

Solihull MBC Designated Safeguarding Leads in Education Handbook

Guidance for practitioners working with vulnerable pupils at risk of or experiencing specific safeguarding issues

To be used in partnership with the Solihull MBC model child protection policy to assist the work of designated safeguarding leads within education provision in Solihull.

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Produced by Solihull Education Improvement Service

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Dear Headteacher and Designated Safeguarding Lead

The Department for Education provided updated statutory guidance for schools and colleges in September 2016 entitled Keeping Children Safe in Education (KCSIE). Page 11 of the guidance identifies a number of specific safeguarding issues, signposting to expert and professional organisations. In our day to day work safeguarding children it is important that we know how to act in the event of a specific safeguarding issue or concern, including making a referral to safeguard the pupil and knowing how to access support for the pupil and the family. This document *"Solihull MBC Designated Safeguarding Leads in Education Handbook – guidance for practitioners working with vulnerable pupils at risk of or experiencing specific safeguarding issues*", strengthens the KCSIE (2016) advice and enhances it, including providing information on local pathways.

How to use this Document

This document is provided to be used alongside your school child protection policy (see model policy at

https://extranet.solgrid.org.uk/schoolissues/safeguarding/SafeguardingDocuments/A %20guide%20around%20the%20safeguarding%20site.pdf) and the LSCB multiagency thresholds

(http://socialsolihull.org.uk/lscb/professionalsvolunteers/interagencyprocedures/).

It sets out local and national guidance on how to support your work within the context of universal provision, identifying agencies for support and guidance to support referrals.

Locally, we have identified additional specific local development areas where children and young people are perceived as vulnerable due to their personal circumstances, for example pupils;

- showing signs of experiencing neglect (including poverty, homelessness, debt and parenting);
- experiencing bereavement;
- displaying inappropriate sexual behaviours;
- with special educational needs and disabilities including challenging behaviour;
- identified as eligible for Pupil Premium/Disadvantaged children funding;
- with a family member serving in the armed forces;
- who are looked after;
- who are teenage parents;
- who are gay/lesbian, bisexual, trans or gender questioning;
- demonstrating challenging behaviour.

This document also provides guidance on pathways to providing support for such pupils and families, liaising with the relevant school lead.

Safeguarding and the Curriculum

Keeping Children Safe in Education 2016 makes the link between safeguarding and the curriculum:

Governing bodies and proprietors should consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering relevant issues through personal, social health and economic education (PSHE), and/or – for maintained schools and colleges – through sex and relationship education (SRE).

This document provides guidance on curriculum resources to support the specific areas, along with resources for pupils and resources for parents.

Personal, social, health and economic education (PSHE) includes:

- Relationships and sex education
- Drug education (including alcohol, tobacco and volatile substance abuse)
- Learning about physical and emotional health and wellbeing
- Economic wellbeing and being a responsible citizen including preparation for the world of work

PSHE provides pupils with the knowledge, understanding, skills and attitudes to make informed decisions about their lives. PSHE education is central to helping pupils to stay healthy and safe and to equipping them with the personal and social skills to negotiate life's challenges, opportunities and risks - now and in the future.

Whilst PSHE remains non-statutory at the current time, DfE Guidance: Personal, social, health and economic (PSHE) education, published 11 September 2013, states:

... we expect schools to use their PSHE education programme to equip pupils with a sound understanding of risk and with the knowledge and skills necessary to make safe and informed decisions.

The support for statutory PSHE Education continues to gain momentum:

'PSHE education requires improvement and the situation appears to have worsened. This would not be tolerated in other subjects. We accept the argument that statutory status is needed. The statutory requirement should have minimal prescription of content to ensure schools have flexibility to respond to local needs and priorities.' [Commons Education Committee Life Lessons report, February 2015]

Further information can be found on the PSHE Association (<u>https://www.pshe-association.org.uk/</u>) and Solihull's Health and Wellbeing (<u>http://www.solgrid.org.uk/wellbeing/</u> websites.

Support for parents/carers

<u>ParentInfo</u> (<u>http://parentinfo.org/</u>) is a regularly updated and free feed of information, advice and sources of support that schools can deliver to parents and carers – a pipeline of information they can integrate seamlessly into their own websites and use in other formats.

The service aims to deliver information on a whole range of parenting themes, the emphasis being on helping parents and carers develop their children's resilience to the risks and pressures they face in today's world. The articles and videos cover difficult topics about sex, relationships and the internet, body image and peer pressure, as well as broad parenting topics like 'how much sleep do teenagers need?'.

Further information is available from the DfE:

https://www.gov.uk/government/news/hundreds-of-schools-sign-up-for-first-evernational-safety-tool

Schools are able to sign up for further information and feed it into their school websites.

Supporting staff working with difficult situations

- Stress Risk Assessment can be undertaken by the line manager.
- Access to the Employee Assistance Programme CIC 0800 085 1376, <u>assist@cic-eap.co.uk</u>, well-online.co.uk - username: sbclogin Password: wellbeing
- Referral to Occupational Health for one-to-one counselling

In the event of a violent incident the violence and aggression at work policy <u>http://intranet/Coredocs/Healthandsafety/PoliciesGuidance.aspx</u>_and risk assessment should be followed.

Status and Feedback

We welcome feedback via email to <u>seis@solihull.gov.uk</u>. This document was launched at the Designated Safeguarding Leads Conferences in the spring term 2016.

We hope you will find the document supportive of your continued commitment and vigilance in keeping children and young people safe in Solihull.

Yours sincerely

Lorraine Lord Senior Adviser Solihull Education Improvement Service Education & Skills Division

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Section A: Specific Safeguarding Issues

Child Missing From Education Local advice and guidance on Child Missing from Education (CMfE)

A child going missing from education is a potential indicator of abuse or neglect. Staff in education provision should follow the provision's procedures 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 their going missing in the future.

All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Central to raising standards in education and ensuring all pupils can fulfil their potential, pupils need to attend regularly. Missing out on lessons leaves children vulnerable to falling behind. Children with poor attendance tend to achieve less in both primary and secondary school.

Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing in their area.

All education providers should:

- Promote good attendance and reduce absence, including persistent absence
- Ensure every pupil has access to full-time education to which they are entitled
- Act early to address patterns of absence
- Ensure parents perform their legal duty by ensuring their children of compulsory school age who are registered at school attend regularly
- Ensure all pupils are punctual to school and lessons
- Ensure they liaise with the named social worker where Children's Social Work are engaged with the child or family.

School Requirements

The **law** requires schools to have an admission register and an attendance register. All pupils must be placed on both registers. Schools should use the national absence and attendance codes to record and monitor attendance and absence in a consistent way which complies with the regulations. They are also used for collection statistics through the School Census System. The codes are detailed in School Attendance (DfE, November 2016 -

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564599/s chool_attendance.pdf. Please note the requirements around the use of the L and U code (page 8), and requirements for recording attendance of Gypsy, Roma, Traveller pupils (page 11). Schools should promote good school attendance and put in place appropriate safeguarding policies, procedures and responses for children who go missing from education, particularly on repeat occasions. The local authority model attendance policy and attendance toolkit are useful resources to support this work. <u>https://extranet.solgrid.org.uk/schoolissues/behaviourattendance/Behaviour%20and%20</u> <u>Attendance%20Toolkit/Forms/AllItems.aspx</u>

It is essential that staff are alert to signs to look out for, and the individual triggers to be aware of, when considering the risks of potential safeguarding concerns, such as travelling to conflict zones, FGM, CSE, forced marriage.

Involving other agencies and signposting:

All schools must inform the local authority of any pupil who fails to attend school regularly, or has been absent, without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority.

Email: <u>educationwelfare@solihull.gov.uk</u> or telephone 0121 779 1737.

Pupils at risk of harm/neglect - Children may be missing from education because they are suffering from abuse or neglect. Where this is suspected schools should follow child protection procedures. If there is reason to suspect that a crime has been committed or the child's safety is at risk, the police should also be involved.

Solihull Children's Services:

MASH (0121) 788 4333 Out of Hours (EDT) (0121) 605 6060

Solihull MBC LSCB procedures for Children who have Gone Missing from Home or Care

http://solihulllscb.proceduresonline.com/chapters/p_ch_missing.html

Solihull MBC LSCB procedures for Children Missing Education <u>http://solihulllscb.proceduresonline.com/chapters/p_safeguard_educ.html</u>

If the school do not know where the child (and family) are and have made reasonable enquiries (including liaising with the police and Social Services), they can refer to the Child Missing Education team for further checks and advice.

School Action: (1) Email address <u>childrenmissingeducation@solihull.gov.uk</u> Telephone: 0121 704 6145

> (2) Complete CME notification form https://extranet.solgrid.org.uk/management/cme/Forms%2 0%20Policies/Forms/AllItems.aspx

Families of members of the Armed Forces

Families of members of the Armed Forces are likely to move frequently – both in UK and overseas and often at short notice. Schools and local authorities should contact the MOD Children's Education Advisory Service (CEAS) on 01980 618244 for advice on making arrangements to ensure continuity of education for those children when the family moves.

Children of Gypsy, Roma and Traveller (GRT) Families

Research has shown that many children from these families can become disengaged from education, particularly during the secondary school phase. Pupils are particularly vulnerable at transition from primary to secondary where a GRT pupil leaves school without identifying a new destination school. Schools should inform the CME team as soon as they become aware that a secondary school application will not be made for a GRT pupil. Although many are settled, some GRT families move regularly and their children can be at increased risk of missing education. Schools should work with families to minimise disruption to GRT pupils' education, for example if the family need to travel in order to work, they should be supported to dual register with other schools.

