



The Island Project

Safeguarding

“Specific Child Protection & Safeguarding Issues”

Part 2

This Guidance policy forms the second part of our safeguarding standards and is to be used entirely with procedures laid out in the Island Project “Safeguarding Policy & Procedures Part 1 & Escalation Policy & Process” (Derbyshire Safeguarding Children Board)

Updated legislation Sept 2018 KCSIE

[file:///C:/Users/Lenovo-PC/Desktop/KCSIE%203rd%20sept%20update/Keeping Children Safe in Education - Part 1 - September 2018.pdf](file:///C:/Users/Lenovo-PC/Desktop/KCSIE%203rd%20sept%20update/Keeping_Children_Safe_in_Education_-_Part_1_-_September_2018.pdf)

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Review

This Guidance policy will be reviewed in full by Jacqui Johnson (Director) and the Island Project Safeguarding representative Alison Latimer (Director)
On an annual basis. OR amended in line with new legislation.

The policy was agreed and implemented in August 2014
Reviewed with no changes November 2015
Reviewed and legislation changes implemented Jan 2017
Reviewed with new KCSIE legislation requirements added. 31st Aug 2018

Signature:



J Johnson Director

31st August 2018 2018

Child Sexual Exploitation (CSE)

1. Definition:

Child sexual exploitation is a form of child abuse which involves children and young people (male and female, of a range of ethnic origins and ages, in some cases as young as 10) receiving something in exchange for sexual activity. Perpetrators of child sexual exploitation are found in all parts of the country and are not restricted to particular ethnic groups.

2. Identifying cases

ALL STAFF should be aware of the key indicators of children being sexually exploited which can include:

- going missing for periods of time or regularly coming home late;
- Regularly missing sessions at the Island and/or their education
- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation
- having older boyfriends or girlfriends;
- suffering from sexually transmitted infections;
- Mood swings or changes in emotional wellbeing;
- drug and alcohol misuse
- Displaying inappropriate sexualised behaviour.
- Suddenly having items they say are “gifts” such as mobile phones, excessive money or cigarettes.

ALL STAFF should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such.

In assessing whether a child or young person is a victim of sexual exploitation, or at risk of becoming a victim, careful consideration should be given to the issue of consent. It is important to bear in mind that:

- a child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching;
- sexual activity with a child under 16 is also an offence;
- it is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them;
- where sexual activity with a 16 or 17 year old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered;

- non consensual sex is rape whatever the age of the victim; and if the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore offences may have been committed.

Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18 years and not just those in a specific age group.

3. The procedure (referring cases)

Where child sexual exploitation, or the risk of it, is suspected, please follow the clear procedure in the document “safeguarding” part 1 also see Appendix 1 procedural flowchart at the end of this document.

The Island designated Child protection Designated Persons (DP) is: **Alison Latimer**

OR in absence Amy Martinson Jacqui Johnson



Further information

Further information on child sexual exploitation can be found on the Department for Education website https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279511/step_bystep_guide.pdf ***“Keeping children safe in education statutory guidance for schools and colleges April 2014***

Bullying Including Cyber bullying

1. What is bullying?

Bullying is behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally. Bullying can take many forms (for instance, cyber-bullying via text messages or the internet), and is often motivated by prejudice against particular groups, for example on grounds of race, religion, gender, sexual orientation, or because a child is adopted or has caring responsibilities. It might be motivated by actual differences between children, or perceived differences.

Stopping violence and ensuring immediate physical safety is obviously The Island's first priority but emotional bullying can be more damaging than physical; you as staff have to make your own judgements about each specific case. Many experts say that bullying involves an imbalance of power between the perpetrator and the victim. This could involve perpetrators of bullying having control over the relationship which makes it difficult for those they bully to defend themselves. The imbalance of power can manifest itself in several ways. It may be physical, psychological (knowing what upsets someone), derive from an intellectual imbalance, or by having access to the support of a group, or the capacity to socially isolate. It can result in the intimidation of a person or persons through the threat of violence or by isolating them either physically or online.

1. What is Cyber-bullying?

The rapid development of, and widespread access to, technology has provided a new medium for 'virtual' bullying, which can occur in or outside school. Cyber-bullying is a different form of bullying and can happen at all times of the day, with a potentially bigger audience, and more accessories as people forward on content at a click. The wider search powers included in the **Education Act 2011** give teaching/supporting staff stronger powers to tackle cyber-bullying by providing a specific power to search for and, if necessary, delete inappropriate images (or files) on electronic devices, including mobile phones. Separate advice on powers to search (including statutory guidance on dealing with electronic devices) can be found in the "search and confiscate" policy

2. What you should do – the procedure

The Island has clear disciplinary measures for students who bully. We often have children with multiple complex needs and Anti-social behaviour. For these children bullying itself may well be a feature of their lives to date, but good behaviour is a necessary condition for effective education. Our Behaviour Management Policy is based on the concept of positive reinforcement. And should be referred to when a safeguarding issue arises. If it is deemed necessary after discussion with managers and the child's school then safeguarding procedures will be followed. The procedure for this is clearly defined in part 1 of our Safeguarding policy.

