately, all systems, processes and policies should operate with the best interests of the child at heart.

Our belief that "it could happen here" for all aspects of safeguarding and bullying supports us to address any underlying bias in order to achieve equality for all children at CPA.

We encourage our students to respect the fundamental British values of democracy, the rule of law, individual liberty and mutual respect, and tolerance of those with different faiths and beliefs. We ensure that partisan political views are not promoted at CPA. It is vital that we ensure children's wishes and feelings are taken into account when determining what action to take and what services to provide.

We strive for a culture where children can confidently report abuse, know their concerns will be treated seriously, and know they can safely express their views and give feedback.

We are aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. We know children may feel embarrassed, humiliated, or being threatened. This could be due to their vulnerability, disability and/or sexual orientation or language barriers.

ROLE OF THE DESIGNATED SAFEGUARDING LEAD

CPA'S Designated Safeguarding Lead is Donna Reynolds. The designated safeguarding lead takes lead responsibility for safeguarding, child protection and online safety.

The designated safeguarding lead or a deputy will always be available to discuss safeguarding concerns. In exceptional circumstances, the designated safeguarding lead (or



deputy) is not available, this should not delay appropriate action being taken. You should consider taking advice from local Children's Services. In these circumstances, any action taken should be shared with the designated safeguarding lead (or deputy) as soon as is practically possible.

Donna Reynolds has responsibilities as follows:-

- refer cases of suspected abuse to the local authority Children's Services as required
- support staff who make referrals to local authority Children's Services
- refer cases to the Channel programme where there is a radicalisation concern as required
- support staff who make referrals to the Channel programme;
- refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required;
- refer cases where a crime may have been committed to the Police as required
- liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies;
- act as a source of support, advice and expertise for all staff
- be aware of students who have a social worker

If the Designated Safeguarding Lead is not available you must refer your concerns to someone else who is named as a deputy for this role (Hayley Boden).

All staff are aware of the process for making referrals to Children's Services and for statutory assessments under the Children Act 1989.

TRAINING

All staff and volunteers will receive Safeguarding Children and Young People training from *outsourced trainers*.

All staff and volunteers will receive Induction Training – this is mandatory and will include:

- Our child protection policy (inclusive of procedures to deal with child on child abuse)
- Our behaviour policy for students
- Our staff behaviour policy
- The role of our designated safeguarding lead and deputy designated safeguarding lead

Our Designated Safeguarding Leads (and deputies) will attend training every year; and in addition to formal training, their knowledge and skills will be refreshed at regular intervals, at least annually.



All of our other staff will receive regular safeguarding and child protection updates as required to provide them with relevant skills and knowledge to safeguard children effectively.

THE STATUTORY FRAMEWORK AND LEGISLATIVE DUTIES

In order to safeguard and promote the welfare of children, our school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Children and Social Work Act 2017
- Children and Young Persons Act 1963
- the Children (Performances and Activities) (England) Regulations 2014,
- Working Together to Safeguard Children 2023



Part Two: Taking Action

SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN

Safeguarding and promoting the welfare of children is defined as:

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. To fulfil this responsibility effectively, all professionals should make sure their approach is child centred. This means that they should consider, always, what is in the best interests of the child.

Safeguarding and promoting the welfare of children is:-

- 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;
- taking action to enable all children to have the best outcomes.

Children includes everyone under the age of 18.

Our staff are particularly important as they are in a position to identify concerns early, provide help for children, and prevent concerns from escalating.

All our staff have a responsibility to provide a safe environment in which children can thrive. We have a designated safeguarding lead (and trained deputies) who provide support to staff and volunteers to carry out their safeguarding duties and who will liaise closely with other services such as Childrens Services.

We are trained and prepared to identify children who may benefit from early help. 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 follows the referral processes. Our staff understand they may be required to support social workers and other agencies following any referral.



DEALING WITH CONCERNS AND DISCLOSURES

All staff are trained and aware that:-

- a child may disclose something that has upset or harmed them
- someone else might report something that a child has told them, or that they believe that a child has been or is being harmed
- a child might show signs of physical injury for which there appears to be no explanation
- a child's behaviour, including any observed changes to behaviour 'usual' for that child may suggest he or she is being abused
- the behaviour or attitude of one of the workers towards a child may cause concern
- a child demonstrates worrying behaviour towards other children
- a child may display indicators of mental health

We know that being professionally curious is not simply about asking the question. It is about the language used, creating a trusting relationship, a safe space in which to disclose and giving time to children and young people so they do not feel pressured.

All staff and volunteers are alert to the potential need for early help/referral to the Designated Safeguarding Lead 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 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.

We are aware that to consult with our designated safeguarding lead does not mean a referral has been made. This decision is mainly the responsibility of the designated



safeguarding lead for child protection who will contact the appropriate agency as and when required. However, all staff are aware that they can and should make referrals/consult with SSCP.

Our staff know that if they are unhappy with the response received from our designated safeguarding all staff/volunteers have the right to contact SSCP.

Our staff will always discuss concerns with parents/carers unless to do so would:

- place the child at risk of significant harm or further risk of significant harm.
- compromise any enquiries that need to be undertaken by Childrens Services or the police

CPA will endeavour to ensure that parents understand the responsibilities placed on CPA and staff for safeguarding children.