Persistent Absence

The definition of persistently absent (PA) pupil as set by the DFE for 2015 - 2016 is a pupil with 10% or more absence (90% or less attendance). The table below, derived from the census guidance, gives an indication of the minimum number of sessions a pupil would miss by each half term to be classed as PA. (Education providers should analyse this information further by pupil groups).

| Half-term | 10% |
|--------------------------------|---------------------|
| Half-term 1 | 7 or more sessions |
| Half-term 1-2 (autumn term) | 14 or more sessions |
| Half-term 1-3 | 20 or more sessions |
| Half-term 1-4 (autumn term and | 25 or more sessions |
| spring term combined) | |
| Half-term 1-5 | 31 or more sessions |
| Half-term 1-6 (full academic | 38 or more sessions |
| year) | |

A pupil profile template which will support schools to identify the issues impacting on PA pupils and detail actions to be taken is available on the Solihull MBC attendance toolkit <u>https://extranet.solgrid.org.uk/schoolissues/BehaviourAttendance/GPGATPS/Atten</u>

Solihull Local Authority Penalty Notice Code of Conduct

- 1 Where a request for **leave of absence** has been made and the school have sent written notification to parents that the absence will be unauthorised **a penalty notice** will be issued where **the trigger of 10 sessions** of unauthorised absence is met.
- 2 In all other cases of unauthorised absence accrued over time, a **Warning letter** will be issued by the SMBC Enforcement Team prior to a penalty notice. The trigger for a warning letter will be at **least 10 sessions** of unauthorised absence

A penalty notice may be issued, subsequent to a Warning letter, if there are a **further five sessions** or more unauthorised absences. Relevant paperwork can be found at <u>https://extranet.solgrid.org.uk/schoolissues/BehaviourAttendance/GPGATPS</u> Education Enforcement Team contact details: Email: <u>educationwelfare@solihull.gov.uk</u> Telephone: 0121 779 1737

Deletion of pupil from the admission register

Schools must notify the local authority when they remove a pupil from roll in line with the Removing Pupils from Roll: Guidance for Schools

https://extranet.solgrid.org.uk/management/cme/Forms%20%20Policies/Forms/AllItems. aspx

All schools must inform their local authority of any pupil who is going to be deleted from the admission register where they:

- have been taken out of school by their parents and are being educated outside the school system, e.g.: elective home education (EHE). Schools must not seek to persuade parents to educate their children at home as a way of avoiding excluding the pupil or because the pupil has a poor attendance record.
- have ceased to attend school and no longer live within reasonable distance of the school at which they are registered.
- have been certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her parent has indicated the intention to continue to attend school after ceasing to be of compulsory school age.¹
- are in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe they will be returning to school at the end of that period.
- have been permanently excluded.

¹ It should be noted that under raising the participation guidelines young people must remain in education, training or employment or elective home education until their 18th birthday. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349300/Participation_of_Y oung_People_Statutory_Guidance.pdf

Additional Guidance

Guidance including an additional letter for when parents do not request a leave of absence but school become aware they have taken a holiday in term time is available at https://extranet.solgrid.org.uk/schoolissues/BehaviourAttendance/GPGATPS/Family%2 OHoliday%20Requests%20FPN%20Schools%20Sept%202015%20EEO%20version%2 0(2a).doc

Resources, Guidance and Legislation on CME

Removing Pupils from Roll: Guidance for Schools (SMBC, September 2011) <u>https://extranet.solgrid.org.uk/management/cme/Forms%20%20Policies/Forms/AllItems.</u> <u>aspx</u>

School attendance: Departmental advice for maintained schools, academies, independent Schools and local authorities (DfE, November 2016) <u>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564599/s</u> <u>chool_attendance.pdf</u>

Ensuring a good education for children who cannot attend school because of health needs:

Statutory guidance for local authorities (DfE, January 2013) <u>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/269469/h</u> ealth_needs_guidance__-_revised_may_2013_final.pdf

Exclusion from maintained schools, academies and pupil referral units in England: A guide for those with legal responsibilities in relation to exclusion (DfE, 2012) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/269681/E_xclusion_from_maintained_schools_academies_and_pupil_referral_units.pdf

SMBC Exclusions Documents

https://extranet.solgrid.org.uk/management/exclusions/Shared%20Documents/Forms/Al Iltems.aspx

Solihull MBC model attendance policy https://extranet.solgrid.org.uk/schoolissues/behaviourattendance/Behaviour%20and%20 Attendance%20Toolkit/Forms/AllItems.aspx

Solihull MBC attendance toolkit

https://extranet.solgrid.org.uk/schoolissues/behaviourattendance/Behaviour%20and%20 Attendance%20Toolkit/Forms/AllItems.aspx

Solihull MBC CME notification form

https://extranet.solgrid.org.uk/management/cme/Forms%20%20Policies/Forms/AllItems. aspx

Solihull MBC removing pupil from roll notification form <u>https://extranet.solgrid.org.uk/management/cme/Forms%20%20Policies/Forms/AllItems.</u> <u>aspx</u>

Keeping Children Safe In Education (2016) https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

Children missing education: Statutory guidance for local authorities (DfE September 2016)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550416/C hildren_Missing_Education_-_statutory_guidance.pdf

HMCI Advice Letter (July 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/444746/A dvice_letter_from_HMCI_on_the_latest_position_with_schools_in_Birmingham_and_To wer_Hamlets.pdf

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Child Sexual Exploitation (CSE)

What is CSE?

The West Midlands Metropolitan Area has adopted the following definition of child sexual exploitation, taken from statutory guidance:

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Indicators of risk

Staff in schools should be vigilant to the signs that a child or young person may be at risk of child sexual exploitation (CSE). Young people with the following characteristics are likely to be at higher risk of sexual exploitation:

- Going missing for periods of time or regularly returning home late
- Regularly missing school or not taking part in 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
- Uncharacteristic and significant mood swings or changes in emotional wellbeing
- Drug and alcohol misuse
- Displaying inappropriate sexualised behaviour
- Use of mobile phone and internet that causes concern
- Involved with or linked to gang activity

Taken from Solihull Local Safeguarding Children Board Induction Pack: CSE, Human Trafficking and Runaways.

http://www.solihulllscb.co.uk/media/upload/fck/file/SolihullCSE%20Induction%20Pack.p df

LSCB procedures for CSE

Child sexual exploitation is abuse and Solihull's safeguarding procedures should be followed:

http://solihulllscb.proceduresonline.com/chapters/p_safeg_sex_exploit.html

Information about CSE is available at: <u>http://www.solihulllscb.co.uk/practitioner-volunteers/child-sexual-exploitation-23.php</u>

Identifying children / young people at risk and what to do if you are concerned

- If there are serious concerns that a child or young person is at immediate risk, the police should be called and a referral to children's social work services (Solihull's multi-agency safeguarding hub, or MASH) should be made **without delay**.
- If there are concerns that a child or young person is at risk of significant harm, follow procedures to refer to MASH.
- Otherwise, complete the appropriate CSE Screening Tool (details below) and make a professional judgement as to the child/young person's level of risk.

CSE screening tools

Concerns about immediate risk of harm for a child should be referred urgently to the Multi-Agency Safeguarding Hub (MASH) and/or to the police.

Completing a screening tool at this stage could cause inappropriate delay.

We know that any child can be a victim of CSE. We also know that children can be targeted and abused at a young age, before adolescence.

 Where there are concerns about a particular child under the age of 12 that may relate to CSE, Solihull's Petch Screening Tool should be completed. The screening tool identifies children early, under the age of 12, who may be at risk from CSE. It provides a framework for making a sound professional judgement about the level of vulnerability of the child to CSE, supporting early help and intervention.

The Petch Screening Tool, for use in cases where the child is **under the age of 12**, can be found in the Practitioners' Tool Box on the LSCB website: <u>Click here for</u> <u>Petch CSE Screening Tool</u>

Important: actions following completion of the Petch Screening Tool for a child under the age of 12

The response will be determined by the clear pathway set out within the screening tool guidance.

Vulnerability to CSE that is beyond universal is <u>always</u> a concern for a child under-12 by virtue of their age.

The CSE indicators in the screening tool are designated either amber or red, with red indicators presenting higher risk.

- A completed screening tool with evidence against a significant number of solely amber indicators would be likely to lead to a professional judgement of the child being **potentially vulnerable** to CSE.
- A completed screening tool with evidence against a combination of several red and amber indicators could lead to a professional judgement of either **potentially vulnerable** to CSE or **vulnerable** to CSE.
- Where the completed screening tool provides clear evidence against one or more of the red 'alert indicators' that present a stronger indication of CSE risk (displayed as !), the child would <u>always</u> be deemed to be *vulnerable* to CSE.

A Multi-Agency Safeguarding Hub (MASH) referral should <u>always</u> be made for a child under the age of 12 who is deemed to be *potentially vulnerable* or *vulnerable* to CSE.

The MASH referral process will swiftly determine the next steps for professionals in safeguarding the child. Solihull Multi-Agency Safeguarding Hub (MASH): **0121 788 4333**

mash@solihull.gcsx.gov.uk

2. Where the child is **12 or over**, the existing screening tool (for 12-17 year olds) should be completed.

This regional screening tool has been developed to enable the identification of children and young people at risk of sexual exploitation. Where the school or education provider has identified that there are or may be potential concerns about a child or young person **aged 12 and over, but under the age of 18**, the screening tool should be completed to determine any level of risk. The screening tool and guidance on how to complete it, using professional judgement, is available on the LSCB website: **Click here for Secondary CSE Screening Tool**

This can also be accessed via the Practitioner's Tool Box; please click on children 12 and over in the CSE section.

Important: actions following completion of the screening tool for 12-17 year olds

- Screening tool Level 2 or 3 outcome: Follow procedures to refer swiftly to MASH, including the completed screening tool with the MASH referral.
- Screening tool Level 1 outcome: Advise CSE Team so the child/young person's details can be logged and risk level tracked. Address risks at an Early Help level:
 - Devise intervention to address specific risks highlighted in the screening tool
 - Carry out the planned work advising colleagues and the CSE team if any changes are needed to the original plan
 - Regularly re-screen the child/young person's risks, escalating to MASH if the level of risk increases.
- Screening outcome: no risks identified. No action required in relation to CSE, but any other concerns raised will need to be followed up swiftly in order to safeguard the child / young person.

Support in completing either screening tool can be accessed from Solihull's dedicated CSE team within Engage (Early Help): 0121 709 7000. Following completion, all screening tools should be submitted to the CSE Officer, <u>cse@solihull.gcsx.gov.uk.</u>

Children's Social Work Services:

MASH: 0121 788 4333 or mash@solihull.gcsx.gov.uk Emergency Duty Team (EDT) (out of hours): 0121 605 6060

Police:

Central Referral Unit: 03451135000 Emergency: 999

What can the schools and education providers do to prevent grooming and CSE?