Sexting

1. Definition

Sexting is “the exchange of sexual messages and images, creating, sharing and forwarding sexually suggestive nude or nearly nude images through mobile phones and the internet”

2. Understanding Sexting

Sexting is a complex area and the scale of the issue is largely unknown. Statistics show in an online survey of young people in Years 9-15 around 40 per cent of young people being involved in sexting, young people’s judgements about what makes an image inappropriate for sharing is different from that of adults. It is also practised as a group networked activity as well as on a one-to-one basis.

Sexting affects girls and boys. Although girls are more adversely affected, it should not be seen as a ‘girl’ problem. Initiatives to tackle sexting need to take account of the different experiences of boys and girls. Rather than an issue in isolation, sexting is part of a much wider picture of sexual pressure including pornography, body image and appearance. For boys, boasting about their sexual knowledge or experiences is applauded by peers, whereas girls who do the same would be labelled negatively.

3. Modalities of ‘sexting’/ sexting scenarios

- Sending sexually explicit PIN broadcasts over Blackberry messaging (BBM), also responding to and negotiating sexual messages and requests
- Asking for ‘bare’ photos mostly boys asking girls for photos in bra, bikini or topless
- Posting sexually explicit Blackberry pin broadcasts and messages
- Collecting bare photos (e.g. girls in bra or cleavage):
- boys may have a collection of images of teenage girls on their phone
- ‘Exposing’ that is sharing, posting or distributing without the senders permission, sexually revealing or compromising photos
- Screen munching: When ‘sex talk’, for instance promising a ‘blow job’ can be made public through munch screens on digital teen social networks and phones
- Posting a sexually explicit photo (peer produced or professionally produced pornography including animated images) on Facebook, Blackberry (or other peer digital network)
- Harassing others with sexually explicit images, for instance pornography on phones or by tagging other young people in the images.

4. Disclosures about Sexting & The procedure

If a student discloses an incident of sexting or expresses concern about sexting staff should follow the usual procedure for dealing with any child protection disclosure or concern. (See safeguarding policy PART 1) In relation to sexting the adult will need to establish whether the disclosure is about sending, receiving or sharing an image and whether it involves the student themselves or someone else

Further “sexting” information & teaching resources: NSPCC

<http://www.lse.ac.uk/media@lse/documents/MPP/Sexting-Report-NSPCC.pdf>

Peer on Peer abuse

Peer on peer abuse/allegations of abuse (including sexual violence and/or sexual harassment) made against other children

What is peer on peer abuse? *“Peer on peer abuse features physical, emotional, sexual and financial abuse of a child/young person by their peers”*

It can affect any child/young person, sometimes vulnerable children are targeted. For example:

- Those living with domestic abuse or intra-familial abuse in their histories
- Young people in care
- Those who have experienced bereavement through the loss of a parent, sibling or friend
- Black and minority ethnic children are under identified as victims but are over identified as perpetrators
- Both girls and boys experience peer on peer abuse however they are likely to experience it differently i.e. girls being sexually touched/assaulted or boys being subject to homophobic taunts/initiation/hazing type violence (rituals and other activities involving harassment, abuse or humiliation used as a way of initiating a person into a group)

It is influenced by the nature of the environments in which children/young people spend their time - home, school, peer group and community - and is built upon notions of power and consent. Power imbalances related to gender, social status within a group, intellectual ability, economic wealth, social marginalisation etc., can all be used to exert power over a peer.

Peer on peer abuse involves someone who abuses a ‘vulnerability’ or power imbalance to harm another, and have the opportunity or be in an environment where this is possible. While perpetrators of peer on peer abuse pose a risk to others they are often victims of abuse themselves. Sexual Violence and Sexual Harm Sexual Violence and sexual harassment can occur between two children of any sex.

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, as can peer on peer abuse, they can happen on line and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support.

All staff will not dismiss any of the above as ‘banter’ ‘part of growing up’ ‘just having a laugh’ or ‘boys being boys’. It would be expected that all staff challenge behaviours (which are potentially criminal in nature), such as grabbing bottoms, breasts and genitalia. Staff should never dismiss or tolerate such behaviours and risk normalising them.

Actions:

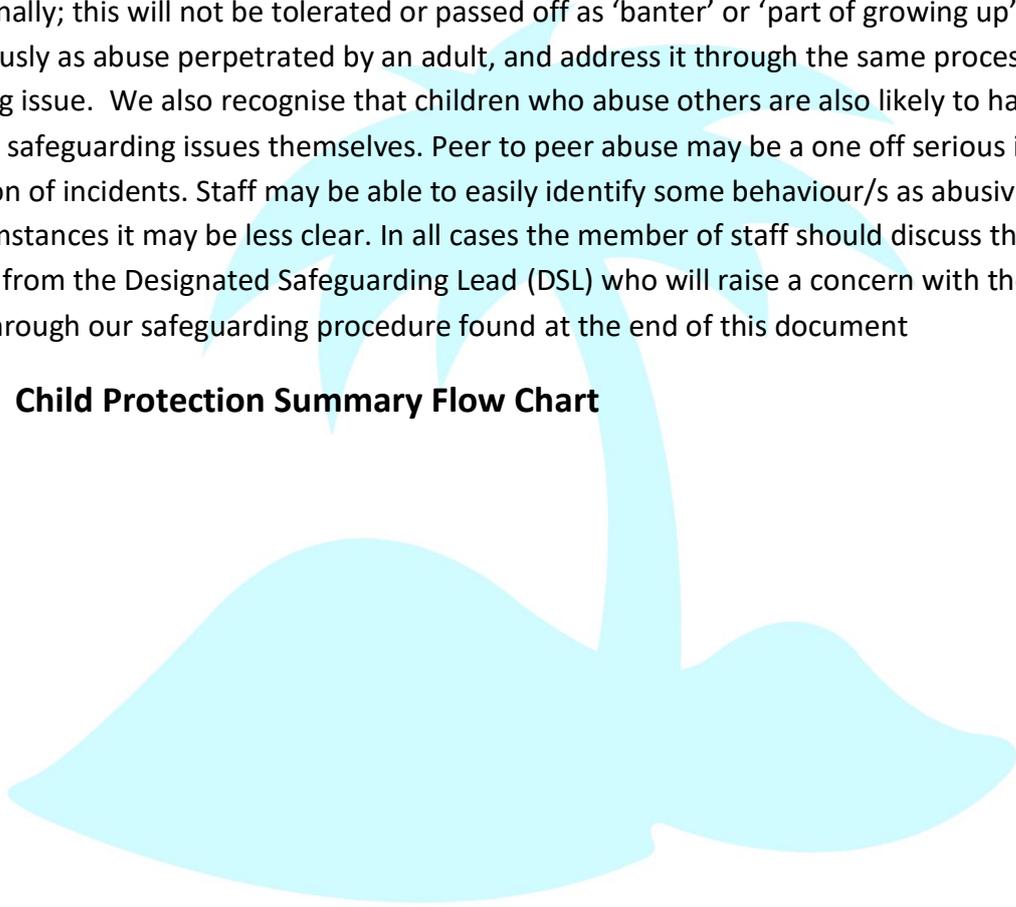
Actions the Island will take: The Island Project deals with a wide continuum of children’s behaviour on a day to day basis and most cases will be dealt with via our project processes. These are outlined in the following policies:

- Behaviour management, including bullying/ online bullying and prejudice-based bullying
- Online safety and other associated issues, including sexting
- Children who runaway or go missing

Relationships and sex education The Island will also act to minimise the risk of peer on peer abuse by ensuring the establishment provides a safe environment, promotes positive standards of behaviour, has effective systems in place where children can raise concerns and provides safeguarding.

Action on serious concerns: The Island recognises that children may abuse their peers physically, sexually and emotionally; this will not be tolerated or passed off as ‘banter’ or ‘part of growing up’. We will take this as seriously as abuse perpetrated by an adult, and address it through the same processes as any safeguarding issue. We also recognise that children who abuse others are also likely to have considerable welfare and safeguarding issues themselves. Peer to peer abuse may be a one off serious incident or an accumulation of incidents. Staff may be able to easily identify some behaviour/s as abusive however in some circumstances it may be less clear. In all cases the member of staff should discuss the concerns and seek advice from the Designated Safeguarding Lead (DSL) who will raise a concern with the placing Authority through our safeguarding procedure found at the end of this document

(Page 28) Child Protection Summary Flow Chart



Teenage Relationship Abuse

Research has shown that some teenagers have worryingly high levels of acceptance of abuse within relationships and often justify the abuse with the actions of the victim, e.g. because they were unfaithful.

1. Why is teenage relationship abuse a hidden problem?

The lack of awareness around this issue can be explained, to some extent, by the following factors:

- Teenage romantic relationships can often be short-lived but they are experienced as intensely as adult relationships. Unfortunately, parents and professionals do not always take these relationships seriously enough.
- Because of a lack of experience in constructing respectful relationships and because of their peer group norms it can be difficult for teenagers to judge their partner's behaviour as being abusive.
- Teenage relationship abuse is influenced by how teenagers look at themselves and others. This can be influenced by the media and its portrayal of how we should look and behave.
- First relationships are daunting enough, yet this can be even more difficult if someone is entering into same-sex relationship and does not feel ready to tell people yet.
- If the young person attends the same school, provision or youth club as their abuser, this can increase their sense of fear and entrapment.

2. Warning signs to look for

Some of the signs below could indicate that a young person is experiencing relationship abuse. This list is not exhaustive and young people respond differently. These signs could also be due to other causes, but it is useful to be aware of common responses.