UNDER NO CIRCUMSTANCES WILL STAFF LEAVE CPA WITHOUT DISCUSSING SAFEGUARDING CONCERNS WITH SOMEONE.

Only a minority of children actively disclose abuse. Most child abuse is disclosed accidentally or through observation by an adult of a child's behaviour, words and physical appearance. When a child does disclose abuse, this needs to be taken very seriously. It is important that any disclosure is dealt with appropriately, both for the wellbeing of the child and also to ensure that our actions do not jeopardise any legal action against the abuser.

PROCEDURES FOR WHEN SOMEONE IS CONCERNED ABOUT A CHILD OR YOUNG PERSON INCLUDING EARLY HELP

- all concerns for children and young people will be recorded on a written report form
- all concerns will be recorded as soon as possible (and within one hour)
- all concerns will be referred to the designated safeguarding lead/deputy designated safeguarding lead
- all concerns of significant harm will be referred to the Local Authority Childrens Services (SSCP) without delay

Remember records should include:

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



If you are in doubt about recording requirements, you should discuss this with the designated safeguarding lead (or deputy).

Principles for our MT group

“Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 we may share information without consent if, in our judgement, there is a lawful basis to do so, such as where safety may be at risk.”

At CPA we recognise that when a child has a social worker, it is an indicator that the child is more at risk than most students.

This may mean that they are more vulnerable to further harm, as well as facing educational barriers to attendance, learning, behaviour and poor mental health.

We take these needs into account when making plans to support pupils who have a social worker.

WHAT INFORMATION WILL YOU NEED WHEN MAKING A REFERRAL

We will be asked to provide as much information as possible, such as the child’s full name, date of birth, address, school, GP, languages spoken, any disabilities the child may have, details of the parents, other siblings, chronology of previous concerns. If we do not have all these details, we will still make the call.

RESPONSES FROM PARENTS

Research and experience indicates that the following responses from parents may suggest a cause for concern across all categories of abuse:-

- Delay in seeking treatment that is obviously needed;
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
- Reluctance to give information or failure to mention other known relevant injuries;
- Frequent presentation of minor injuries;
- A persistently negative attitude towards the child;
- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;



- Parents request removal of the child from home; or
- Violence between adults in the household.

Staff will follow up the verbal referral in writing, within 24 hours. This will be done through email to: eds.team.manager@staffordshire.gov.uk

CALL

Staffordshire Children's Advice and Support (SCAS)

0300 111 8007

9.00am – 5.00pm Monday to Thursday

8.30am- 4.30pm Friday

or

EDS (out of hours) Tel No. 0345 604 2886

If you believe a child or young person is at immediate risk of harm call 999 in an emergency

Child in Need

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989.

Children suffering or likely to suffer significant harm.

Local authorities, with the help of other organisations as appropriate, have a duty to make enquires under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child's welfare and must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect, female genital mutilation or other so-called honour based violence, and extra-familial threats like radicalisation and sexual exploitation.

The role of the Local Authority

The local authority will make a decision, within one working day of a referral being made, about the type of response that is required and should let the referrer know the outcome, the referrer should follow up if this information is not forthcoming.



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

When our staff members have any concerns about a child (as opposed to a child being in immediate danger) they will decide what action to take. Where possible, will be a conversation with the designated safeguarding lead to agree a course of action.

Where there is a safeguarding concern at our MT group we will ensure the child's wishes and feelings are taken into account when determining what action to take and what services to provide. Systems are in place for children to express their views and give feedback.

Remember you have a statutory duty under the Education Act 2002 to pass on any child protection concerns about the child.

RESPONDING TO A CONCERN – THE "6 R's RESPONSE"

Receive Reassure React Record Refer Reflect

Receive

- If a child wants to talk to you, never ask them to come back later. Ask them what they want to talk to you about and, if you are
- concerned about their welfare, give them the time to speak to you.
- Never promise confidentiality, inform the child that you are happy to talk to them but if they tell you anything that you believe may be
- putting them at harm that you will have to talk to someone.
- Listen carefully to the child. Do not stop a child who is freely recalling information.
- Where a child is visibly upset or has an obvious injury, it is good practice to ask a child why they are upset or how an injury was caused, or respond to a child wanting to talk to you to help clarify vague concerns and result in the right action being taken.

Reassure

- Ensure that the child is aware that they have done the right thing in talking to you and that they have not done anything wrong.
- If you have any concerns that the child has been, or is at risk of harm, you must tell them that you will speak to someone to get help.



React

- If you need to clarify information, ask open-ended questions e.g. "Is there anything you'd like to tell me?", "Can you explain to me...", "Can you describe to me...."
- Never ask leading or suggestive questions e.g. 'Did he/she do anything that they shouldn't have done?'
- Never ask 'accusing' questions e.g. "Why didn't you tell someone earlier?"
- Never criticise the alleged perpetrator, it may be someone that they will continue to live with.
- Never ask the pupil to repeat their allegation for any other member of staff, it is your responsibility to share the information
- These four factors may compromise enquiries that need to be made later by Childrens Services or Police.

Record

- Make notes as soon as possible afterwards using the words that the child has used.
- Do not record your assumptions and interpretations, just what you heard and saw.
- Do not destroy original notes even if you later write things up more neatly and fully.
- Record the date, time and place of the disclosure.
- Sign any written records and identify your position in the school setting.
- Do not ask a child to write and account or sign any of your documentation as this may compromise enquiries that need to be made later by Childrens Services or Police.