Curriculum (Universal provision through planned PSHE)

The school's PSHE curriculum should:

- Have a strong focus on healthy and safe relationships, both offline and online
- Include a well-planned, age-appropriate programme of relationships and sex education learning that empowers pupils to recognise and manage risk and to keep themselves safe
- Have a clear focus on bullying being unacceptable. Bullying, like CSE, is underpinned by power, control, manipulation and coercion
- Enable all pupils to learn about keeping safe wherever and whenever they go online
- Include a focus on getting help, including talking to a range of trusted adults.

Solihull's health and wellbeing in schools website has a dedicated CSE page: http://www.solgrid.org.uk/wellbeing/safeguarding-through-the-curriculum/child-sexual-exploitation/

From this page, schools can access **Solihull's 'Healthy and Safe Relationships' preventative resource**. This unit of learning is aimed at secondary schools, pupil referral units and colleges and is designed to be embedded within a planned PSHE programme of learning for all pupils.

Other curriculum resources and support:

- Barnardo's Real Love Rocks website http://www.barnardosrealloverocks.org.uk/ is online space all about raising awareness around child sexual exploitation and what a healthy and safe relationship is. Young people, parents and professionals can access information about CSE. Professionals can sign up free to an additional hub area that is available for members
- <u>http://www.barnardosrealloverocks.org.uk/what-is-cse-young-person/</u> is a useful clip, made by Barnardo's with young people, that appropriately explains what CSE is.
- The Child Exploitation and Online Protection Centre's (CEOP) film 'Exploited' and the accompanying resource aims to help young people, aged 12 and over, to stay safe from sexual exploitation by recognising the signs. It contrasts an exploitative relationship with the development of a healthy relationship giving educators scenarios to explore in discussions with young people. The resource provides clear information about how to report abuse and access support. Register for free access to 'Exploited' and other educational resources, from CEOP's Thinkuknow programme:

https://www.thinkuknow.co.uk/teachers/?dm_i=HSS,1YWHE,3W0CHX,72UM5,1 CEOP's educational materials can help to empower and protect young people from the harm of sexual abuse and exploitation, both online and off.

- NSPCC film 'Losing control: Jay' <u>http://www.youtube.com/watch?v=XasNkfQ5AVM</u>
- NSPCC film 'When someone cares' <u>http://www.youtube.com/watch?feature=player_embedded&v=zuzi2fqcfc4</u>
- <u>Alright Charlie</u> is a resource designed for use with children aged 9-11 in primary schools and aims to highlight the warning signs of grooming in an age appropriate way. It has been developed by the BLAST Project.

Involving other agencies and signposting

Reporting a concern in Solihull: Available help, advice and support is summarised on the regional 'See me, Hear me' website: http://www.seeme-hearme.org.uk/

Further information

Child Exploitation and Online Protection (CEOP) www.thinkuknow.co.uk

National Working Group: The NWG is a charitable organisation formed as a UK network of over 2500 practitioners who disseminate information down through their services to professionals working on the issue of child sexual exploitation (CSE) and trafficking within the UK <u>http://www.nwgnetwork.org/</u>

<u>A report, 'Unprotected, overprotected' http://www.bild.org.uk/information/unprotected-overprotected/, published in September 2015, highlights that children with learning disabilities are more vulnerable to Child Sexual Exploitation (CSE) than other children, facing additional barriers to their protection and to receiving support. A series of leaflets have been produced, available on the above website link that identify the signs of sexual exploitation for children with learning disabilities.</u>

_'Spot the signs' leaflets for professionals, services, parents and children and young people can be downloaded from Barnardo's: <u>http://www.barnardos.org.uk/get_involved/campaign/cse/spotthesigns.htm</u>

Barnardo's information, including the 'Cut them free' campaign: <u>https://www.barnardos.org.uk/cutthemfreeappeal.htm</u>

Support for parents/carers

PACE – Parents Against Child Sexual Exploitation. <u>www.paceuk.info</u> PACE has an interactive learning tool for parents and for professionals: <u>http://www.paceuk.info/the-problem/keep-them-safe/</u>

'Spot the signs' leaflets for parents can be downloaded from Barnardo's: <u>http://www.barnardos.org.uk/get_involved/campaign/cse/spotthesigns.htm</u>

'Sexual Exploitation - Sex, Secrets & Lies.' This Barnardo's guide examines the risks young people face and explores ways of keeping safe. The colourful, easy to read booklet is illustrated and has been designed to be used by young people as well as family members and carers who are concerned about the safety of young people. http://www.barnardos.org.uk/cc126b-barnados-lft-englishversion-web_final_version.pdf

Barnardo's Real Love Rocks website <u>http://www.barnardosrealloverocks.org.uk/</u> is online space all about raising awareness around child sexual exploitation and what a healthy and safe relationship is. Young people, parents and professionals can access information about CSE.

Support for children and young people

'Spot the signs' leaflets for children and young people can be downloaded from Barnardo's: <u>http://www.barnardos.org.uk/get_involved/campaign/cse/spotthesigns.htm</u>

A leaflet for young people with learning disabilities is available from http://www.bild.org.uk/information/unprotected-overprotected/

<u>'Wud U'</u> is a free app developed by Barnardo's and Microsoft aimed at teaching young people about the dangers of child exploitation. http://www.barnardos.org.uk/barnardos/news/media_centre/Barnardos-and-Microsoft-release-new-app-to-help-protect-children-from-being-sexually-exploited/press_releases.htm?ref=96793

'Sexual Exploitation - Sex, Secrets & Lies.' This Barnardo's guide examines the risks young people face and explores ways of keeping safe. The colourful, easy to read booklet is illustrated and has been designed to be used by young people as well as family members and carers who are concerned about the safety of young people. http://www.barnardos.org.uk/cc126b-barnados-lft-englishversion-web_final_version.pdf

Barnardo's Real Love Rocks website <u>http://www.barnardosrealloverocks.org.uk/</u> is online space all about raising awareness around child sexual exploitation and what a healthy and safe relationship is. Young people, parents and professionals can access information about CSE.

Breast Ironing (or flattening)

'Breast ironing' refers to the practice of massaging or pounding young girls' breasts with heated objects to suppress or reverse the growth of breasts. A range of objects used may be used including stones, hammers and spatulas that have been heated. The practice has been documented primarily in Cameroon, but is also practiced in Guinea-Bissau, Chad, Togo, Benin, and Guinea. Cases have been found in the UK, particularly London and Birmingham.

Breast ironing is often performed by mothers or female relatives of victims. It is, wrongly, thought that performing breast ironing will protect their girls from rape, unwanted sexual advances, early sex, and pregnancies, all of which they fear would result from the appearance that a girl has reached the age of puberty. The practice is most likely to occur and the start of/during puberty.

Currently, awareness of and knowledge about the practice is at a low level amongst professionals including the police and education.

Potential School Action

All staff should be aware of risk factors and warning signs for breast ironing as part of their duties around safeguarding.

The following have been identified in tri.x Briefing 164

(<u>http://www.trixonline.co.uk/website/news/pdf/policy_briefing_No-164.pdf</u>) as risk factors and indicators:-

- The girl generally believes that the practice is being carried out for her own good and she will often remain silent. Young pubescent girls usually aged between 9 – 15 years old and from practising communities are most at risk of breast ironing.
- Breast ironing is a well-kept secret between the young girl and her mother. Often the father remains completely unaware. Some indicators that a girl has undergone breast ironing are as follows:-
- Unusual behaviour after an absence from school or college including depression, anxiety, aggression, withdrawn etc;
- Reluctance in undergoing normal medical examinations;
- Some girls may ask for help, but may not be explicit about the problem due to embarrassment or fear;
- Fear of changing for physical activities due to scars showing or bandages being visible.

There is no specific law within the UK around Breast Ironing, however it is a form of physical abuse and if professionals are concerned a child may be at risk of or suffering significant harm they must refer to their Local Safeguarding Children's Board Procedures: <u>http://www.solihulllscb.co.uk/</u>

A MASH referral may be necessary in order to safeguard the child/young person <u>http://solihulllscb.co.uk/report-abuse.php</u>.

Culture and Ethos

Schools should aim to create an "open environment" where pupils feel comfortable and safe to discuss the problems they are facing. Pupils need to know that they will be listened to and their concerns taken seriously.

Schools may wish to consider working towards the Unicef UK Rights Respecting Schools Award (RRSA). The award supports schools across the UK to embed children's human rights in their ethos and culture. The award recognises achievement in putting the UN Convention on the Right of the Child (UNCRC) at the heart of a school's practice to improve well-being and help all children and young people realise their potential.

http://www.unicef.org.uk/rights-respecting-schools/about-the-award/what-is-rrsa/

Article 19 has particular pertinence to breast ironing and other safeguarding issues: Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.

Curriculum

It is up to schools to decide exactly how they address breast ironing, taking account of the numbers of pupils from relevant communities. They can, however, create an 'open' and supportive environment by raising awareness through learning in sex and relationship education within PSHE.

Infant and primary schools: effective sex and relationship education within PSHE can help pupils keep themselves safe from harm through building their confidence to ask for help, learning that their body belongs to them and giving them the language to describe private parts of their body. The Sex Education Forum and <u>PSHE Association</u> have advice and guidance on effective teaching and learning in sex and relationship education and PSHE. <u>https://www.pshe-association.org.uk/default.aspx</u>

Resources to support teachers with educating children and young people about their rights and global citizenship have been produced by UNICEF. This includes assembly ideas, child-friendly leaflets summarising the UN Convention on the Rights of the Child and posters illustrating particular articles of the Convention. https://www.unicef.org.uk/rights-respecting-schools/

Further information

Further information on the following related issues is available within this document including links to advice and guidance from Solihull's Local Safeguarding Children Board. Also explore relevant links in this document: Gender Based Violence and Female Genital Mutilation.

Virtual Knowledge Centre to End Violence Against Women http://www.endvawnow.org/en/articles/609-breast-ironing.html

Bullying including Cyberbullying

Bullying behaviours are unacceptable. Bullying undermines confidence and causes misery and distress. It can affect a child or young person's attendance and progress at school. It can also have a detrimental impact on a child's mental health. Fear, isolation, anxiety and diminished self-esteem can lead to self-harm, depression and suicidal thoughts or actions. Research has shown that children who are bullied and/or bully others are more likely to suffer from mental health issues.

