

Medical Needs and Hospital Education Service (MNHES)

Child Protection Policy

|  |  |
| --- | --- |
| **Owner** | Ceri Forbes  |
| **Date:** | February 2021 |
| **Prepared by** | Ceri Forbes  |
| **Next Review** | September 2021 |

 **Designated Safeguarding Lead (DSL):** Ceri Forbes

**Deputy Designated Safeguarding Lead (DDSL):** Hannah Whittaker

**Purpose**

* To ensure that all our staff promote an environment where children can learn in a safe, caring, stimulating and positive environment and where their social physical and moral development is our highest priority. All pupils will know they are valued and their concerns will be taken seriously and addressed by the adults who care for them. We want all children to feel safe and know what to do if they ever have concerns about any aspect of their physical or emotional safety.
* In promoting the health and well-being of pupils we aim to help children to become confident, responsible, trustworthy and resilient. In MNHES, we respect our children and aim to create an atmosphere that encourages all children to do their best. We provide opportunities that enable our children to take and make decisions for themselves. We will promote the emotional intelligence of our pupils so that they are aware of their own emotions and the effect their actions have on others.
* We recognise that some children *may* be especially vulnerable to abuse. We recognise that children who are abused or neglected may find it difficult to develop a sense of self-worth. We will always take a considered and sensitive approach in order that we can support all of our pupils.
* This policy sets out the roles and responsibilities of all adults who work in or support MNHES and in so doing provides guidance on how we will make sure MNHES is a safe and caring place for all our pupils.
* To ensure that MNHES works effectively with a wide range of agencies involved in the promotion of the health, wellbeing and safety of children.
* This policy will outline the procedures we expect to happen if an incident of concern is identified with any child within MNHES. It will also set out how adults record and communicate concerns and how we will monitor incidents if and when they occur.
* This policy will direct all staff to keeping up to date documentation with changing guidance and legislation. Keeping Children Safe in Education (KCSIE) September 2020, statutory guidance for schools and colleges (Part 1 for all staff) is the present relevant documentation.

**Context**

MNHES provides an Education service across three sites:

* 21 Owlet Road, Shipley
* Airedale General Hospital School
* Bradford Royal Infirmary School

This policy applies to all staff employed by MNHES.

The welfare and safety of children who receive education from MNHES is our paramount concern. We will promote the health, well-being and safety of the pupils in all we do. Our pupils have the right to protection, regardless of age, gender, race, culture or disability.

We believe that all children have a right to an education and learn in a safe environment. Children should be free from harm by adults and other students. MNHES will ensure that the pupil’s wishes and feelings are taken into account when determining what action to take and what services to provide.

We recognise that some pupils will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with in consultation with their home school.

MNHES understands the responsibilities set out under section 175 of the 2002 Education Act to safeguard and promote children's welfare and to work together in partnership with other agencies

This policy is applicable to all on and off-site activities undertaken by pupils whilst they are the responsibility of MNHES.

MNHES recognises fully its responsibilities for child protection and safeguarding. We recognise that all adults working with, or on behalf of children have a responsibility to protect them.

Our Code of Conduct for staff is in line with Bradford Metropolitan District Council’s staff Code of Conduct.

**Roles and responsibilities**

At MNHES we recognise that all adults working with, or on behalf of children have a responsibility to protect them. There are, however, key people within our service who have specific responsibilities for child protection and safeguarding.

The Service Manager and DSL will take a senior leadership role in ensuring that MNHES safeguards and promotes the welfare of children and young people. The Service Manager and DSL are properly supported to carry out this task and that they are given time to fulfill the duties that their role demands. The present DSL is named on the cover of this policy and all staff are aware of the role.

MNHES will ensure that the Service Manager and DSL attend all relevant training and that the safeguarding training is refreshed annually.

The DSL will ensure that all other staff employed by MNHES access an appropriate level of training and that they refresh their training annually. The DSL will ensure that all staff have read and understood Keeping children safe in education Part 1: Information for all school and college staff – September 2020

The DSL will ensure that all staff employed, within MNHES, understand what they should do if they need to raise a concern about a child and the importance of acting without delay. The DSL will ensure that procedures are rigorously followed within MNHES, and to make appropriate, timely referrals to Children’s Social Care in accordance with the locally agreed procedures.