Refer

- Immediately inform the Designated Senior Person for child protection (insert details) or in their absence the Deputy Designated Senior Person for child protection (insert details) who will be responsible for following the appropriate procedures. In the absence of anyone being available in school, contact the Local Authority

Reflect

- Ask yourself if you have done everything you can within your role.
- Refer any remaining concerns to the designated teacher, e.g. any knowledge of siblings in the school, or previous contact with parents.
- Dealing with disclosures can be difficult and disturbing; you should seek support for yourself via the support within your school or an alternative source but be aware of principles of confidentiality.

DATA PROTECTION AND INFORMATION SHARING

We understand that information sharing is vital in identifying and tackling all forms of abuse and neglect, and in promoting children's welfare, including their educational outcomes.

We have clear powers to share, hold and use information for these purposes as reflected in our Information Sharing policy and procedure; and privacy notices.

The Data Protection Act 2018 and General Data Protection Regulation (GDPR) places duties on organisations and individuals to process personal information fairly and lawfully and to keep the information they hold safe and secure, this is **not** a barrier to sharing information where the failure to do so would result in a child being placed at risk of harm. Fears about sharing information **will not** be allowed to stand in the way of the need to promote the welfare and protect the safety of children.



Part Three: Defining Abuse

Definitions of Abuse and Neglect

Abuse: A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Safeguarding incidents and/or behaviours can be associated with factors outside of CPA. Our staff, especially the designated safeguarding lead will be considering the context of such incidents and/or behaviours. Such contextual safeguarding means our assessments of children will consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.

Additionally Childrens Services assessments should consider where children are being harmed in contexts outside the home, so it is important that we provide as much information as possible as part of the referral process. This allows any assessment to consider all the available evidence and enable a contextual approach to address such harm.

All staff are aware of safeguarding issues and aware that behaviours linked to the likes of drug taking, alcohol abuse, truanting and sexting put children in danger.

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

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt, including a liner bruise;
- Bite marks;
- Round burn marks;



- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given or the development/ability of the child;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;
- Fear of changing for PE;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers

Emotional Abuse: The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self harming, drug or solvent abuse;



- Fear of parents being contacted;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.
- High criticism, low warmth observed from the parents/carers

N.B.: Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

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

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.



Supporting Practice in tackling child sexual abuse

Neglect: The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor school attendance or often late for school;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from school; or
- The child is left at home alone or with inappropriate carers

FURTHER SPECIFIC RISKS

All staff will have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.



CHILDREN AND THE COURT SYSTEM

Children are sometime required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed.

Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children.

We will recognise these vulnerabilities and offer early help where necessary for the children, young people and their families to safeguard emotional wellbeing; we will access resources as defined in Keeping Children Safe in Education Sept 2024.

We know that many home educated children have an overwhelmingly positive learning experience. We expect parent's decisions to home educate to be made with their child's best education at the heart of the decision. However, we know this is not the case for all, and home education can mean some children are less visible to the services that are there to keep them safe and supported in line with their needs.

CHILDREN WITH FAMILY MEMBERS IN PRISON

These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. We will work with the children and their families as much as possible to mitigate the harm by offering early help and emotional wellbeing support where necessary and recognise additional risks such as witnessing arrests, trauma of prison visits, concerns regarding an offenders release and return home.

CHILD SEXUAL EXPLOITATION

Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media. CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship.

Indicators of child sexual exploitation may include:

- Acquisition of money, clothes, mobile phones, etc. without plausible explanation;
- Gang-association and/or isolation from peers/social networks;
- Exclusion or unexplained absences from school, college or work;



- Leaving home/care without explanation and persistently going missing or returning late;
- Excessive receipt of texts/phone calls;
- Returning home under the influence of drugs/alcohol;
- Inappropriate sexualised behaviour for age/sexually transmitted infections;
- Evidence of/suspicious of physical or sexual assault;
- Relationships with controlling or significantly older individuals or groups;
- Multiple callers (unknown adults or peers);
- Frequenting areas known for sex work;
- Concerning use of internet or other social media;
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.

Potential vulnerabilities include:

(Although the following vulnerabilities increase the risk of child sexual exploitation, it must be remembered that not all children with these indicators will be exploited. Child sexual exploitation can occur without any of these issues).

- Having a prior experience of neglect, physical and/or sexual abuse;
- Lack of a safe/stable home environment, now or in the past (domestic abuse or parental substance misuse, mental health issues or criminality, for example);
- Recent bereavement or loss;
- Social isolation or social difficulties;
- Absence of a safe environment to explore sexuality;
- Economic vulnerability;
- Homelessness or insecure accommodation status;
- Connections with other children and young people who are being sexually exploited;
- Family members or other connections involved in adult sex work;
- Having a physical or learning disability;
- Being in care (particularly those in residential care and those with interrupted care histories);
- Sexual identity.

CHILD CRIMINAL EXPLOITATION: COUNTY LINES

Our staff/volunteers are aware that some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.



The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.

Our staff have alerted to the fact that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same; however, we are aware that girls are at risk of criminal exploitation too. We know that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

Some of the following can be indicators of Child Criminal Exploitation:

- 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 are regularly absent from school or education or do not take part in education.

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of “deal line”.

Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move [and store] drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

Further information [County Lines Guidance](#)

CHILDHOOD MENTAL HEALTH

All our staff are 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.

We are clear in our school that only appropriately trained professionals will attempt to make a diagnosis of a mental health problem. Our staff 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. We understand that when children have



suffered abuse and neglect, or other potentially traumatic adverse childhood experiences (especially in the context of Covid 19), this can have a lasting impact throughout childhood, adolescence and into adulthood. We know that early help is critical when supporting children and young people who are suffering trauma, depression, anxiety, low mood and other indicators of mental health.

If our staff have a mental health concern about a child they know that it is also a safeguarding concern, immediate action will be taken as with all other vulnerabilities. Records will be made and reported immediately to our Designated Safeguarding Lead and Special Educational Needs Coordinator.

Our school promotes resilience as part of a whole school approach to social and emotional wellbeing, and this is tailored to our pupils.

Further advice can be found via

[Preventing and tackling Bullying](#)

[Mental Health and behaviour in Schools](#)

[Promoting children and young people's emotional health and wellbeing](#)

[Rise Above PHSE curriculum support](#)

[Every Interaction Matters](#)

[Wellbeing for Education recovery including bereavement, loss, anxiety, stress and trauma](#)

CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

In our school we understand that children and young people with special educational needs and disabilities can face additional safeguarding challenges because:

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

When working with children with disabilities staff are aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child;
- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;



- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment. for example callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

CHILDREN WHO ARE LESBIAN, GAY, BI, OR TRANS (LGBT)

We know the fact that a child or a young person may be LGBT is not in itself an inherent risk factor for harm. However, we know that children who are LGBT can be targeted by other children.

In some cases, a child who is perceived by other children to be LGBT (whether they are or not) can be just as vulnerable as children who identify as LGBT.

We are aware that risks can be compounded where children who are LGBT lack a trusted adult with whom they can be open. We therefore endeavour to reduce the additional barriers faced, and provide a safe space for them to speak out or share their concerns with members of staff.

DOMESTIC ABUSE

We know that domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.

Our staff/volunteers understand that exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. 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 is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse, and can be perpetrated by intimate partners or family members regardless of gender or sexuality.

Controlling behaviour

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.



Coercive behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Our school is signed up to Operation Encompass, the Walsall Joint Agency Protocol for Domestic Abuse – notifications to Schools. This protocol sets out the Walsall plan for a multi-agency operation to notify schools when a pupil has experienced domestic abuse in their household, which will allow the school to provide appropriate early intervention and support in a timely manner. Our DSL will receive notifications and ensure the children receive the right help at the right time.

Additional support is available from Operation Encompass and provides an advice and helpline service for all staff members from educational settings who may be concerned about children who have experienced domestic abuse.

The helpline is available 8AM to 1PM, Monday to Friday on 0204 513 9990 (charged at local rate).

Further information can be accessed via:-

[Domestic violence and abuse](#)

NSPCC- UK domestic-abuse signs symptoms effects

Refuge what is domestic abuse/effects of domestic abuse on children

Safelives: young people and domestic abuse

HONOUR BASED ABUSE (FORCED MARRIAGE, FEMALE GENITAL MUTILATION AND BREAST IRONING)

So-called 'honour-based' abuse (HBA) encompasses 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. All forms of so called honour based abuse are serious (regardless of the motivation) and will be handled and reported as such.

If our staff/volunteers have a concern regarding a child that might be at risk of HBA or who has suffered from HBA, they will speak to our designated safeguarding lead (or deputies). We understand that if FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on **teachers** that requires a different approach as below.

- Female Genital Mutilation

Female genital mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.



FGM typically takes place between birth and around 15 years old; however, it is believed that the majority of cases happen between the ages of 5 and 8.

Risk factors for FGM include:

- low level of integration into UK society
- mother or a sister who has undergone FGM
- girls who are withdrawn from PSHE
- visiting female elder from the country of origin
- being taken on a long holiday to the country of origin
- talk about a 'special' procedure to become a woman

Symptoms of FGM

FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out-of-school to visit an 'at-risk' country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM. Staff will not assume that FGM only happens outside the UK.

Indications that FGM may have already taken place may include:

- difficulty walking, sitting or standing and may even look uncomfortable.
- spending longer than normal in the bathroom or toilet due to difficulties urinating.
- spending long periods of time away from a classroom during the day with bladder or menstrual problems.
- frequent urinary, menstrual or stomach problems.
- prolonged or repeated absences from school or college, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return
- reluctance to undergo normal medical examinations.
- confiding in a professional without being explicit about the problem due to embarrassment or fear.
- talking about pain or discomfort between her legs

We know that where a teacher (including HLTA's and cover supervisors) discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there is a statutory duty upon that individual to report it to the police. We know teachers (including HLTA's and cover supervisors) **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless our teachers (including HLTA's and cover supervisors) have good reason not to, they will still consider and discuss any such case with our schools designated safeguarding lead (or deputies) and involve Childrens Services



as appropriate. The duty does not apply in relation to at risk or suspected cases i.e. where teachers (including HLTA's and cover supervisors) do not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over.

[Mandatory reporting of FGM factsheet](#)

- Forced Marriage

The legal age at which a marriage can take place is now 18 and applies to non binding, unofficial marriages as well as legal marriages. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example).

Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. We can play an important role in safeguarding children from forced marriage, our staff have been briefed on the indicators of possible forced marriage and honour based abuse and will refer any concerns to the Designated Safeguarding Lead immediately.

[Guidance for forced marriage](#)

[The Right to Choose-guidance on forced marriage](#)

ONLINE SAFETY

The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation, radicalisation, sexual predation: technology often provides the platform that facilitates harm.

The breadth of issues classified within online safety is considerable, but can be categorised into four areas of risk:

- content: being exposed to illegal, inappropriate or harmful material; for example pornography, fake news, racist or radical and extremist views;
- contact: being subjected to harmful online interaction with other users; for example commercial advertising as well as adults posing as children or young adults; and
- conduct: personal online behaviour that increases the likelihood of, or causes, harm; for example making, sending and receiving explicit images, or online bullying;
- commerce: risks such as online gambling, inappropriate advertising, phishing and or financial scams. If you feel your pupils, students or staff are at risk, please report it to the Anti-Phishing Working Group (<https://apwg.org/>).



CHILD ON CHILD ABUSE

Staff are aware that safeguarding issues can manifest themselves via child on child abuse. This is most likely to include, but not limited to:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- abuse in intimate personal relationships between children (also known as teenage relationship abuse)
- physical abuse which can include hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
- sexual violence and sexual harassment
- consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- upskirting (which is a criminal offence), which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm
- initiation/hazing type violence and rituals

Abuse is abuse and will never be tolerated or passed off as “banter” or “part of growing up”. Different gender issues can be prevalent when dealing with child on child abuse.

At CPA we believe that all children have a right to attend in a safe environment. Children should be free from harm by adults and other students.

We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under CPA's Behaviour Policy.

Allegations may be made against students by others which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that to be considered a safeguarding allegation against a pupil, some of the following features will be found.

The allegation:

- is made against an older student and refers to their behaviour towards a younger student or a more vulnerable student
- is of a serious nature, possibly including a criminal offence
- raises risk factors for other students in CPA
- indicates that other students may have been affected by this student



- indicates that young people outside CPA may be affected by this student

All victims will be taken seriously and offered appropriate support. Staff are aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Our staff will record and report all issues of child on child abuse to our designated safeguarding lead (or deputies) and ensure the best action is taken to safeguard children and young people in our school.

Children and young people who abuse others will be responded to in a way that meets their needs as well as protecting others within the school community through a multi-agency risk assessment. We ensure that the needs of children and young people who abuse others will be considered separately from the needs of their victims. Risk assessments will be recorded (paper or electronic) and will be kept under review. At all times we will be actively considering the risks posed to all our pupils and students and put adequate measures in place to protect them and keep them safe. Our risk assessment is not intended to replace the detailed assessments of expert professionals. Any such professional assessments will be used to inform our approach to supporting and protecting our students and updating our own risk assessment.

PREVENTING RADICALISATION

Our staff are aware that children can be susceptible to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk is part of CPA's safeguarding approach.

As part of the Counter Terrorism and Security Act 2015, schools have a duty to 'prevent people being drawn into terrorism'. This has become known as the 'Prevent Duty'.

Where our staff are concerned that children and young people are developing extremist views or show signs of becoming radicalised, they will discuss this with the Designated Safeguarding Lead.

Our Designated Safeguarding Lead has received training about the Prevent Duty and tackling extremism and is able to support staff with any concerns they may have.

Staff are alert to changes in children's behaviour, which could indicate that they may be in need of help or protection. Staff use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the designated safeguarding lead (or deputy) making a Prevent referral.



Recognising Extremism

Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies outside school
- evidence of possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent.)
- secretive behaviour
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others

Channel

CPA's Designated Safeguarding Lead (and any deputies) are aware of local procedures for making a Channel referral. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism.

[Channel guidance](#)

CPA refers to Educate Against Hate, a website launched by the Her Majesty's Government has been developed to support and equip school and college leaders, teachers, and parents with information, tools and resources (including on the promotion of fundamental British values) to help recognise and address extremism and radicalisation in young people.

If a member of staff has concerns that a student may be at risk of radicalisation or involvement in terrorism, they will speak to the Designated Safeguarding Lead.

PRIVATE FOSTERING ARRANGEMENTS

Our staff are aware that a private fostering arrangement is essentially one that is made privately (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative



with the intention that it should last for 28 days or more. Private foster carers may be from the extended family, such as a cousin or great aunt. However, a person who is a relative under the Children Act 1989 i.e. a grandparent, brother, sister, uncle or aunt (whether of the full or half blood or by marriage) or step-parent will not be a private foster carer. A private foster carer may be a friend of the family, the parent of a friend of the child, or someone previously unknown to the child's family who is willing to privately foster a child.

It is the duty of local authorities to satisfy themselves that the welfare of children who are, or will be, privately fostered within their area is being, or will be, satisfactorily safeguarded and promoted, but our responsibility to be aware and refer children who may be privately fostered. All staff in our school will inform the Designated Safeguarding Lead (or their deputies) of any children that fall into the category of private fostering.

SERIOUS VIOLENCE

Our staff are aware of the indicators, which may signal children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with; individuals associated with criminal networks or gangs and also may be at risk of criminal exploitation.