- Physical signs of injury / illness
- Truancy, failing grades
- Withdrawal, passivity, being compliant
- Changes in mood and personality
- Isolation from family and friends
- Frequent texts and calls from boyfriend / girlfriend
- Inappropriate sexual behaviour / language / attitudes
- Depression
- Pregnancy
- Use of drugs / alcohol / Self-harm (where there was no prior use)
- Eating disorders or problems sleeping

3. Impact on The young person's Provision

- Being late for provision / not attending (especially if abuser attends same provision)
- Arriving early / staying late to avoid abuser
- Disturbed sleep affecting concentration
- Not focussed in lessons as he or she is preoccupied and worried
- Very gendered expectations of career and achievement

- Appearing isolated and removed
- Worried that everyone at school or provision knows what is happening

4. Island Project's approach to stop teenage relationship abuse

All staff work together to promote gender equality and respectful relationships. The Island will have a respectful and equal culture where all incidences of gender inequality are challenged.

Staff can talk to students about teenage relationship abuse and tell them about the different support services that are available, such as helplines and websites that are free and confidential (<http://thisisabuse.direct.gov.uk>). Remind them that you and the Island as a whole take teenage relationship abuse very seriously.

Sanctions will be imposed such as reflective work or re tracking For abusive conduct which is not deemed to be a child protection issue or a criminal matter, for example, use of language or 'name calling', The focus should be on positive action to promote respectful relationships.

5. Young people identified as being abusive to others

Young people identified as being abusive to others may also have underlying unmet needs which require addressing by school or staff in other settings. These needs should be considered separately from those of the person being abused. Concerns about the young person who is being abusive to others should be dealt with through Safeguarding procedures

Further information: Teenage Relationship Abuse A teacher's guide to violence and abuse in teenage relationships
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97774/teen-abuse-teachers-guide.pdf

Drugs

Please use this protocol in conjunction with SEARCH & CONFISCATION - The Education and Inspections Act 2006 policy in the document named Safeguarding part 1

Where the document refers to drugs, this includes alcohol, tobacco, illegal drugs, medicines, new psychoactive substances (“legal highs”) and volatile substances, unless otherwise specified

1. Legal drugs

The police will not normally need to be involved in incidents involving legal drugs, but normal procedures for reporting a safeguarding concern to schools must be followed by Island Staff. (See safeguarding PART 1)

Young people are becoming increasingly aware of, and in some cases using, new psychoactive substances (NPS). These are designed to mimic the effect of illegal drugs but are structurally different enough to avoid being classified as illegal substances under the Misuse of Drugs Act. Despite being labelled as legal these substances are not always safe to use and often contain controlled drugs making them illegal to possess. New psychoactive substances are there for included in this policy as unauthorised substances and treated as such. If there is uncertainty about what the substance is, it should be treated as a controlled drug – see protocol below:

2. Controlled drugs – The Protocol

In taking temporary possession and disposing of suspected controlled drugs you must

1. ensure that a second adult witness is present throughout;
2. seal the sample in a plastic bag and include details of the date and time of the seizure/find and witness present;
3. store it in the secure location known as “office” Lockable safe with access limited to senior members of staff
4. Notify the Young Person’s school or placing Authority
5. Notify police without delay, who will collect it and then store or dispose of it in line with agreed protocols. The law does not require a school to divulge to the police the name of the pupil from whom the drugs were taken but it is advisable to do so and The Island Project Will always disclose a name.
6. Record full details of the incident, including the police incident reference number in Communication book.
7. Inform parents/carers, unless this is not in the best interests of the student and after discussion with the child’s school.
8. identify any safeguarding concerns and follow the safeguarding procedure clearly defined in the document “safeguarding” PART 1

Further information: SEARCH & CONFISCATION - The Education and Inspections Act 2006

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270169/drug_advice_for_schools.pdf

Safeguarding Children in whom illness is fabricated or induced

1. **Definition:** The fabrication or induction of illness in children by a carer

This form of abuse has been referred to by a number of different terms, most commonly Munchausen Syndrome by Proxy, Factitious Illness by Proxy or Illness Induction syndrome.

The key issue here is not what term to use to describe this type of abuse, but the impact of fabricated or induced illness on the child's health and development.

2. **Carers' behaviours associated with fabricated or induced illness**

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

- Fabrication of signs and symptoms. This may include fabrication of past medical history;
- Fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
- Induction of illness by a variety of means.

Carers exhibit a range of behaviours when they wish to convince others that their child is ill. Such abnormal behaviour in a carer can be present in one or both carers and often involves passive compliance of the child. These carer behaviours may constitute ill treatment.

The following list is of behaviours exhibited by carers who can be associated with fabricating or inducing illness in a child. This list is not exhaustive and should be interpreted with an awareness of cultural behaviours and practices which can be mistakenly construed as abnormal behaviours:

- Deliberately inducing symptoms in children by administering medication or other substances, by means of intentional transient airways obstruction or by interfering with the child's body so as to cause physical signs.
- interfering with treatments by over dosing with medication, not administering them or interfering with medical equipment
- Claiming the child has symptoms which are unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits. These claims result in unnecessary investigations and treatments which may cause secondary physical problems;
- exaggerating symptoms which are unverifiable unless observed directly, causing professionals to undertake investigations and treatments which may be invasive, are unnecessary and therefore are harmful and possibly dangerous;
- obtaining specialist treatments or equipment for children who do not require them;
- Alleging psychological illness in a child.