The DSL will hold weekly meetings with the Service Manager to ensure that correct procedure is being followed and to update on new guidance and recommendations (minutes recorded).

**Teaching and learning**

Staff will ensure that all pupils are taught about safeguarding, including staying safe online.

PSHCE, British Values and Sex Education should be provided by the home school.

We will teach in such a way as to encourage pupils to be able to voice their opinions and develop their own self confidence. We aim to build strong and caring relationships with all our pupils. In so doing we hope to provide our pupils with the skills necessary to be able to bring to the attention of any adult working within MHNES any matters of concern they may have. We will always take seriously any safeguarding issues drawn to our attention by any pupil.

We will make sure that all MNHES activities are carried out safely. Whenever appropriate staff will make risk assessments before activities go ahead.

Staff will make sure pupils are given clear safety instructions whenever they are engaged in activities that have potential risks. Individual risk assessments are in place for all students.

**E-safety**

We will promote the benefits of modern technology to aid learning but we also are aware of the dangers that can be encountered by pupils when accessing the internet or using technology. Members of staff are reminded about the risks of using Social Networking Sites and they should not communicate with pupils on these sites.

We have appropriate forensic monitoring for IT use of MNHES owned computers whereby activity is monitored constantly, incidents that happen are reported on the day of and generally within two hours of occurrence, incidents that require immediate intervention are escalated by the provider (directly by telephone) to ensure effective intervention, protection and support for the individual.

**Recruitment**

We will prevent people who pose risks to children from working in MNHES by ensuring that all individuals working in any capacity have been subjected to safeguarding checks in line with the statutory guidance.

**Training and Induction for Staff**

MNHES will ensure that all staff receive regular updated whole school safeguarding training. The DSL and DDSL will renew their training every two years. Updated information on safeguarding and new legislation will be provided to staff at staff meetings or by email on a regular basis but at least once a year. Staff have signed up to CASPAR for regular email updates. Staff will be made aware of all policies and procedures by way of flowcharts (Appendix 1) on a regular basis.

**Managing allegations of abuse made against school staff members**

We are aware of the possibility of allegations being made against members of staff or volunteers who are working with our pupils.  Allegations can be made by young people or other concerned adults and are made for a variety of reasons. If an allegation is made against an adult in a position of trust, whether they are members of staff or volunteers, this should be brought to the immediate attention of the Service Manager who will liaise with the DSL.

In the case of the allegation being made against the Service Manager this will be brought to the immediate attention of the Strategic Manager, Lynn Donohue.

The Service Manager or Strategic Manager (as appropriate to the allegation) must discuss with the Local Authority Designated Officer (LADO) the nature of the allegation in order for the appropriate action to be taken.  The contact details for the LADO in Bradford are 01274 435600 or LADO@bradford.gov.uk.

Please also refer to the referral forms which can be found on the Safer Bradford, saferbradford.co.uk website.

**Whistle blowing and complaints**

We recognise that children cannot be expected to raise concerns in an environment where staff members fail to do so. We will ensure that all staff members are aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues.  If necessary, they will speak with the Service Manager, Strategic Manager or with the Local Authority Designated Officer. We have a clear reporting procedure for children, parents and other people to report concerns or complaints, including abusive or poor practice.

**Types of Abuse and neglect**

Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

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

The warning signs and symptoms of child abuse and neglect can vary from child to child. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child. Parental behaviours may also indicate child abuse or neglect, so you should also be alert to parent-child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health. By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn’t automatically mean a child is being abused.

There are a number of warning indicators which might suggest that a child may be being abused or neglected.

Some of the following signs might be indicators of abuse or neglect:

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

**Physical abuse**

Physical abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

Some of the following signs may be indicators of physical abuse:

* Children with frequent injuries;
* Children with unexplained or unusual fractures or broken bones; and
* Children with unexplained:
* Bruises or cuts;
* Burns or scalds; or
* Bite marks.

**Emotional abuse**

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child’s emotional development.