Staff are aware of the range of risk factors which increase the likelihood of involvement in serious violence

- ✓ such as being male
- ✓ having been frequently absent or permanently excluded from school
- ✓ having experienced child maltreatment
- ✓ having been involved in offending, such as theft or robbery

Further information

[Preventing youth violence and gang involvement](#)

YOUNG CARERS

We understand that a young carer is someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem.

Most young carers look after one of their parents or care for a brother or sister. They do extra jobs in and around the home, such as cooking, cleaning, or helping someone to get dressed and move around.



Some children give a lot of physical help to a brother or sister who is disabled or ill. Along with doing things to help your brother or sister, you may also be giving emotional support to both your sibling and your parents.

We know that some of the risks associated with being a young carer are risk of truancy, under-achievement, isolation, mental and physical ill health, poverty and stress.



PART 4 - SEXUAL VIOLENCE AND SEXUAL HARASSMENT BETWEEN CHILDREN/CHILD ON CHILD ABUSE

All of our staff and volunteers are aware that sexual violence and sexual harassment can occur between two children of any age and sex from primary through to secondary stage and into colleges. It can occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and face to face (both physically and verbally) and are never acceptable. We know this abuse may be driven by wider societal factors beyond our school, such as everyday sexist stereotypes and everyday sexist language and adapt our curriculum as below to overcome this wherever we can.

We make it clear that there is a zero-tolerance approach to sexual violence and sexual harassment and it is never acceptable, and it will not be tolerated and it will never be passed off as “banter”, “just having a laugh”, “part of growing up” or “boys being boys”. We will challenge physical behaviour (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Addressing inappropriate behaviour (even if it appears to be relatively innocuous) can be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future.

All staff at CPA are regularly provided with updated and appropriate safeguarding training that enables them to understand:

- ✓ Their role in preventing child-on-child abuse
- ✓ How to identify the indicators of abuse
- ✓ What to do if they have a concern about a child
- ✓ How to respond to a report of abuse
- ✓ How to offer support to the victim(s) and alleged perpetrator(s)
- ✓ Where to go if they need support
- ✓ That children can abuse other children inside and outside of school, as well as online, and that online abuse can take the form of:
 - Abusive, harassing and misogynistic messages
 - Non-consensual sharing of indecent nude and semi-nude images and/or videos, especially around chat groups



- Sharing of abusive images and pornography to those who don't want to receive such content
 - ✓ That they need to maintain an attitude of **'it could happen here'**
 - ✓ That even if there are no reports in school, **it doesn't mean it's not happening**
 - ✓ The importance of challenging inappropriate and abusive behaviour
 - ✓ That girls are more likely to be victims and boys are more likely to be perpetrators
 - ✓ Children with Special Educational Needs and Disabilities (SEND) are three times more likely to be abused than their peers
 - ✓ To keep in mind that certain children may face additional barriers to telling someone because of their vulnerability, disability, sex, ethnicity and/or sexual orientation;
 - ✓ Abuse may be a sign they have been abused themselves or a sign of wider issues that require addressing within the culture of our school

We teach our students:

- ✓ what sorts of boundaries are appropriate in friendships with peers and others (including in a digital context)
- ✓ about the concept of privacy and the implications of it for both children and adults; including that it is not always right to keep secrets if they relate to being safe
- ✓ that each person's body belongs to them, and the differences between appropriate and inappropriate or unsafe physical, and other, contact
- ✓ how to ask for advice or help for themselves or others, and to keep trying until they are heard
- ✓ how to report concerns or abuse, and the vocabulary and confidence needed to do so
- ✓ where to get advice e.g. family, school and/or other sources
- ✓ they will be taken seriously
- ✓ they will never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment
- ✓ They will never be made to feel ashamed for making a report.

Sexual violence is defined as:

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

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



Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents. (We are aware that sexual assault covers a very wide range of behaviour so a single act of kissing someone without consent or touching someone's bottom/breasts/genitalia without consent, can still constitute sexual assault.)

Causing someone to engage in sexual activity without consent: A person (A) commits an offence if: s/he intentionally causes another person (B) to engage in an activity, the activity is sexual, B does not consent to engaging in the activity, and A does not reasonably believe that B consents. (This could include forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.)

Consent is defined as:

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.

Sexual consent

- a child under the age of 13 can never consent to any sexual activity
- the age of consent is 16
- sexual intercourse without consent is rape

Sexual harassment is defined as:

- 'unwanted conduct of a sexual nature' that can occur online and offline and both inside and outside of school.
- 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.
- 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 (we consider 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
- consensual and non-consensual sharing of nude and semi-nude images and videos



- sharing of unwanted explicit content is an offence
- upskirting (is a criminal offence)
- sexualised online bullying is an offence
- unwanted sexual comments and messages, including, on social media;
- sexual exploitation; coercion and threats

Harmful sexual behaviour (HSB):

Children's sexual behaviour exists on a wide continuum, from normal and developmentally expected to inappropriate, problematic, abusive and violent. Problematic, abusive and violent sexual behaviour is developmentally inappropriate and may cause developmental damage.

HSB can occur online and/or face to face and can also occur simultaneously between the two. HSB will be considered in a child protection context and Walsall Right Help, Right Time Continuum of Need guidance will be referred to.

When considering HSB, ages and the stages of development of the children are critical factors. Sexual behaviour between children can be considered harmful if one of the children is much older, particularly if there is more than two years' difference or if one of the children is pre-pubescent and the other is not. However, a younger child can abuse an older child, particularly if they have power over them, for example, if the older child is disabled or smaller in stature.