3. Responding to signs and symptoms

It is not our responsibility to distinguish between the very anxious carer who may be responding in a reasonable way to a very sick child and those who exhibit abnormal behaviour. ALL concerns must be passed on to placing Authorities so they can in turn seek expert help. As this is a very rare form of abuse (and mainly found in a hospital environment) the signs can sometimes be over looked. It is therefore very important to be vigilant and if it is believed that as a result of a carer's behaviour, there is concern that the child is or is likely to suffer significant harm, then safeguarding procedures defined in the Island Project Safeguarding policy PART 1 should immediately put into action.



Further information on Safeguarding children in whom illness is fabricated or induced can be found on the Department for Children, schools and families website

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277314/Safeguarding_Children_in_whom_illness_is_fabricated_or_induced.pdf

Faith Abuse

Child abuse is never acceptable wherever it occurs and whatever form it takes. Abuse linked to belief, including belief in witchcraft or possession, is a horrific crime which is condemned by people of all cultures, communities and faiths.

1. Key messages

- Everyone working or in contact with children has a responsibility to recognise and know how to act on evidence, concerns and signs that a child may be suffering, or is likely to suffer, significant harm.
- The Island Project safeguarding procedures PART 1 apply in all cases where abuse or neglect is suspected, including those that may be related to particular belief systems.
- The number of cases of child abuse linked to faith or belief in spirits, possession and witchcraft is believed to be small, but where it occurs it causes much distress and suffering to the child. It is likely that a proportion of this type of abuse remains unreported.
- Abuse linked to faith or belief may involve a wider context, where the child is treated as a scapegoat in circumstances of family stress, deprivation, domestic violence, substance abuse and mental health problems.

2. What can you do?

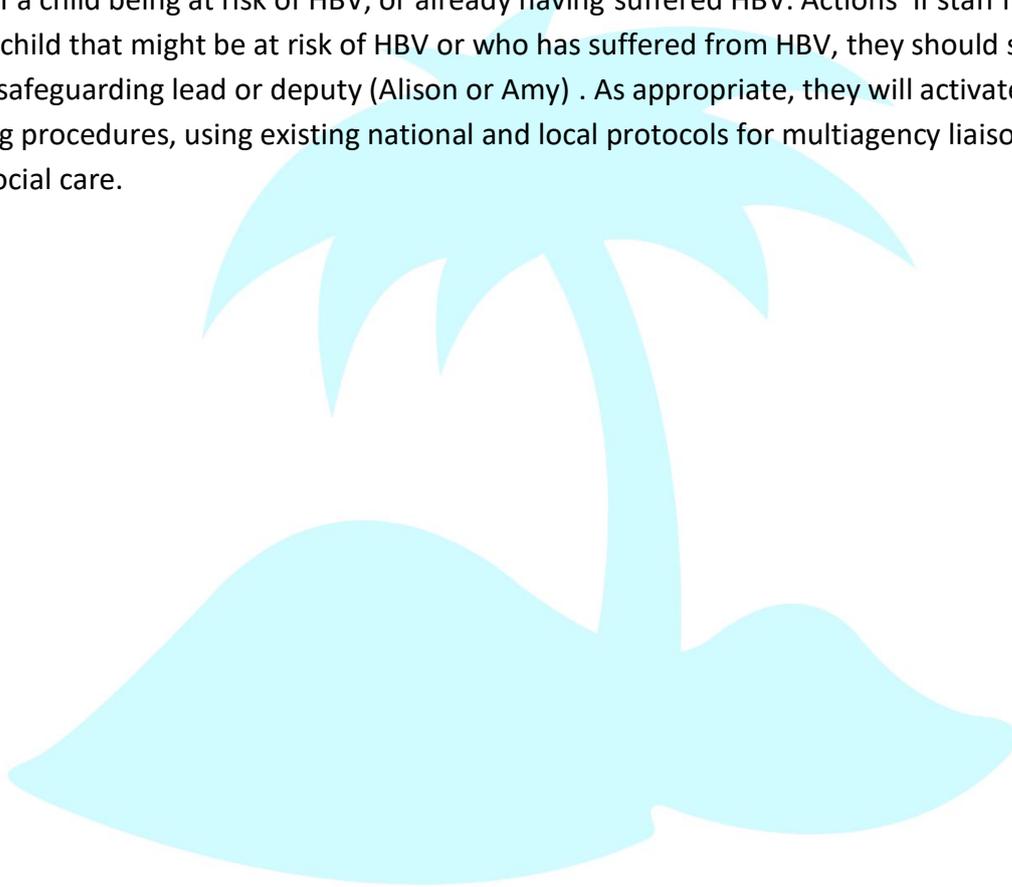
There is a new National action plan to tackle child abuse linked to faith or belief you will find details here: <https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief>

As a person working directly with vulnerable children you should familiarise yourself with this literature.