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate.

Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child’s peers.

Some of the following signs may be indicators of emotional abuse:

* Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
* Parents or carers who withdraw their attention from their child, giving the child the ‘cold shoulder’;
* Parents or carers blaming their problems on their child; and
* Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

**Sexual abuse and exploitation**

Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

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). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

Some of the following signs may be indicators of sexual abuse:

* Children who display knowledge or interest in sexual acts inappropriate to their age;
* Children who use sexual language or have sexual knowledge that you wouldn’t expect them to have;
* Children who ask others to behave sexually or play sexual games; and
* Children with physical sexual health problems, including soreness in the genital and anal areas
* Sexually transmitted infections or underage pregnancy.

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Some of the following signs may be indicators of sexual exploitation:

* Children who appear with unexplained gifts or new possessions;
* Children who associate with other young people involved in exploitation;
* Children who have older boyfriends or girlfriends;
* Children who suffer from sexually transmitted infections or become pregnant;
* 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
* Children who regularly miss school or education or don’t take part in education.

**Neglect**

Neglect is a pattern of failing to provide for a child’s basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child’s health or development.

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

Some of the following signs may be indicators of neglect:

* Children who are living in a home that is indisputably dirty or unsafe;
* Children who are left hungry or dirty;
* Children who are left without adequate clothing, e.g. not having a winter coat;
* Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
* Children who are often angry, aggressive or self-harm;
* Children who fail to receive basic health care
* Parents who fail to seek medical treatment when their children are ill or are injured.

**Specific safeguarding issues**

Safer Bradford (previously Bradford Safeguarding Children’s Board), <https://saferbradford.co.uk> website contains further guidance on a variety of safeguarding issues.

The following is not a comprehensive list and staff should be aware the NSPCC provides detailed, relevant and comprehensive information available online at <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/>

* Bullying including cyberbullying
* Children missing education
* Child missing from home or care
* Child sexual exploitation (CSE)
* Domestic abuse
* Substance misuse
* Fabricated or induced illness
* Faith abuse
* Female genital mutilation (FGM)
* Forced marriage

Child criminal exploitation (CCE)

Honour based violence/violence against women and girls (VAWG)

* Hate abuse
* Mental ill health
* Missing children and adults
* Private fostering
* Preventing radicalisation
* Relationship abuse
* Sexting
* Trafficking
* Peer on peer abuse
* Up-skirting

Staff will be reminded on a regular basis about the need to pass even minor concerns about issues such as female genital mutilation, radicalisation and child sexual exploitation to the DSL, or alternates, as soon as they arise.

**Child missing from education**

Children missing education (CME) are children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school. Children missing education are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life.

A child going missing from education is a potential indicator of abuse or neglect and such children are at risk of being victims of harm, exploitation or radicalisation. Staff will follow our procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future.

**Child sexual exploitation**

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

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

MNHES staff are more likely to see victims on a regular basis than almost any other professional.  They will notice recurrent or prolonged absences and significant changes in behaviour.  Sharing concerns early, when changes are first noticed, with the DSL are vital for identifying children at risk and raising concerns at an early stage, to potentially halt the grooming process before sexual exploitation has begun. Teachers will highlight concerns about missing children as they may be at risk of child sexual exploitation.

Due to the nature of the grooming methods used by their abusers, it is very common for children and young people who are sexually exploited not to recognise that they are being abused.  Staff should be aware that young people, particularly aged 17 and 18, may believe themselves to be acting voluntarily and will need the support of inter-agency practitioners to recognise that they are being sexually exploited.

**Honour based violence**

So-called ‘honour-based’ violence (HBV) 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 HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the DSL. 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.

There are a range of potential indicators that a child may be at risk of HBV.

If staff have a concern regarding a child that might be at risk of HBV, they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children’s social care. Where FGM has taken place, since 31 October 2015, there has been a mandatory duty placed on teachers that requires a different approach (see following section).

**Female Genital Mutilation**

We are aware that a mandatory reporting duty has been introduced around known cases of FGM.