The rise of cyberbullying is a frequent cause of emotional disturbance in children and young people. Cyberbullying is insidious; technology enables perpetrators to have the power to reach their targets 24 hours a day, 7 days a week.

There is growing evidence of the lasting impact of childhood bullying. A recent study by the Institute of Psychiatry at Kings College, London concluded that children who are bullied, particularly those who are frequently bullied, are at risk of a range of poor outcomes into adulthood and middle age.

Schools should be places of safety for all children and young people. There should be a culture of mutual respect and tolerance, supported by the school's thoughtful approach to the promotion of British values. Bullying behaviours should be robustly challenged and those exhibiting such behaviours should be supported to understand the impact that their behaviour has on others.

The Anti-Bullying Alliance has created a briefing for schools and professionals about bullying and the law: <u>https://www.anti-bullyingalliance.org.uk/tools-information/all-about-bullying/bullying-and-law</u>

Potential School Action

Following the notification or disclosure of bullying, the following actions should be considered:-

- Staff follow the school's anti-bullying policy. All staff in schools should be aware of the school's policy for preventing and tackling bullying which should be underpinned by the latest Department for Education advice and guidance for schools. <u>https://www.gov.uk/government/publications/preventing-and-tackling-bullying</u> A model policy is available on Solihull's health and wellbeing in schools website, which schools can adapt: <u>http://www.solgrid.org.uk/wellbeing/emotional-wellbeing-and-mental-health/</u>
- Bullying is a safeguarding issue for schools. Staff should discuss specific concerns with the school's designated member for staff for child protection (DMS). Under the Children Act 1989 a bullying incident should be addressed as a child protection concern when there is 'reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm'

- Professionals should refer to Solihull Local Safeguarding Children Board (LSCB) procedures for guidance. The procedures also provide a useful reminder that some identified groups are particularly vulnerable to bullying: <u>http://solihulllscb.proceduresonline.com/chapters/g_bullying.html</u>
- The completion of an Early Help assessment may be appropriate for some children and young people in order to identify and meet needs
- Referrals to CAMHS may be required where there is a possible anxiety disorder / clinical depression
- <u>Keeping children safe online course</u> is a newly updated online introductory safeguarding course for anyone who works with children. The intended outcome of the course, developed by the NSPCC, is for participants to learn how children use the internet and how they can be kept safe from abuse. It includes a unit on the subject of online bullying.

Culture and Ethos

Preventative work is crucial to ensure that the level of bullying incidents reduces and that, where bullying does occur, school responses are swift and consistent. A positive and supportive culture within the school, where relationships are characterised by mutual respect, will have a significant impact.

Schools which excel at tackling bullying have created an ethos of good behaviour where pupils treat one another and the school staff with respect because they know that this is the right way to behave. Values of respect for staff and other pupils, an understanding of the value of education, and a clear understanding of how our actions affect others permeate the whole school environment and are reinforced by staff and older pupils who set a good example to the rest. (Preventing and tackling bullying, DfE)

<u>KiVa</u> is a research-based anti-bullying program that has been developed in Finland. There are opportunities for schools in Solihull to become involved through locally accredited trainers working in partnership with Bangor University (official UK licence partners of the University of Turku, Finland). To find out more, please see <u>https://youtu.be/C0B9uNgwUp4</u> or email <u>admin@kivasolihull.com</u>.

Curriculum (Universal provision through planned PSHE)

The school's curriculum should ensure that all children and young people have a range of opportunities to learn and understand what bullying is, and that it is unacceptable.

The school's PSHE curriculum should:-

 Have a strong focus on pupils learning to manage and take responsibility for their own feelings and behaviour, both in the online and offline worlds – understanding the impact that their behaviour has on others

- Focus on accessing help and support and talking to a range of trusted adults
- Incorporate the SEAL (Social and Emotional Aspects of Learning) unit 'Say No to Bullying' for primary aged children. Whole school assemblies support this learning across the school. <u>https://www.tes.com/teaching-resource/seal-say-no-to-bullyingassembly-activities-6104188</u>
- Focus on understanding difference and diversity. Resources and information that will support schools in addressing the issue of homophobia and homophobic bullying can be found at: <u>http://www.solgrid.org.uk/wellbeing/safeguarding-through-the-curriculum/</u>
- Use scenarios and stories as distancing strategies to explore the sensitive issue of bullying in a depersonalised way. A range of story books focused on difference, acceptance and bullying can be found at: <u>http://www.booktrust.org.uk/books/children/booklists/127/</u>
- The Values Versus Violence programme produced by the Dot Com Children's Foundation has been developed to provide children with an awareness of risk and risk management including issues around bullying and crime and disorder. <u>http://www.dotcomcf.org/wp-content/uploads/2016/07/Education-Information-Pack-June-2016.pdf</u>
- Triple V (Values Versus Violence) is Dot Com Children's Foundation's resource for secondary schools. The VVV resources aim to empower young people by helping them to develop positive behaviours and learn how to keep themselves and their friends safe. They provide opportunities to discuss criminal behaviour and victimisation in a safe environment and, as a result, they lead to changes in behaviour. The Watch Over Me series is a broadcast-quality "soap opera" which engages young people and helps them create their own strategies for dealing with risk. It is a classroom tool which stimulates discussion and helps pupils feel safe enough to talk about the most challenging issues which affect personal safety. <u>http://vvvuk.com/watch-over-me/</u>
- Digital Awareness UK and the Girl's Day School Trust have developed resources to help teachers develop their pupils' understanding of online safety – both physical safety and emotional wellbeing. Live My Digital is a series of 6 films for parents and 6 films for students on the following topics: Cyberbullying; The digital footprint; Identity and self-esteem; Relationships and grooming; Security and privacy; and Sexting.

http://www.gdst.net/parents/live-my-digital

Involving other agencies and signposting

Further advice and support for schools is available at: <u>http://www.solgrid.org.uk/wellbeing/emotional-wellbeing-and-mental-health/bullying/</u>

The Anti-Bullying Alliance (ABA) has resources focusing on a range of themes and are suitable for use with different age groups. The Anti-Bullying Alliance also provides schools with assessment tools and surveys about bullying. <u>https://www.anti-bullyingalliance.org.uk/</u>

ABA has produced effective practice guidance for schools about bullying of children and young people with special educational needs or disabilities: https://www.anti-bullyingalliance.org.uk/tools-information/all-about-bullying/sen-disability

ChildLine provides information, help and support, in addition to the helpline: <u>http://www.childline.org.uk/Explore/Bullying/Pages/Bullying.aspx?utm_source=google&u</u> <u>tm_medium=cpc&utm_campaign=UK_GO_S_B_GEN_New_Grant_ChildLine_Bullying&</u> <u>utm_term=+mental_+bullying&gclid=CPXpyNOYn8ACFSXKtAodFXUA4w&gclsrc=aw.d</u> <u>S</u>

Cyberbullying

The Department for Education advice for schools can be accessed at: <u>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374850/C</u> <u>yberbullying Advice for Headteachers and School Staff 121114.pdf</u> Information and resources about cyberbullying have also been collated on the Anti-Bullying Alliance (ABA) website.:

https://www.anti-bullyingalliance.org.uk/tools-information/all-aboutbullying/cyberbullying-0

Childnet's website incorporates cyberbullying pages: <u>http://www.childnet.com/teachers-and-professionals/for-working-with-young-people/hot-topics/cyberbullying</u>

Resources to support learning for primary and secondary aged pupils are included. NSPCC:

http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/bullying-andcyberbullying/

To support schools develop effective strategies to understand, prevent and respond to cyberbullying, <u>Childnet</u> have launched new <u>cyberbullying guidance</u> along with a <u>practical PSHE toolkit for teachers</u>.

Support for Parents

ChildLine: https://www.childline.org.uk/Explore/Bullying/Pages/online-bullying.aspx

ABA sources of advice for parents and carers are available at: https://www.anti-bullyingalliance.org.uk/tools-information/advice-parents

Young Minds also has advice for parents who are worried about bullying: <u>http://www.youngminds.org.uk/for_parents/worried_about_your_child/bullying?gclid=CJ_HpheeYn8ACFbPJtAodsEoABA</u>

Digital Awareness UK and the Girl's Day School Trust have developed resources to help teachers develop their pupils' understanding of online safety – both physical safety and emotional wellbeing. Live My Digital is a series of 6 films for parents and 6 films for students on the following topics: Cyberbullying; The digital footprint; Identity and self-esteem; Relationships and grooming; Security and privacy; and Sexting. http://www.gdst.net/parents/live-my-digital

Support for Children and Young People

ChildLine: https://www.childline.org.uk/Explore/Bullying/Pages/online-bullying.aspx

ABA sources of advice for children and young people are available at: http://www.anti-bullyingalliance.org.uk/advice/children-young-people/

Other useful Websites:

www.kidscape.org.uk www.bullying.co.uk www.kidpower.org

Domestic abuse including domestic violence

What is domestic abuse?

The cross-government definition of domestic violence and abuse is:

any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

https://www.gov.uk/guidance/domestic-violence-and-abuse

The NSPCC identify the behaviours that may constitute domestic abuse:

- sexual abuse and rape;
- punching, kicking, cutting, hitting with an object;
- withholding money or preventing someone from earning money;
- taking control over aspects of someone's everyday life, which can include where they go and what they wear;
- not letting someone leave the house;
- reading emails, text messages or letters;
- threatening to kill or harm them, a partner, another family member or pet.