So-called 'honour-based' violence

So-called 'honour-based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of these dynamic and additional risk factors. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV. Actions If staff have a concern regarding a child that might be at risk of HBV or who has suffered from HBV, they should speak to the designated safeguarding lead or deputy (Alison or Amy) . As appropriate, they will activate local safeguarding procedures, using existing national and local protocols for multiagency liaison with police and children's social care.



Female Genital Mutilation (FGM)

1. Summary

It is illegal in the UK to subject a girl or woman to FGM or to assist a non-UK person to carry out FGM overseas. For the purpose of the criminal law in England, Wales and Northern Ireland, FGM is mutilation of the labia majora, labia minora or clitoris. FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences.

2. Background

FGM is prevalent in 28 African countries as well as in parts of the Middle East and Asia. It has been estimated that over 20,000 girls under the age of 15 are at high risk of FGM. The practice has also been documented in communities in Iraq, Israel, Oman, the United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan.

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new-born, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 15 and therefore girls within that age bracket are at a higher risk.

In the UK each year 66,000 young women and Girls are living with the consequences, although its true extent is unknown due to the hidden nature of the crime. FGM is practised by families for a variety of complex reasons but often in the belief that it is beneficial for the girl or woman. FGM constitutes a form of child abuse and violence against young women and girls, and has severe short-term and long-term physical and psychological consequences. It is believed that FGM happens to British girls in the UK as well as overseas (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in summer, in order for there to be sufficient time for her to recover before returning to her studies.

3. Specific factors that may heighten a girl's risk of being affected by FGM

- The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM.
- Any girl born to a woman who has been subjected to FGM must be considered to be at risk, as must other female children in the extended family.
- Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.

4. When FGM may be imminent

- It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.
- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it. (commonly used terms may be circumcision, cut or slicing)
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent

5. Indications that FGM may have already taken place

(It is important that professionals look out for signs that FGM has already taken place so that the girl affected can be offered help to deal with the consequences)

- The girl may have difficulty walking, sitting or standing.
- May spend longer than normal in the bathroom or toilet due to difficulties urinating.
- May spend long periods of time away from a classroom during the day with bladder or menstrual problems.
- There may be prolonged or repeated absences from School.
- A prolonged absence from school with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return
- May ask for help, but may not be explicit about the problem due to embarrassment or fear.

6. Your Role in Safeguarding & Good practice

FGM is a form of child abuse and therefore should be dealt with as part of existing safeguarding policies and procedures. It is not a matter that can be left to be decided by personal preference – it is an extremely harmful practice. Professionals should not let fears of being branded 'racist' or 'discriminatory' weaken the protection required by these vulnerable girls. Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on teachers that requires a different approach (see following section).

FGM mandatory reporting duty for teachers Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all

professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at: [Mandatory reporting of female genital mutilation procedural information](#). Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out **unless the teacher has good reason not to**, they should discuss any such case with the placing schools designated safeguarding lead and involve children's social care as appropriate.

Island Staff should not attempt to investigate cases themselves.