The legislation requires that the staff member who the information is disclosed to, must make the report to the police where, in the course of their professional duties, they either:

* Are informed by a girl under 18 that an act of FGM has been carried out on her; or
* Observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl’s physical or mental health or for purposes connected with labour or birth Mandatory Reporting of Female Genital Mutilation – procedural information,
* (‘[Mandatory Reporting of Female Genital Mutilation – procedural information, 20 October 2015](https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information)).

All staff need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.  There are a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the young person.

Victims of FGM are likely to come from a community that is known to practise FGM.  Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

New guidance ‘[Multi-agency statutory guidance on female genital mutilation](https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation), April 2016 states:

*‘FGM is a criminal offence – it is child abuse and a form of violence against women and girls, and therefore should be treated as such. Cases should be dealt with as part of existing structures, policies and procedures on child protection and adult safeguarding. There are, however, particular characteristics of FGM that front-line professionals should be aware of to ensure that they can provide appropriate protection and support to those affected.*

*The following principles should be adopted by all agencies in relation to identifying and responding to those at risk of, or who have undergone FGM, and their parent(s) or guardians:*

* *the safety and welfare of the child is paramount;*
* *all agencies should act in the interests of the rights of the child, as stated in the United Nations Convention on the Rights of the Child (1989);*
* *FGM is illegal in the UK ;*
* *FGM is an extremely harmful practice - responding to it cannot be left to personal choice;*
* *accessible, high quality and sensitive health, education, police, social care and voluntary sector services must underpin all interventions;*
* *as FGM is often an embedded social norm, engagement with families and communities plays an important role in contributing to ending it;*
* *all decisions or plans should be based on high quality assessments (in accordance with working together to safeguard children (2015) statutory guidance in England, and the Framework for the Assessment of Children in Need and their Families in Wales (2001)6 ).’*

**Forced Marriage**

Forcing a person into a marriage is a crime in England and Wales. 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. Schools and colleges can play an important role in safeguarding children from forced marriage. The Forced Marriage Unit has published multi-agency guidelines.

**Child Criminal Exploitation**

Exploiting a child into committing crimes is abusive. Children who are targeted can also be groomed, physically abused, emotionally abused, sexually exploited or trafficked. However, as children involved in gangs often commit crimes themselves, sometimes they are not seen as victims by adults and professionals, despite the harm they have experienced. It is important to spot the signs and act quickly if you think a child is being groomed or is becoming involved with a gang.

* Frequently absent from and doing badly in school.
* Going missing from home, staying out late and travelling for unexplained reasons.
* In a relationship or hanging out with someone older than them.
* Being angry, aggressive or violent.
* Being isolated or withdrawn.
* Having unexplained money and buying new things.
* Wearing clothes or accessories in gang colours or getting tattoos.
* Using new slang words.
* Spending more time on social media and being secretive about time online.
* Making more calls or sending more texts, possibly on a new phone or phones.
* Self-harming and feeling emotionally unwell.
* Taking drugs and abusing alcohol.
* Committing petty crimes like shoplifting or vandalism.
* Unexplained injuries and refusing to seek medical help.
* Carrying weapons or having a dangerous breed of dog.

**Radicalisation**

Home Office; The Prevent Strategy states that ‘*safeguarding vulnerable young people from radicalisation is no different from safeguarding them from other forms of harm*’.

We are aware that we are subject to a duty under section 26 of the Counter Terrorism and Security Act 2015, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty.

Prevent is about supporting and protecting those people that may be susceptible to radicalisation, and then ensuring that individuals are diverted away from terrorism before any crime is committed.

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Extremism is the “vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our Armed Forces”.

It is recommended that the DSL knows who the local prevent coordinator is.

Factors that may contribute to vulnerability include:

* Bullying
* Substance and alcohol misuse
* Peer pressure
* Internet and social media
* Poverty, disadvantage or social exclusion
* Unmet aspirations or underachievement
* Experiences of criminality
* Victims of, or witness to, hate crime
* Personal crisis or identity crisis
* Conflict with, or rejection by, peer, faith, social group or family
* Impact of traumatic events of a global, national or personal nature

Behaviours of concern include:

* Being in contact with extremist recruiters and/or spending increasing time in the company of other suspected extremists.
* Loss of interest in other friends and activities not associated with the extremist ideology, group or cause.
* Possessing or accessing extremist materials or symbols including through the use of social networking sites.
* Using extremist narratives/language.
* Graffiti symbols, writing or art work promoting extremist messages or images.
* Significant changes to appearance and/or behaviour increasingly centred on an extremist ideology, group or cause.
* Attempts to recruit others to the group/cause.
* Using insulting or derogatory names for another group.
* Involvement in prejudice related incidents.