They also highlight the fact that witnessing domestic abuse is child abuse and that children whose lives are touched it are likely to be experiencing other types of abuse too.

https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/

Training for school staff

Birmingham and Solihull Women's Aid (BSWAID) delivered a one day bespoke training session for identified leads in school to roll out to all staff. In addition, the Solihull e-training package tool. This is also a useful resource for new staff to complete as part of their induction and to refresh all staff's awareness of domestic abuse. Below are details of how to access the e-learning training:

Go to <u>www.kwango.com</u> User Name: SolihullSchools Password: solihull55

Potential School Support

In order for schools and settings to ensure they are responding effectively to Domestic abuse a health check of standards can be found on the LSCB website. Domestic violence and abuse procedures, within appendix 10: http://solihulllscb.proceduresonline.com/chapters/p_dom_abu.html

The <u>Barnardo's Domestic Violence Risk Identification Matrix (DVRIM)</u> has been adopted by Solihull Local Authority as a screening tool to identify risk of domestic abuse in relation to children and young people. Education providers should use this tool in their work to identify and assess pupils at risk due to domestic abuse. (Appendix 1) For further guidance on the use of this tool please refer to the Solihull LSCB domestic abuse procedures: Domestic violence and abuse procedures, within appendix 10: http://solihulllscb.proceduresonline.com/chapters/p_dom_abu.html

The <u>Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH,</u> 2009) <u>Risk Identification and Assessment and Management Model</u> is a screening tool to be used to assess levels of risk with adults experiencing domestic abuse. (Appendix 2) Education providers should use this document where they are working with an adult or young person experiencing domestic abuse. For further guidance on the use of this tool please refer to the Solihull LSCB domestic abuse procedures: Domestic violence and abuse procedures, within appendix 10:

http://solihulllscb.proceduresonline.com/chapters/p_dom_abu.html

Following the notification or disclosure of domestic abuse by a child/young person/parent to an adult in school, the following actions should be considered:

- A MASH referral may be necessary in order to safeguard the child/young person <u>http://solihulllscb.co.uk/report-abuse.php</u>
- An Early Help assessment may be appropriate for some C/YP in order to meet need.
- Where the abuse is happening within a teenage relationship, use the resources published by the_ATL and NSPCC <u>https://www.atl.org.uk/Images/professionalsguidance-nov-13.pdf</u> for guiding professionals and working with the young person to safety plan
- Contact Birmingham and Solihull Women's Aid <u>http://bswaid.org/</u> for support and advice
- School staff may find it helpful to read the SMBC leaflet 'Challenging the myths about domestic abuse' http://www.solihull.gov.uk/Portals/0/CrimeAndEmergencies/go for help.pdf

Curriculum (Universal provision through planned PSHE and Science)

- High quality PSHE which includes appropriate learning around safe and healthy relationships and sources of help/support
- This is Abuse Campaign materials can be used with secondary aged pupils to raise awareness of abuse within teenage relationships: <u>http://thisisabuse.direct.gov.uk/</u>
- Opportunities within a range of curriculum areas to explore positive relationships e.g. literacy texts
- Opportunities to learn about and develop 'protective behaviours' i.e. listening to what your body is telling you when something feels wrong, no problem is too big, small or awful to be shared with a trusted adult

Involving other agencies and signposting

Solihull Children's Services:

MASH: (0121) 788 4333 Out of Hours (EDT) (0121) 605 6060

Solihull Metropolitan Borough Council

The webpage below contains information for professionals about training opportunities, multi-agency procedures and referral forms for MARAC and MASH. It also has a number of guides to supporting friends and family who are experiencing unsafe relationships.

Web: www.solihull.gov.uk/domesticabuse

Barnardos

Barnardos aims to alleviate the long-term effects of domestic violence on children through counselling and family support services.

Tel: 0121 550 5271 / 6

Web: www.barnardos.org.uk

Support for Parents

Birmingham and Solihull Women's Aid (BSWAid)

Birmingham and Solihull Women's Aid has been supporting women and children affected by domestic violence, rape and sexual assault. They provide:

- A helpline
- Community-based and central drop-in services
- Safe, emergency accommodation through four refuges
- Outreach support in the community
- Help with criminal and civil legal proceedings
- Counselling
- Family support
- Training for professionals including the Police, Heath, Social Care and Education
- Awareness raising work with children and young people

Helpline on 0808 800 0028

Ryland House, 44-48 - Bristol Street, Birmingham - B5 7AA

Tel: 0121 685 8687 Web: www.bswaid.org

Victim Support

Victim Support helps anyone affected by crime; victims and witnesses, friends, family and any other people involved. They are an independent charity; people can talk to them whether or not they have reported the crime to the police. If desired, they can provide support without the involvement of the criminal justice system, they won't contact them about those seeking help unless they feel someone is at risk.

Helpline: 0845 30 30 900

Web: <u>www.victimsupport.org.uk</u>

The Key Project

The Key Project provides support to Black Asian Minority Ethnic and Refugee women children and men who are living in the community and experiencing domestic violence and abuse. The project is run by Panahghar who recognise that victims and survivors from Black, Asian and minority communities face additional obstacles, barriers and pressures which can make the effects of domestic violence and abuse more difficult to cope with.

Tel: 0800 055 6519 24 hours a day Web: <u>www.safehouse.org.uk</u>

Support for Children and Young People

Childline

Childline provides support and advice for children and young people living with domestic abuse.

Helpline: 0800 1111 Web: www.childline.org.uk/explore/homefamilies/pages/domesticviolence.aspx

This is Abuse Campaign materials can be used with secondary aged pupils to raise awareness of abuse within teenage relationships: <u>http://thisisabuse.direct.gov.uk/</u>

<u>Rise Above</u> – new website from Public Health England for secondary aged young people where they can find inspiring and useful stories, videos, games and advice. It includes issues around drug and alcohol use, relationships and sex education, body image, emotional health and wellbeing.

<u>How are you feeling today baby bear?</u> – Jane Evans - this is the story of Baby Bear who lives in a home where the Big Bears have fights and arguments at night. A gentle therapeutic story to help children aged 2 to 6 years who have experienced violence at the home to express and explore difficult feelings.

<u>Alex and the Scary Things</u> – Melissa Moses - this is the story of Alex who has experienced 'scary things', and the different things he does to cope with all the ways these scary things make him feel. This gentle storybook will help children who have experienced trauma deal with their emotions and learn coping strategies.

Drugs and Alcohol (Pupils/Parents)

What is drug/alcohol misuse?

Solihull Local Safeguarding Board use the following definition of substance misuse in their Joint Services protocol re. Families and Children Affected by Substance Misuse:

Substance misuse is the use of or dependence on a substance leading to social, psychological, physical or legal effects that are detrimental to the individual or others. Substance use includes prescribed and non-prescribed, legal and illegal substances including alcohol.

http://solihulllscb.proceduresonline.com/chapters/pr_drugs_alcohol.html

Clearly both drug and alcohol this may have implications with regard to parenting capacity in adults and a range of concerning issues for children and young people.

The latest advice from Government is the 2012 <u>Department for Education and ACPO</u> <u>Drug Advice for Schools</u>. Schools are advised that as a minimum, there should be:

- early access to support for pupils with drug or alcohol issues (or affected by family use);
- a written drugs policy available to all staff; and
- a senior member of staff with responsibility for policy and liaising with the local police and support services.

It is also made clear that a school's response to drugs and alcohol is most effective when:

- it is supported by the whole school community;
- drug education is part of a well-planned programme of PSHE education delivered in a supportive environment, where pupils are aware of the school rules, feel able to engage in open discussion and feel confident about asking for help if necessary; and
- staff have access to high quality training and support. <u>https://www.gov.uk/government/publications/drugs-advice-for-schools</u>

<u>Searching, screening and confiscation: advice for schools - DfE</u> advice explaining the powers schools have to screen and search pupils and to confiscate items may be of pertinence where pupils are suspected of possessing items that may compromise their safety or that of others.

For further support with reviewing policy and developing effective practice please see Solihull's Health and Wellbeing website: <u>http://www.solgrid.org.uk/wellbeing/pshe/drug-and-alcohol-education/</u>

Potential school support

Following the notification or disclosure of actual or suspected drug/alcohol misuse (own or that of parent/carer/friend) by a young person to an adult in school, the following actions should be considered:

- School follows its Managing Substance Related Incidents policy once drug/alcohol misuse is disclosed or discovered. School Behaviour (when considering sanctions) and Safeguarding (a MASH referral may be appropriate) policies may also be of relevance
- Establish and implement a Pupil Support Plan if appropriate
- School may identify children and young people who are potentially vulnerable to drug/alcohol misuse and plan targeted interventions addressing risk management skills and approaches
- An Early Help Assessment may be appropriate for some children and young people in order to meet need
- Create a support plan with the parent/carer for action to be taken if that parent/carer arrives at school under the influence of drugs/alcohol
- Staff awareness raising about the impact/signs/ways of supporting children & young people experiencing problematic drug/alcohol misuse
- Training is offered to Solihull schools and information/links are published on the Health and Wellbeing in Solihull Schools website http://www.solgrid.org.uk/wellbeing/

Curriculum (Universal provision through planned PSHE and Science)

- High quality PSHE which includes appropriate learning around drugs and alcohol. (See <u>Mentor-Adepis</u> for further support)
- Statutory elements of the Science Curriculum in maintained schools covering how the impact of drugs and lifestyle on how the body functions <u>https://www.gov.uk/government/publications/national-curriculum-in-england-science-programmes-of-study</u>
- Opportunities within a range of curriculum areas to explore risk, risky behaviour and why such behaviour might occur e.g. literacy texts
- Opportunities to learn about and develop 'protective behaviours' i.e. listening to what your body is telling you when something feels wrong, no problem is too big, small or awful to be shared with a trusted adult

Involving other agencies and signposting

SIAS

SIAS (Solihull Integrated Addiction Services) is a partnership of organisations -Welcome, The Bridge, Str8 Up, the Drug Intervention Programme (DIP) and Aquarius which work closely together to offer easy access to support and treatment for anyone whose drug or alcohol use has become problematic.

Web: https://sias-solihull.org.uk/

Support for Parents/Carers

Welcome

Welcome is a registered charity and the access point for drug and alcohol treatment and support services in Solihull. They are a member of SIAS and work with families and carers as well as users of drugs and/or alcohol to help them take control of their lives. 15 Larch Croft, Chelmsley Wood, Solihull B37 7UR Tel: 0121 678 4730

Web: www.welcome-solihull.co.uk

Smoking Cessation

For support and advice on stopping smoking, contact Solihull's smoking cessation service.

Tel: 0121 704 6000

Email bhs-tr.solihullstopsmoking@nhs.net Web: http://solihull.mylifeportal.co.uk/stopsmoking/

Talking to Kids about Alcohol: An informative, guide from the Alcohol Education Trust with tips and guidance on how to approach the issue of drinking with children and teenagers. http://www.alcoholeducationtrust.org/wp-content/uploads/2014/10/parentguide.pdf

Talk to Frank

National drugs awareness site for young people and parents/carers http://www.talktofrank.com/

Drinkline

Drinkline runs a free, confidential helpline for people who are concerned about their drinking, or someone else's. Tel: 0800 917 8282

Addaction

A UK wide treatment agency, helping individuals, families and communities to manage the effects of drug and alcohol misuse Web: www.addaction.org.uk

Al-Anon

Al-Anon is worldwide and offers support and understanding to the families and friends of problem drinkers.