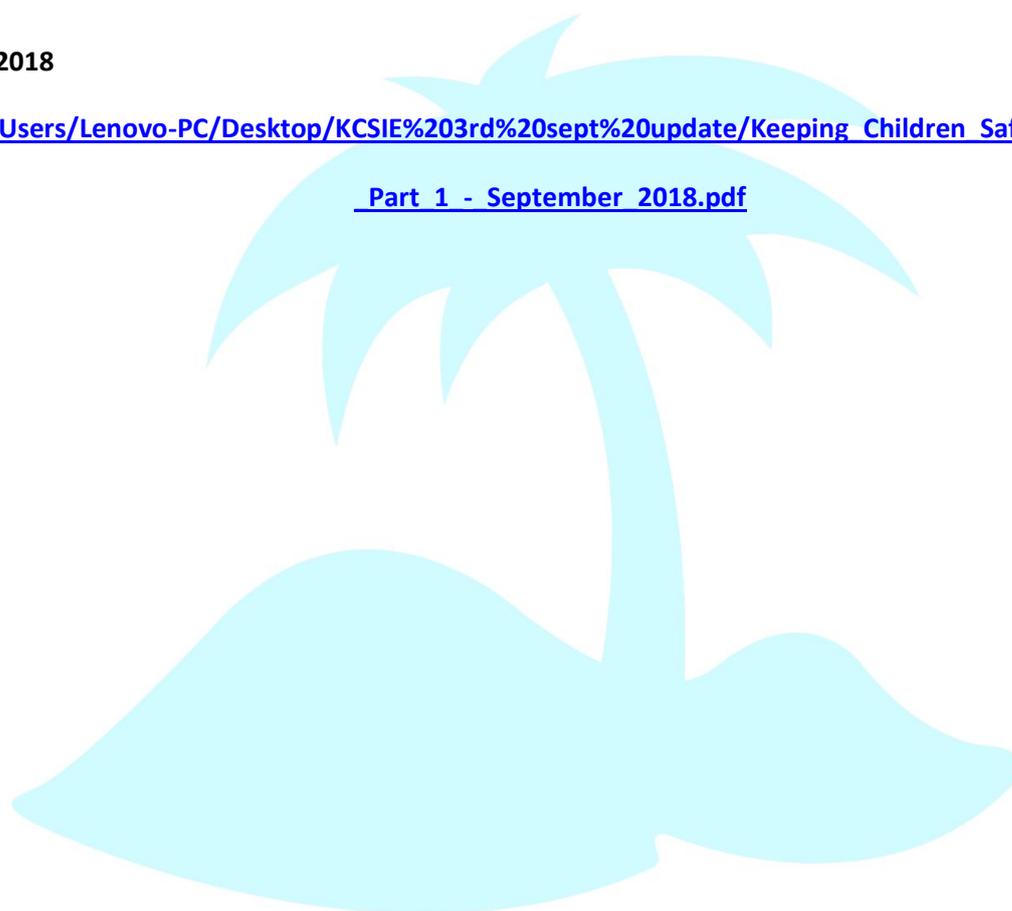
Reporting information link

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf

KCSIE SEPT 2018

file:///C:/Users/Lenovo-PC/Desktop/KCSIE%203rd%20sept%20update/Keeping_Children_Safe_in_Education

[Part 1 - September 2018.pdf](#)



Forced Marriages

1. Definition

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used.

It is an appalling and indefensible practice and is recognised in the UK as a form of violence against young girls and Boys. It is defined as domestic/child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will from a young age can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). There is a clear distinction between an **arranged** and **forced** marriage. An arranged marriage is entered freely by both parties, although their families take a leading role in the choice of the partner. It becomes a forced marriage when there is any form of duress.

2. Force marriage offences

The Forced Marriage Unit (FMU) provided advice and support to 1,485 possible forced marriages in 2013. The Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry this includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they're in 2012 alone,

3. Who is affected by forced marriage?

Every year, hundreds of young people in Britain, both male and female, are forced into marriage against their will, often as a result of extreme violence and blackmail from their own families and relatives. The majority of cases were female (82% of victims) and 18% of cases involved male. A large proportion of people affected by forced marriage come from the Middle East, South Asia, East Asia and Africa.

13% of cases involved victims under 15 years old and 22% of the victims were 16-17 years old History of forced marriage in the family.

4. Risk Indicators to look out for

- Not being allowed to leave the house.
- Attempts to run away from home.
- Constant monitoring by the family.
- Request for extended leave of absence at school and/or failure to return from the country of origin after holidays.
- Surveillance by siblings or family members who are in the same school.
- Fear about forthcoming school holidays.
- Being withdrawn from school or prevented from continuing with higher education & not engaging in school activities.
- More frequent absence from school for longer periods of time.
- Hyper-vigilance by the young person.
- Depression & Attempted suicide

4.1 Risk-aggravating factors

Certain behaviours that are socially acceptable in some cultures can be perceived as inappropriate and violating the family's 'honour' in other cultures. These behaviours can increase the risk of forced marriage for young people:

- Pregnancy.
- Loss of virginity.
- Smoking or drinking in public.
- School informing the family of poor performance or attendance.
- Being the source of community / family gossip.
- Having a boyfriend
- Make up or clothes perceived as inappropriate.
- Dating someone outside the community or not from the same religion.
- Intimacy in public place.
- Disclosure of rape or sexual abuse.
- Sexual orientation (lesbian/gay/bisexual or transgender) or behaviour indicating the young person is not heterosexual.

5. Safeguarding procedures

It is very important to be vigilant, safeguarding procedures defined in the Island Project Safeguarding policy PART 1 should immediately put into action.

Mental Health

1. What is mental health?

Mental health is how someone is feeling in their mind. Good mental health is about feeling good about your life and being able to cope with problems when they happen. We call good mental health mental well-being. If a young person suffers from mental health problems, it affects everyone around them. That is why it is important for us as staff to know about it. Mental health issues aren't like other health issues as they affect behaviour and or mood.

2. common mental health issues seen among children include:

- Adjustment Disorder
- Anxiety Disorder
- Depression
- Oppositional Defiant Disorder (ODD)
- Conduct Disorder (CD)
- Attention Deficit Disorder (ADD)
- Attention Hyper Deficit Disorder (ADHD)
- Eating Disorders (Anorexia Nervosa, Bulimia)
- Schizophrenia
- Bi-polar Disorder (Manic-Depressive)

3. Signs to look out for

There are certain signs that us as teaching staff often observe when a child is suffering from a mental disorder. Although many of the signs or symptoms can be suffered at some time by many children, changes in the behaviour is unusually intensive, out of the norm, age appropriate and the behaviour is having a negative impact on academic functioning or social interactions.

Look for the following signs:

- Weaker marks and overall achievement.
- Difficulty with friends and social situations.
- Fits or outbursts of anger or possibly rage.
- Less interested in snacks or lunch.
- Becoming more rebellious than is the norm.
- Lacks interest in school life in general.
- Lacks motivation and energy.
- Self-injurious.

- Extreme bully type behaviours.