In the event of concerns re: radicalisation or extremism, support is available from:

* Local Prevent Coordinator
* Police
* Multi agency safe guarding lead
* Channel
* WRAP Coordinator
* Vulnerability Assessment Framework Team
* Use the obvious informants who may know the area better such as dinner ladies, cleaners, caretakers, staff from local areas

**Allegations of abuse made against other children (Peer on peer abuse)**

All staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to, physical abuse, emotional abuse, sexual exploitation, sexual abuse, bullying (including cyberbullying), gender based violence/sexual assaults and sexting and could, for example, include girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence.

Abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”.

On occasion, some students will present a safeguarding risk to other students. MNHES should be informed that the young person raises safeguarding concerns, for example, they are coming back into education following a period in custody or they have experienced serious abuse themselves.

These pupils will need an individual risk management plan to ensure that other pupils are kept safe and they themselves are not laid open to malicious allegations. There is a need to balance the tension between privacy and safeguarding.

**What to do – Staff should make it clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up**

* When an allegation is made by a pupil against another pupil, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the DSL should be informed immediately.
* A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances.
* The DSL should contact children’s social care (CSC), to discuss the case. It is possible that CSC are already aware of safeguarding concerns around this young person. The DSL will follow through the outcomes of the discussion and make a social care referral where appropriate.
* The DSL will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils’ files.
* If the allegation indicates a potential criminal offence has taken place, the police should be contacted at the earliest opportunity and parents informed (of both the student being complained about and the alleged victim).
* It may be appropriate to exclude the pupil being complained about for a period of time according to the home school’s Behaviour Policy.
* Where neither Children’s Social Care nor the police accept the complaint, a thorough school investigation should take place into the matter.
* In situations where MNHES considers a safeguarding risk is present, a risk assessment should be completed along with a preventative, supervision plan.
* The plan should be monitored and a date set for a follow-up evaluation with everyone concerned.
* Staff should ensure that the pupil is supported through the process by MNHES staff, CAMHS workers if appropriate, counselling and or CSC.
* We will liaise and work together with other support services and those agencies involved in safeguarding children and monitor those children who have been identified as having safeguarding concerns and providing appropriate support.

**Sexting**

Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexually explicit messages. They can be sent using any device that allows you to share media and messages. Sexting can be seen as harmless, but creating or sharing explicit images of a child is illegal, even if the person doing it is a child. A young person is breaking the law if they:

* take an explicit photo or video of themselves or a friend
* share an explicit image or video of a child, even if it’s shared between children of the same age
* possess, download or store an explicit image or video of a child, even if the child gave their permission for it to be created.

However, as of January 2016 in England and Wales, if a young person is found creating or sharing images, the police can choose to record that a crime has been committed but that taking formal action isn't in the public interest.

Crimes recorded this way are unlikely to appear on future records or checks, unless the young person has been involved in other similar activities which may indicate that they're a risk.

**Hate abuse**

Hate abuse is where there is hostility or prejudice towards that person's: disability, race or ethnicity, religion or belief or sexual orientation.

We will ensure hate incidents, e.g. racist, homophobic or gender or disability based bullying, are dealt with following the appropriate procedures. We will liaise and work together with other support services and those agencies involved in safeguarding children and monitor those children who have been identified as having safeguarding concerns and providing appropriate support.

**Upskirting**

Upskirting is where someone takes a picture under a person’s clothing without their permission. It is now a specific criminal offence in England and Wales. The new law will capture instances where the purpose of the behaviour is to obtain sexual gratification, or to cause humiliation, distress or alarm.