Confidential Helpline 0207 40 30 888 open 10 am - 10pm or visit www.al-anonuk.org.uk

ADFAM

Adfam provide information and advice for families of alcohol and drug users. The website has a list of local family support services.

T: 020 7553 7640 Web: www.adfam.org.uk

Alcohol Concern

The national agency on alcohol misuse for England and Wales provides general information about alcohol, and can help put you in touch with your nearest alcohol advice centre.

Tel: 020 7928 7377 Web: www.alcoholconcern.org.uk

NHS Choices

This site provides advice and information on alcohol and offers a database of support and treatment services

http://www.nhs.uk/livewell/alcohol/Pages/Alcoholhome.aspx

Support for Children and Young People

Childline

Support and advice for children and young people regarding their own drug/alcohol use and that of parents/carers.

http://www.childline.org.uk/Explore/DamagingYourself/Pages/DamagingYourself.aspx http://www.childline.org.uk/Explore/HomeFamilies/Pages/Parentsandalcohol.aspx

Talk to Frank

National drugs awareness site for young people and parents/carers. <u>http://www.talktofrank.com/</u>

Drinkline

Drinkline runs a free, confidential helpline for people who are concerned about their drinking, or someone else's. Tel: 0800 917 8282

National Association for Children of Alcoholics (NACOA)

Information, advice and support to children of alcohol-dependent parents and people concerned with their welfare through a free and confidential telephone and email helpline.

Tel: 0800 358 3456 Email: <u>helpline@nacoa.org.uk</u> Web: <u>www.nacoa.org.uk</u>

Drugscope

Drugscope's online encyclopaedia of drugs and their history, effects and the law. Website also has listing for DrugScope publications to purchase. <u>www.drugscope.org.uk</u>

DWorld

Drugscope has a specific website for 11-14 year olds, which features fact files, games and videos. Dworld also has a section for parents and teachers. <u>www.drugscope-dworld.org.uk</u>

Fabricated or Induced Illness (FII)

Fabricated or induced illness (FII) in a child by carers is considered to be a rare but potentially under reported form of child abuse. It occurs when someone who is caring for a child, usually the child's biological mother, fakes or deliberately causes symptoms of illness in the child. 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.

FII can involve children of all ages, but the most severe cases usually involve children under five.

Possible Indicators

NICE guidelines regarding <u>'When to suspect child maltreatment' (2009)</u> (<u>https://www.nice.org.uk/guidance/cg89</u>) identifies the following 'alerting features' for medical practitioners as raising suspicions regarding FII:

Suspect fabricated or induced illness if a child's history, physical or psychological presentations or findings of assessments, examinations or investigations leads to a discrepancy with a recognised clinical picture and one or more of the following is present:

- Reported symptoms and signs only appear or reappear when the parent or carer is present
- Reported symptoms are only observed by the parent or carer
- An inexplicably poor response to prescribed medication or other treatment
- New symptoms are reported as soon as previous ones have resolved
- There is a history of events that is biologically unlikely (for example, infants with a history of very large blood losses who do not become unwell or anaemic)
- Despite a definitive clinical opinion being reached, multiple opinions from both primary and secondary care are sought and disputed by the parent or carer and the child continues to be presented for investigation and treatment with a range of signs and symptoms
- The child's normal daily activities (for example, school attendance) are being compromised, or the child is using aids to daily living (for example, wheelchairs) more than would be expected for any medical condition that the child has

Fabricated or induced illness is a likely explanation even if the child has a past or concurrent physical or psychological condition.

Potential School Actions

School staff will need to follow the procedures outlined in their Child Protection/Safeguarding Policies and discuss concerns with the designated member of staff for child protection.

The <u>Solihull LSCB</u> (<u>http://solihulllscb.proceduresonline.com/chapters/p_fab_indu_ill.htm</u>) webpages provide comprehensive guidance and advice on FII and what professionals should do if its presence is suspected.

Concerns that a child is suffering or likely to suffer significant harm as a result of illness fabricated or induced by a carer may be raised by a number of different types of professionals including school staff.

The Solihull LSCB advice is:

- Professionals who have identified concerns about a child's health must discuss these with the child's GP or consultant paediatrician responsible for the child's care
- If any professional considers their concerns about fabricated or induced illness are not taken seriously or responded to appropriately, these should be discussed with their Named Doctor or Named Nurse. (Community Paediatric Team Lead Dr Alan Stanton, Tel. 0121 7464475 / School Nursing Service Clinical Lead Jeanette Satterthwaite, Tel. 0121 7464459)
- At no time should concerns about the reasons for the child's signs and symptoms be shared with parents if this information would jeopardise the child's safety and compromise the child protection process and/or any criminal investigation.
- When a possible explanation for the signs and symptoms is that they may have been fabricated or induced by a carer and as a consequence the child's health or development is or is likely to be impaired, a referral should be made to the Children's Social Work Services in accordance with the <u>Referrals Procedure</u> (<u>http://solihulllscb.proceduresonline.com/chapters/p_referrals.html</u>)

Involving other agencies and signposting

NHS Choices (http://www.nhs.uk/conditions/Fabricated-or-induced-

illness/Pages/Introduction.aspx)provides and information on Fabricated and Induced Illness.

For more detailed guidance see the DSCF 2008 document <u>'Safeguarding Children in</u> Whom Illness is Fabricated or Induced'

(<u>https://www.gov.uk/government/publications/safeguarding-children-in-whom-illness-is-fabricated-or-induced</u>)

The NSPCC have produced a research briefing entitled <u>Fabricated or induced illness in</u> children: a rare form of child abuse? Anne Lazenbatt and Julie Taylor (July 2011)

(<u>http://www.nspcc.org.uk/services-and-resources/research-and-resources/</u>) that will be of interest and use where FII is suspected.

Specialist <u>Birmingham and Solihull Mental Health NHS Foundation Trust</u> (<u>http://www.bsmhft.nhs.uk/</u>) and adult mental health psychiatric advice may be helpful.

Faith Abuse

Faith abuse is abuse of a child, linked to faith or belief. It is not about challenging people's beliefs, but where these beliefs lead to abuse, this should never be tolerated. This includes: belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or multi murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation. This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune, such as telephoning a wrong number which is believed by some to allow malevolent spirits to enter the home.

Potential School Support

Following confirmation or disclosure of faith abuse by a child/young person/family member to an adult in school, the following actions should be considered:

- Standard child safeguarding procedures apply and must always be followed in all cases where abuse or neglect is suspected including those that may be related to particular belief systems
- A MASH referral may be necessary in order to safeguard the child/young person (see below for contact details)
- An Early help Assessment may be appropriate for some children and young people in order to meet need
- School staff may find it helpful to read about signs of Faith abuse, (see list of contacts below)

Involving other agencies and signposting

Solihull Childrens Services:

MASH: (0121) 788 4333 Out of Hours (EDT) (0121) 605 6060

Solihull Metropolitan Borough Council (SMBC)

Solihull LSCB website below contains information for professionals about training opportunities, multi-agency procedures and referral forms http://www.solihull.gov.uk/staysafe

The **Congolese Family Centre** (CFC) successfully developed a youth forum which has been active in promoting young people's awareness and understanding of children's rights, particularly relating to abuse linked to spirit possession and witchcraft. Alongside its parenting workshops, this has contributed to the creation of a network of families and young people speaking out against abusive practices.

Contact CFC on: tel. 0208 245 7026, email contact@congolesefamilycentre.org or visit the website <u>www.congolesefamilycentre.org/</u>.

CCPAS (The Churches' Child Protection Advisory Service) is an independent Christian charity which provides a comprehensive safeguarding service to churches and other faith groups. CCPAS also advise a wide variety of statutory agencies and non-faith organisations, including central government, Local Safeguarding Children Boards, Children's Social Care, Adult Social Services, the Police, the Probation Service, Health Services and voluntary bodies.

Contact CCPAS on: tel. 0845 120 4550, email info@ccpas.co.uk or visit the website <u>www.ccpas.co.uk</u>.

Recognising that language can be a barrier to keeping children safe, especially for families that are new to the UK, the **NSPCC** worked with members of the Black African Francophone community to produce a resource to give adults in that community information in their own language on what to do if they are worried about a child. This resource was distributed nationally to community organisations and other professionals working with those groups. The NSPCC has also supported community initiatives to tackle faith-based child abuse through awareness-raising workshops, distributing information resources, and hosting and participating in events to share knowledge and expertise in child protection.

Contact NSPCC by visiting the website <u>www.nspcc.org.uk</u>.

VCF – **The Victoria Climbié Foundation** emerged from the tragic death of Victoria Climbié, the result of ritual abuse by her guardian in this country and the systematic failure of statutory bodies to prevent this abuse.

In 2012, VCF worked alongside the Metropolitan Police to protect and support family victims and witnesses during the investigation into the death of Kristy Bamu, the most recent case of reported ritual abuse in this country.

Contact VCF on: tel. 020 8619 1191, email <u>enquiries@vcf-uk.org</u> or visit the website <u>http://vcf-uk.org/</u>.

The Metropolitan Police's **Project Violet** was set up to tackle violence against children linked to a belief in witchcraft or spirit possession in London. The remit of the project has been expanded to include any violence linked to a faith or belief and the team provide information and support to the Metropolitan Police and other UK police services on prevention and partnership initiatives.

Contact the Metropolitan Police SCD5 Partnership Team (Project Violet) on: tel. 0207 161 3822 / 3848 / 3813 or email violet@met.police.uk.

Children and Families Across Borders (CFAB) is a charity which identifies and protects children who have been separated from family members as a consequence of trafficking, abduction, migration, divorce, conflict and asylum, as well as other vulnerable individuals in often desperate circumstances. CFAB is the UK branch of the International Social Service network.

Contact CFAB on: tel. 020 7735 8941, email info@cfab.uk.net or visit the website www.cfab.org.uk.