4. **Safeguarding:**

Early intervention is the key to helping children suffering from mental health issues. Remember, mental health problems can be treated when identified. Your role as a support worker is vital in looking for signs and reporting any concerns immediately and in the correct manner, following the Safeguarding policies and procedures set out in the Island project “Safeguarding PART 1”

Further information:

Training materials on mental health and young people can be found in the staff training folder. The mental health strategy for England Department for Health 2012

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213762/dh_125123.pdf

It is your responsibility to read and educate yourself to enable you to have greater understanding of the needs of children suffering from Mental Health issues.

Radicalisation

1. Definition

Radicalisation is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups.

There is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas. The process of radicalisation is different for every individual and can take place over an extended period or within a very short time frame.

2. Understanding and Recognising Risks and Vulnerabilities of Radicalisation

Children and young people can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet. This can put a young person at risk of being drawn into criminal activity and has the potential to cause **Significant Harm**.

The risk of radicalisation is the product of a number of factors and identifying this risk requires that staff exercise their professional judgement, seeking further advice as necessary. It may be combined with other vulnerabilities or may be the only risk identified.

2.1 Potential indicators include:

- Use of inappropriate language;
- Possession of violent extremist literature;
- Behavioural changes;
- The expression of extremist views;
- Advocating violent actions and means
- Association with known extremists;
- Seeking to recruit others to an extremist ideology

Staff working with children who may be vulnerable to being drawn into violent extremist activity need to realise that whilst the nature of the risk may raise security issues, the process for safeguarding these children should not be seen as different. Any member of staff who identifies such concerns, for example as a result of observed behaviour or reports of conversations to suggest the child supports terrorism and/or violent extremism, must report these concerns to the named or designated safeguarding officer at The Island Project (Alison Latimer OR Amy Martinson) who will inform the child's school in line with our Safeguarding procedures.

Child Trafficking

1. Definition

“Trafficking of children” (defined as under 18years old) shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs;

2. Introduction:

Child trafficking is a very serious issue which can have a devastating and lasting impact on its victims. Children can be trafficked into, within and out of the UK. Any child transported for exploitative reasons is considered to be a trafficking victim, whether or not they have been forced or deceived. This is partly because it is not considered possible for children to give informed consent. Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adults.

3. Identifying trafficked children

All staff that comes into contact with children and young people in their everyday work needs to be able to recognise children who have been trafficked and be competent to act to support and protect these children from harm.

Some kind of emotional abuse is involved in all types of maltreatment of a child, including trafficking. And acting swiftly may be the crucial intervention which breaks the cycle of the child being vulnerable to continuing or further exploitation.

There are a number of indicators which suggest that a child may have been trafficked into the UK, and may still be controlled by the traffickers or receiving adults. These are as follows:

The child

- Has no means of identification or has false documentation;
- When asked is unable to confirm the name and address of the person responsible for their care.
- is withdrawn and refuses to talk or appears afraid to talk to a person in authority
- exhibits self-assurance, maturity and self-confidence not expected to be seen in a child of such an age;
- receives unexplained/unidentified phone calls whilst in placement

- Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection or has an unwanted pregnancy.
- has gone missing from local authority care
- Is required to earn a minimum amount of money every day and avoids education to do so.
- is known to beg for money
- Is being cared for by adult/s that are not their parents and the quality of the relationship between the child and their adult carers is not good.
- Is one among a number of unrelated children found at one address
- has not been registered with or attended a GP practice
- Is excessively afraid of being deported.

4. **The procedure (referring cases)**

As with all Safeguarding concerns and in this instance where child trafficking is suspected, please follow the clear procedure in the document “safeguarding” part 1 also see Appendix 1 procedural flowchart at the end of this document.

The Island designated Child protection Designated Persons (DP) is: (Alison Latimer/Jacqui Johnson or in absence Amy Martinson)

Further information: DfES Safeguarding children who may have been trafficked- practice guidelines

<https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance>

Private Fostering

1. Definition

A private fostering is essentially an arrangement 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. 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

2. Why may private fostering be a safeguarding issue?

Private fostering arrangements can be a positive response from within the community to difficulties experienced by families. Nonetheless, privately fostered children remain a diverse and potentially vulnerable group. Thousands of children who are missing from the care system and unofficially looked after by distant relatives or family friends could be at risk of abuse and neglect, without children's services intervention, this could go on for years.

3. Responsibility

Although the legal responsibility for these children usually lies with the parent and the carer, anyone who works with children need to play their part to help identify these potentially vulnerable children and pass on information to the child's school and placing authority, in line with Safeguarding procedures.

Further information: The legislation relevant to private fostering is set out in Part 9 of the Children Act 1989

<https://www.gov.uk/government/publications/children-act-1989-private-fostering>

Children missing from education

Children missing from education: All staff should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and child criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of all the placing authorities unauthorised absence procedures. And pass over any concerns identified.



flow chart: PROCEDURE FOR CHILD PROTECTION/ SAFEGUARDING CONCERNS AT THE ISLAND PROJECT