Anyone, and any gender, can be a victim and this behaviour is completely unacceptable.

**Children with special educational needs and disabilities**

Children with special educational needs and disabilities may be especially vulnerable to abuse, because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening.

**Bladed/Sharply pointed or other weapons**

Where an immediate police response to an incident at MNHES is required, dial 999. For example: a student has been detained in possession of a weapon on MNHES premises and poses, or is likely to pose, a risk of:

1. Danger to life.

2. Use or immediate threat of use, of violence.

3. Serious injury to a person.

4. Serious damage to property.

When there isn’t such an immediate risk, staff should report incidents to the police non-emergency number by dialling 101.

Due to the serious nature of weapons possession and potential consequences, contact should be prompt in order that future risk is managed and behaviour confronted. When reporting incidents of weapons possession to 101, schools should always request and record the incident log reference number. This will facilitate further contact in relation to the incident. Schools are asked to retain the weapon in a safe place until police attend and seize the weapon for evidential purposes. Once it is established that a weapon is unlawful, a crime record will be created and a proportionate investigation will ensue.

**Safeguarding Procedures**

All staff, teaching and non-teaching, working in MNHES need to maintain an attitude of ‘it could happen here’.

**REMEMBER**

* To follow the MNHES Child Protection Policy and Procedures and share your concerns with the DSL or a member of the Safeguarding Team. Consult with your DSL as appropriate.
* Refer to Children’s Social Care and/or Police if relevant.
* Support the child; listen, comfort, and be available.

Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues.

If a member of staff becomes concerned that a child or young person may be at risk of abuse they must inform the DSL as soon as possible. If the DSL is not available staff should contact the next designated person, DDSL.

If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children’s social care or the police as outlined in the flowchart.

**Talking to parents about concerns**

MNHES aims to work in partnership with parents and will in most circumstances discuss concerns with parents.

The DSL will give careful consideration to talking to parents when making a child protection referral and where the DSL has a concern that talking to parents could place a child at risk of abuse they may decide to speak to Children's Social Care first.

Parents do need to be informed where child protection referrals are to be made but the DSL may want to seek further advice before deciding how, when and by whom the parents are informed.

**Involvement in safeguarding meetings**

MNHES recognises that child protection work continues after a referral is made to Children's Social care. The DSL or DDSL (as appropriate to the needs of the child) will attend all subsequent meetings, case conferences, core group meetings and strategy meetings and where a report is required the DSL will provide one. Each case will be discussed at safeguarding meetings and minutes provided.

**Record Keeping**

MNHES will maintain accurate written records of all child protection concerns. Child protection records will be kept securely and separate from the child's curriculum file. Child Protection records will be transferred securely if and when the child moves on to another educational establishment.

Where it is appropriate to the needs of our pupils, we also work in close partnership with other agencies including local health providers, the health authority and social services, who share our commitment to protecting children and young adults. The people in these agencies can include health visitors, the school nurse and social workers.

All children have the right to be protected from harm and at MNHES it is our duty to uphold this right. Because our first concern must be the well-being of your child, there may be occasions when we have to consult other agencies before we contact you. The procedures we have to follow have been laid down in accordance with the local authority child protection procedures. All procedures are laid down in our Child Protection Policy.

In order to fulfil our duty to our pupils MNHES will ensure that:

* The welfare of the child remains paramount.
* We uphold a child’s right to be protected from harm.
* All suspicions and allegations of abuse will be taken seriously and responded to swiftly.
* All staff working at MNHES understand that they have a non-negotiable responsibility to report concerns to the DSL and to follow up their reports until they are resolved.

The safety and welfare of the child overrides all other considerations, including the following:

* Confidentiality.
* The gathering of evidence.
* Commitment or loyalty to relatives, friends or colleagues.

The overriding consideration must be the protection of the child - for this reason, absolute confidentiality cannot and will not be promised to anyone.

**What parents and carers can do to help us to implement our Child Protection Policy**

If you, or your child, have a concern about their safety and/or the safety and welfare of any child then as soon as possible you should contact and report your concerns to a member of staff within MNHES.

**Appendix 1 Safeguarding team and procedure flowchart**