Online:

Sexual violence and sexual harassment occurring online (either in isolation or in connection to face to face incidents) can introduce a number of complex factors. These include the potential for the incident to take place across a number of social media platforms and services, and for things to move from platform to platform online. It also includes the potential for the impact of the incident to extend further than a schools local community (e.g. for images or content to be shared around neighbouring schools/colleges) and for a victim (or alleged perpetrator(s)) to become marginalised and excluded by both online and offline communities. There is also the strong potential for repeat victimisation in the future if abusive content continues to exist somewhere online.

The Legal status:

It is unlawful for our school to act in a way that is incompatible with the European Convention on Human Rights. These rights include:

- Article 3: the right to freedom from inhuman and degrading treatment (an absolute right)
- Article 8: the right to respect for private and family life (a qualified right) includes a duty to protect individuals' physical and psychological integrity



- Article 14: requires that all of the rights and freedoms set out in the Act must be protected and applied without discrimination
- Protocol 1, Article 2: protects the right to an effective education

CPA's procedures for responding to reports of sexual violence and sexual harassment:

Our starting point regarding any report will always be that there is a zero tolerance approach to sexual violence and sexual harassment and it is never acceptable and it will not be tolerated. It is especially important, not to pass off any sexual violence or sexual harassment as 'banter', 'just having a laugh', part of growing up' or 'boys being boys' as this can lead to a culture of unacceptable behaviours and an unsafe environment for children.

Procedures for online abuse

Our procedures for dealing with the concerns are:-

- We will **never** view, download or share the imagery, or ask a child to share or download – **this is illegal**
- If we have already viewed the imagery by accident (e.g. if a young person has showed it to you before you could ask them not to), we will report this to the Designated Safeguarding Lead (or their deputies)
- We will **not** delete the imagery or ask the young person to delete it
- We will **not** ask the young person(s) who are involved in the incident to disclose information regarding the imagery. This is the responsibility of the Designated Safeguarding Lead and/or our statutory partners.
- We will **not** share information about the incident to other members of staff, the young person(s) it involves or their, or other, parents and/or carers unless advised by the Designated Safeguarding Lead and/or our statutory partners to do so.
- We will **not** say or do anything to blame or shame any young people involved.
- We will recognise the importance of understanding intra familial harms and any necessary support for siblings following incidents
- We **will** explain to them that you need to report it and reassure them that they will receive support and help from the Designated Safeguarding Lead

Confidentiality:

As a matter of effective safeguarding practice we will do all we reasonably can to protect the anonymity of any children involved in any report of sexual violence or sexual harassment. Amongst other things, this will mean carefully considering, based on the nature of the report, which staff should know about the report and any support that will be put in place for the children involved. We will also consider the potential impact of social media in facilitating the spreading of rumours and exposing victims' identities. If required we will provide a physical space for victims to withdraw.



[Gillick competence - Fraser guidelines](#)

Risk assessment:

When there has been a report of sexual violence our designated safeguarding lead will make an immediate risk and needs assessment. Where there has been a report of sexual harassment, the need for a risk assessment will be considered on a case-by-case basis. The risk and needs assessment will consider:

- the victim, especially their protection and support
- whether there may have been other victims
- the alleged perpetrator(s)
- all the other children (and, if appropriate, adult students and staff) in school especially any actions that are appropriate to protect them from the alleged perpetrator(s), or from future harm

Risk assessments will be recorded and be kept under review. At all times we will be actively considering the risks posed to all pupils and students and put adequate measures in place to protect them and keep them safe.

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 also.

The wishes of the victim, the nature of the allegations and the protection of all children in will be especially important when considering any immediate actions.

Manage internally:

- In some cases of sexual harassment, for example, one-off incidents, we may take the view that the children concerned are not in need of early help or require referrals to be made to statutory services and that it would be appropriate to handle the incident internally, perhaps through utilising our behaviour and bullying policies and by providing pastoral support.
- All concerns, discussions, decisions and reasons for decisions will be recorded

Early help:

- We may decide that the children involved do not require referral to statutory services but may benefit from early help, meaning providing support as soon as a problem emerges, at any point in a child's life. Providing early help is more effective in promoting the welfare of children than reacting later. Early help can be particularly useful to address non-violent HSB and may prevent escalation of sexual violence.



- Early help and the option to manage a report internally do not need to be mutually exclusive: school may manage internally and seek early help for both the victim and perpetrator(s).
- All concerns, discussions, decisions and reasons for decisions will be recorded

Referrals to Childrens Services:

- Where a child has been harmed, is at risk of harm, or is in immediate danger we will make a referral to Childrens Services
- At the point of referral to Childrens Services we will generally inform parents or carers, unless there are compelling reasons not to (if informing a parent or carer is going to put the child at additional risk). Any such decision will be made with the support of Childrens Services.
- If a referral is made Childrens Services will then make enquiries to determine whether any of the children involved are in need of protection or other services.
- Where statutory assessments are appropriate we will work alongside, and cooperate with, the relevant lead social worker. Collaborative working will help ensure the best possible package of coordinated support is implemented for the victim and, where appropriate, the alleged perpetrator(s) and any other children that require support.
- We will not wait for the outcome (or even the start) of a Childrens Services investigation before protecting the victim and other children in school. It is important for our school to work closely with Childrens Services (and other agencies as required) to ensure any actions we take do not jeopardise a statutory investigation.
- In some cases, Childrens Services will review the evidence and decide a statutory intervention is not appropriate. We will be prepared to refer again if we believe the child remains in immediate danger or at risk of harm, referring to the escalation policy if still not in agreement with the decision.