Members of the **Working Group on Child Abuse linked to Faith and Belief** which produced an action plan agreed media lines for use by any of its members who were interviewed following the Kristy Bamu trial. The Working Group wanted to make sure that they conveyed a consistent message about faith-based child abuse. By doing so, they hoped to counter any public misconceptions and inform balanced media coverage. Contact the Working Group Secretariat at the Department for Education on: 0370 000 2288, or visit the website <u>www.education.gov.uk/help/contactus/dfe</u>.

Useful Resources Guidance on safeguarding, faith and belief

Safeguarding Children from Abuse Linked to a Belief in Spirit Possession, Department for Education, 2007. This guidance was issued under the previous government. Non-statutory, good-practice guidance for practitioners applying 'Working Together' to cases of abuse linked to belief (*NB Working Together is currently being revised*).

<u>www.education.gov.uk/publications/standard/publicationdetail/page1/DFES-00465-2007</u> The London Culture and Faith LSCB Strategy, Training Toolkit and Practice Guidance, London Safeguarding Children Board, 2011.

www.londonscb.gov.uk/culture_and_faith/

Good practice for working with faith communities and places of worship – spirit possession and abuse, Churches' Child Protection Advisory Service.

www.ccpas.co.uk/Documents/faith%20communities%20guidance.pdf CCPAS also have: a 24 hour telephone helpline on 0845 120 4550;

Other useful websites

The United Nations Convention of the Rights of the Child (UNCRC) http://www.unicef.org.uk/UNICEFs-Work/UN-Convention/

Information about the UNCRC on the Department for Education website www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/b0074766/uncrc

The Crown Prosecution Service helps and supports young victims and witnesses of crimes in court cases www.cps.gov.uk/victims_witnesses/young_victims/index.html

The Children's Commissioner for England www.childrenscommissioner.gov.uk

The Safe Network, which provides information and resources to help keep children safe www.safenetwork.org.uk

Resources for children

Information about Eno's Story, a children's fiction book dealing with the issue of witchcraft accusations. <u>http://www.amazon.co.uk/Enos-Story-Ayodele-Olofintuade/dp/9789060904</u>

ChildLine, a service run by the NSPCC for children and young people providing advice about a wide range of child protection issues www.childline.org.uk/Pages/Home.aspx

Female Genital Mutilation

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.

Key facts:

- FGM is illegal in the UK. For the purpose of the criminal law in England and Wales, FGM is mutilation of the labia majora, labia minor or clitoris.
- FGM is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls.
- FGM is prevalent in 30 countries. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East, and in some countries in Asia.
- It is estimated that approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.
- FGM is a deeply embedded social norm, practised by families for a variety of complex reasons. It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion.

Taken from Multi-agency guidelines on FGM for those with statutory duties to safeguard children and vulnerable adults (2016) <u>https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation</u>

Potential School Action

All staff should be aware of risk factors, warning signs and indicators of FGM as part of their duties around safeguarding. As of the 31st October, 2015, a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police comes into force. Schools should also be aware of what to say (and what not to say) if a girl/young woman discloses that they are at risk of or have suffered FGM. Teachers, along with health and social care professionals, are required under a new mandatory duty in the Serious Crime Act (2015), to report any cases of known Female Genital Mutilation disclosed by anyone under the age of 18yrs to the police.

https://www.gov.uk/government/publications/mandatory-reporting-of-female-genitalmutilation-procedural-information Where Female Genital Mutilation is **known** either through **disclosure** or the **observation** of physical signs (through normal day to day practice e.g. nappy changing, personal care etc., school staff should:

- follow their school's child protection policy and report any case of known Female Genital Mutilation to the Designated Safeguarding Lead immediately, ensuring a written record of the concern or disclosure
- the teacher should immediately make a report to the police (orally or in writing recommended route: call 101) providing the following information:
 - 1. explain that you are making a report under the FGM mandatory reporting duty
 - 2. your details:
 - name contact details (work telephone number and e-mail address) and times when you will be available to be called back role place of work
 - details of your organisation's designated safeguarding lead: name contact details (work telephone number and e-mail address) place of work
 - 4. the girl's details: name age/date of birth address
- the report should be logged by the Designated Safeguarding Lead on the school child protection file or record, ensuring police notification is logged including the case reference number.

Where FGM is suspected or recognised as a risk, school staff should:

- follow their school's child protection policy and report any case of known Female Genital Mutilation to the Designated Safeguarding Lead immediately, ensuring a written record of the concern or disclosure.
- refer the case to the Solihull Multi-Agency Safeguarding Hub (MASH). The referral should be of good quality clearly stating all known facts. All Female Genital Mutilation cases entering MASH go straight to a strategy discussion, police are informed as part of the multi-agency discussion who update their information and investigate as appropriate.

The <u>Solihull LSCB</u> webpages provide comprehensive guidance and advice for frontline professionals and their managers, individual's in Solihull's local communities and community groups such as faith and leisure groups on:

- Identifying when a child may be at risk of being subjected to FGM and responding appropriately to protect the child;
- Identifying when a child has been subjected to FGM and responding appropriately to support the child; and
- Measures which can be implemented to prevent and ultimately eliminate the practice of FGM. http://solihulllscb.proceduresonline.com/chapters/p_fem_gen.html#intro

Additional sources of information and advice (awareness raising with staff)

- The Home Office, in conjunction with the Virtual College have produced a training module that is helpful in raising awareness with staff around the issues of FGM and their responsibilities with regard to safeguarding. <u>http://www.safeguardingchildrenea.co.uk/resources/female-genital-mutilationrecognising-preventing-fgm-free-online-training/</u>
- The statement available from the weblink below opposing female genital mutilation (FGM) can be taken abroad to explain the criminal status of FGM in the UK. It outlines what FGM is, the legislation and penalties involved and the help and support available.
 https://www.gov.uk/government/publications/statement-opposing-female-genitalmutilation
- The NHS Choices website gives detailed information about FGM including awareness raising leaflets in a range of languages. <u>http://www.nhs.uk/Conditions/female-genital-mutilation/Pages/Introduction.aspx</u>
- The <u>West Midlands Police</u> website contains help and advice on FGM including links to Home Office factsheets on the issue. <u>http://www.west-midlands.police.uk/advice-centre/help-and-advice/honour-abuse/female-genital-mutilation/</u>
- The <u>NSPCC</u> have an FGM helpline and a range of resources including what to look out for and advice on how to keep children safe. <u>http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/</u>
- The PSHE Association have produced a <u>FGM PowerPoint</u> presentation which aims to raise awareness amongst school staff to help identify girls at greatest risk of FGM. <u>https://www.pshe-association.org.uk/content.aspx?CategoryID=1193</u>
- Schools may wish to provide parents/carers with information about FGM including its prevalence, legal status and where to access support. Workshops addressing how to keep their children safe aimed at parents may also be helpful.

Curriculum (universal provision through planned PSHE and Science)

It is up to schools, colleges and universities to decide exactly how they address FGM, taking account of the numbers of pupils from relevant communities. They can, however, create an 'open' and supportive environment by raising awareness through learning in sex and relationship education within PSHE. Listed below are some helpful resources and information about FGM for teachers.

<u>Female genital mutilation: resource pack, DfE, 2014</u> <u>https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack</u>

- Infant and primary schools: effective sex and relationship education within PSHE can help pupils keep themselves safe from harm through building their confidence to ask for help, learning that their body belongs to them and giving them the language to describe private parts of their body. The Sex Education Forum and <u>PSHE Association</u> have advice and guidance on effective teaching and learning in sex and relationship education and PSHE. <u>https://www.pshe-association.org.uk/default.aspx</u>
- Birmingham Against FGM provides a range of resources to support schools with raising awareness around FGM including signposting to materials for use in the classroom. The Ofsted Good Practice case study about Parkfield Community Primary School can be downloaded providing an example of how community engagement support the drive FGM. can be used to to end http://bafgm.org/education/
- <u>My body, My rules</u> is a short film that describes what Female Genital Mutilation (FGM) is, and why it is wrong. It has been designed for use with primary aged pupils. A version of the same film entitled Needlecraft for secondary aged pupils is also available. <u>https://www.truetube.co.uk/film/my-body-my-rules#</u>
- Key Stage 3 (Y7) lesson plan produced by Islington Council to raise awareness of the practice of FGM and provide information on how and where young people can get help.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/27654 1/KS3_FGM_lesson_plan.pdf

- The <u>FGM Fact File Interactive Teaching Resource</u> is a teaching resource by the Foundation for Women's Health Research and Development (FORWARD) see 'Training' section below for use in secondary schools (Y9-11) as part of personal, social and health education. It aims to raise young people's awareness of FGM, help them realise that it is a form of abuse, and make them aware of who and where they can go to for help. There is also a <u>teachers pack</u> to support the resource. <u>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/27689</u>
- The film <u>'Best of British'</u> by Values vs Violence looks at personal choices and values and community cohesion issues, and is aimed at sixth form and university students. <u>http://vvvuk.com/watch-over-me/series-4/</u>

 A DVD for secondary school staff on how to tackle FGM issues is available from <u>Integrate Bristol</u>, a charity that works towards equality and integration. <u>http://integratebristol.org.uk/2015/03/23/watch-new-films-and-behind-the-scenes-footage-from-integrate-bristol/</u>

Involving other agencies and signposting

- Birmingham & Solihull Women's Aid Helpline: 0808 800 0028 (free from most mobiles and landlines)
 Web: <u>http://bswaid.org/</u>
 FGM Project: 0121 685 8687 (ask for Khadija Jaamac)
- NSPCC FGM Helpline: 0800 028 3550 and emails sent to <u>fgmhelp@nspcc.org.uk</u> (a resource for both community and professionals.
- FORWARD (Foundation for Women's Health, Research and Development) 020 8960 4000 - <u>www.forwarduk.org.uk</u>
- Daughters of Eve 07983030488 <u>www.dofeve.org/stopping-fgm.html</u> Daughters of Eve is a non profit organisation that works to protect girls and young women who are at risk from female genital mutilation (FGM).
- African Well Woman's Service (Birmingham Heartlands Hospital) Alison Hughes 0781 7534274 Weekly clinic Friday mornings
- African Well Women's Service (Birmingham Women's hospital) Alison Hughes 07738 741614 Weekly clinic Thursday mornings

Information for Parents

- FGM Factsheet from the Home Office: <u>http://www.west-</u> <u>midlands.police.uk/docs/advice-centre/help-and-advice/honour-abuse/FGM-Home-Office-leaflet.pdf</u>
- Statement opposing FGM for parents to take abroad if travelling to high risk countries: <u>http://www.west-midlands.police.uk/docs/advice-centre/help-and-advice/honour-abuse/A-Statement-Opposing-FGM.pdf</u>
- NHS Patient Information leaflet on FGM (available in different languages): <u>http://www.nhs.uk/NHSEngland/AboutNHSservices/sexual-health-</u> <u>services/Documents/2903740%20DH%20FGM%20Leaflet%20Acessible%20-</u> <u>%20English.pdf</u>

Information for Young People

- Information and advice from ChildLine for young people about FGM including what to do if it has happened to you. <u>https://www.childline.org.uk/Explore/AbuseSafety/Pages/female-circumcision-fgmand-cutting.aspx</u>
- The Petals web app has been developed to provide young people with information about FGM. <u>http://petals.coventry.ac.uk/</u>

Forced Marriage

A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In cases of vulnerable adults who lack the capacity to consent to marriage, coercion is not required for a marriage to be forced.