If a statutory assessment is not appropriate, we will consider other support mechanisms such as early help, specialist support and pastoral support.

- All concerns, discussions, decisions, and reasons for decisions will be recorded

Referrals to Police:

Where a report of rape, assault by penetration or sexual assault is made, the starting principle is that we will refer 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 in these cases.



Referrals to the police will often be a natural progression of making a referral to Childrens Services. Our designated safeguarding lead (or deputy) will liaise closely with the local police presence.

The police will consider what action to take to manage the assessed risk of harm. This could involve the use of police bail with conditions, prior to a suspect appearing in court, or court bail with or without conditions after the first appearance.

Alternatively, the person suspected of an offence could be 'released under investigation' (RUI). People released under RUI can have no conditions attached to their release from custody and it is possible for a person on bail also to have no conditions.

Whatever arrangements are in place we will consider what additional measures may be necessary to manage any assessed risk of harm that may arise.

Particular regard will be given to the additional stress and trauma that might be caused to a victim and the potential for the suspected person to intimidate the victim or a witness We will ensure that any risk management measures strike a balance between management of risk and the rights of an unconvicted person (e.g. rights to privacy, family life, etc).

If the case is classed as "no further action" (NFA'd) by the police or Crown Prosecution Service, or where there is a not guilty verdict, we will continue to offer support to the victim and the alleged perpetrator(s) for as long as is necessary. A not guilty verdict or a decision not to progress with their case will likely be traumatic for the victim. The fact that an allegation cannot be substantiated or was withdrawn does not necessarily mean that it was unfounded. We will discuss any decisions with the victim in this light and continue to offer support. We understand the alleged perpetrator(s) is also likely to require ongoing support for what will have likely been a difficult experience.

We may make a referral to Child Exploitation and Online Protection (CEOP) which is a law enforcement agency which aims to keep children and young people safe from sexual exploitation and abuse. Online sexual abuse can be reported on their website and a report to one of their Child Protection Advisors will occur.

Victims:

We know it is essential that all victims are reassured that they are being taken seriously, regardless of how long it has taken them to come forward, and that they will be supported and kept safe.

Abuse that occurs online or outside of school will not be downplayed and will be treated equally seriously. A victim will never be given the impression that they are creating a



problem by reporting sexual violence or sexual harassment. Nor will a victim ever be made to feel ashamed for making a report. We ensure that we explain that the law is in place to protect children and young people rather than criminalise them, and this will be explained in such a way that avoids alarming or distressing them.

Guidance is listed below to support our procedures, including LGFL 'Undressed' providing us with advice about how to teach young children about being tricked into getting undressed online in a fun way without scaring them or explaining the motives of sex offenders

[Searching, screening and confiscation advice for schools.](#)

[Keeping Children Safe in Education](#) (KCSiE 2023 statutory guidance for schools and colleges)

[Relationship Education, Relationships and Sex Education and Health Education](#)

(statutory guidance for schools)

[Working Together to Safeguard Children \(statutory guidance for schools and](#)

[Exclusions from maintained schools, academies and PRUs](#) (statutory guidance for schools)

[Behaviour and Discipline in Schools](#) (advice for schools)

[Children Missing Education](#) (advice for schools)

[Cyberbullying](#) (advice for schools)

[The Equality and Human Rights Commission](#) (provides advice on avoiding discrimination in a variety of educational contexts)

[Equality Act 2010](#) and [Public Sector Equality Duty](#) (advice for schools)

[Equality Act 2010 Technical Guidance](#) (advice for further and higher education providers)

[Mental Health and Behaviour in Schools](#) (advice for schools)

[Rise Above](#) (advice by Public Health England for schools)

[Preventing and Tackling Bullying](#) (advice for schools)

[Promoting children and young people's emotional health and wellbeing](#) (advice for schools)

[Sexual violence and sexual harassment between children Sept 2021](#)

[Teaching about relationships sex and health](#) (guidance for schools)

[UKCIS sharing nudes and semi nudes advice for dealing with concerns](#)

[HSB toolkit](#)

[Undressed](#) resources from LGFL



Whistleblowing

All staff and volunteers are able to raise concerns about poor or unsafe practice and potential failures in CPA's safeguarding regime; concerns are taken seriously by the senior leadership team.

If there are concerns about the way that safeguarding is carried out in CPA our staff will refer to the Whistle-blowing Policy.

A whistleblowing disclosure must be about something that affects the general public such as:

- a criminal offence has been committed, is being committed or is likely to be committed
- a legal obligation has been breached
- there has been a miscarriage of justice
- the health or safety of any individual has been endangered
- the environment has been damaged
- information about any of the above has been concealed.

The NSPCC runs a whistleblowing helpline on behalf of the government. The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 800 5000 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk.

<https://www.gov.uk/whistleblowing> and <https://www.nspcc.org.uk/what-you-can-do/report-abuse/dedicated-helplines/whistleblowing-advice-line/>



The seven golden rules to sharing information

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (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 from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, 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 individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
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.