Forcing someone to marry is a criminal offence. It is child abuse, domestic abuse and a form of violence against women and men; it should form part of existing child and adult protection structures, policies and procedures.

Multi-agency practice guidelines: Handling cases of Forced Marriage, HM Government 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/H MG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf

The Forced Marriage Unit has released a new film to demonstrate the devastating impact of forced marriage on victims and their families.

https://www.gov.uk/government/news/new-video-shows-the-devastating-impact-offorced-marriage

Its release follows the launch of a new online training tool designed to help professionals recognise the warning signs of forced marriage and take the right action – at the right time - to help protect vulnerable children, young people, or adults at risk of forced marriage. The tool is free to use.

http://www.safeguardingchildrenea.co.uk/resources/awareness-of-forced-marriageregister-for-training/

The following is a non-exhaustive list of potential indicators which may be present where there is a risk of forced marriage:

- Absence and persistent absence
- Request for extended leave of absence and failure to return from visits to country of origin
- Fear about forthcoming school holidays
- Surveillance by siblings or cousins at school
- Decline in behaviour, engagement, performance or punctuality
- Poor exam results
- Being withdrawn from school by those with parental responsibility
- Not allowed to attend extra-curricular activities
- Sudden announcement of engagement to a stranger
- Prevented from going on to further/higher education
- The victim reported for offences e.g. shoplifting or substance misuse
- Victim reported missing
- Unreasonable restrictions e.g. kept at home by parents
- Self-harm/attempted suicide
- Eating disorders
- Depression/ Isolation
- Substance misuse
- Unwanted pregnancy
- Female genital mutilation

The following risk factors within the family may also be indicators that forced marriage may occur:

- Reports of domestic abuse, harassment or breaches of the peace at the family home
- Siblings within the family reported missing
- Siblings forced to marry
- Early marriage of siblings
- Self-harm or suicide of siblings
- Death of a parent
- Family disputes

Young people with learning difficulties are at particular risk of forced marriage.

Potential School Action

- All staff should be aware of risk factors and warning signs for forced marriage as part of their duties around safeguarding.
- Schools should aim to create an "open environment" where pupils feel comfortable and safe to discuss the problems they are facing - an environment where forced marriage is discussed openly within the curriculum, and support and counselling are provided routinely. Pupils need to know that they will be listened to and their concerns taken seriously. Staff in special schools need to be aware of potential warning signs for pupils.
- Signposting where appropriate forced marriage materials on further support and advice can be accessed.
- Displaying relevant information e.g. details of the NSPCC Helpline, Child Line, and appropriate local and national support groups on forced marriage.
- Ensuring that a private telephone is made available pupils need to seek advice discreetly.

Following the notification or disclosure of the possibility of a girl being at risk of Forced Marriage, the following actions should be taken:

- School staff will need to follow the procedures outlined in their Child Protection/Safeguarding Policies and discuss concerns with the designated member of staff for child protection.
- The <u>Solihull LSCB</u> webpages provide comprehensive guidance and advice for frontline professionals and their managers, individuals in Solihull's local communities and community groups such as faith and leisure groups on forced marriage. Forced marriage involves complex and sensitive issues; where information is available to any agency which gives rise to concerns about a forced marriage involving a child or young person under 18, which indicates that s/he may be at risk of Significant Harm now or in the foreseeable future, a referral should be made to Children's Social Work Services in accordance with the Referrals Procedure.

 The Forced Marriage Unit will provide advice and support to frontline professionals handling cases of forced marriage at any stage in a case. The FMU can help those who have already been forced into marriage to explore their options, including assisting those who are being forced to sponsor a spouse's visa for settlement in the UK.

Call: 020 7008 0151 (Mon-Fri: 09.00-17.00) Email: <u>fmu@fco.gov.uk</u> Web: <u>www.gov.uk/forced-marriage</u>

For all out of hours emergencies, please telephone 020 7008 1500 and ask to speak to the Global Response Centre.

The following points have been identified in the multi-agency practice guidelines: Handling cases of forced marriage as being unhelpful and potentially harmful:

- Treating such allegations merely as a domestic issue and send the student back to the family home
- Ignoring what the student has told you or dismiss out of hand the need for immediate protection
- Deciding that it is not your responsibility to follow-up the allegation
- Approaching the student's family or those with influence within the community, without the express consent of the student, as this will alert them to your concerns and may place the student in danger
- Contacting the family in advance of any enquiries by the police, the Forced Marriage Unit, adult or children's social care, either by telephone or letter
- Sharing information outside information sharing protocols without the express consent of the student
- Attempting to be a mediator or encourage mediation, reconciliation, arbitration or family counselling

The local authority has a duty to identify all children not receiving a suitable education. This relates to children of compulsory school age who are not on a school roll and who are not receiving a suitable education otherwise than being at school (this could involve, for example, home education, private education, alternative provision). There may be occasions when a pupil does not return to education after a holiday or they may stop attending school during term time. In these situations, staff may have a suspicion that forced marriage is an issue. If a staff suspects that a pupil has been removed from, or prevented from, attending education as a result of forced marriage, a referral should be made to children's social care and the police. In these circumstances schools should not remove the pupil from the register without first making enquiries and referring the case to police and children's social care. Nor should they dismiss the student as taking unauthorised absence.

Curriculum (Universal provision through planned PSHE and RE)

- Children and young people should be taught through a planned and developmental programme of PSHE about expectations within relationships, issues around consent, the skills and knowledge to access help and support, children's and human rights;
- Within Religious Education, teaching should address issues such as what a forced marriage is/is not, the cultural context of forced marriage and the possible long-term impact of forced marriage on girls and women;
- <u>Freedom Charity</u> has produced a series of free FGM (Female Genital Mutilation) and forced marriage lesson plans for pupils aged 10 to 18. The lesson plans are available for free, to request them please contact Freedom Charity so they can be emailed to you. <u>http://www.freedomcharity.org.uk/</u>
- <u>Plan UK</u>, a global charity which supports action on promoting children's rights, has produced a series of lessons addressing forced marriage. <u>http://www.plan-uk.org/assets/Documents/pdf/teachers-resource_forced_marriage.pdf</u>
- Triple V (Values Versus Violence) is Dot Com Children's Foundation's resource for secondary schools. The VVV resources aim to empower young people by helping them to develop positive behaviours and learn how to keep themselves and their friends safe. This includes They provide opportunities to discuss criminal behaviour and victimisation in a safe environment and, as a result, they lead to changes in behaviour. The Watch Over Me series is a broadcast-quality "soap opera" which engages young people and helps them create their own strategies for dealing with risk. It is a classroom tool which stimulates discussion and helps pupils feel safe enough to talk about the most challenging issues which affect personal safety. <u>http://vvvuk.com/watch-over-me/</u>

Involving other agencies and signposting

<u>Birmingham and Solihull Women's Aid</u> will provide support and advice for those at risk of forced marriage. The also provide training sessions. <u>http://bswaid.org/</u>

Karma Nirvana is a UK registered charity that supports victims and survivors of Forced Marriage and Honour Based Abuse. Opening times are:

9am to 9pm Mon- Fri 10am to 4pm Sat & Sun

The helpline is available for all victims, survivors, friends and professionals. The phone line is staffed by survivors who understand what the victims are going through.

Tel. 0800 5 999 247

Gangs and youth violence

The vast majority of young people are not involved in gangs, guns or knife crime and want nothing to do with them. However, the behaviour of the small number of young people who are involved has a significant impact on communities, on their families and associates, as well as themselves.

Preventing violence in schools and colleges can require a mix of universal, targeted or specialist interventions. School and college leaders should be able to:

- develop skills and knowledge to resolve conflict as part of the curriculum;
- challenge aggressive behaviour in ways that prevent the recurrence of such behaviour;
- understand risks for specific groups, including those that are gender-based, and target interventions;
- safeguard, and specifically organise child protection, when needed;
- carefully manage individual transitions between educational establishments, especially into Pupil Referral Units (PRUs) or alternative provision; and
- work with local partners to prevent anti-social behaviour or crime.

Preventing youth violence and gang involvement: Practical advice for schools and colleges, Home Office https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418131/P reventing_youth_violence_and_gang_involvement_v3_March2015.pdf

Potential School Support

Following the notification or disclosure of actual involvement in gangs and/or violence by a young person to an adult in school, the following actions should be considered:

- School staff will need to follow the procedures outlined in their Child Protection/Safeguarding Policies and discuss concerns with the designated member of staff for child protection.
- Consult <u>Solihull LSCB</u> guidance for practitioners across the children's workforce to help them understand the nature of the risk that gang activity poses to children both through participation in and as victims of gang violence, how signs of gang involvement may manifest themselves and how to deal with such issues. <u>http://solihulllscb.proceduresonline.com/chapters/p_sg_ch_affect_gang.html</u>
- Funded and supported by the <u>Home Office</u>, the NSPCC is providing a 24-hour helpline (0800 800 500) to help parents, carers or any other adult worried about a child or young person at risk from gang-related activity. This includes children and young people who are not themselves in a gang, but may be at risk of being targeted by gang members. <u>https://www.gov.uk/government/publications/nspcc-gangs-</u> service-support-materials
- <u>Searching, screening and confiscation: advice for schools</u> DfE advice explaining the powers schools have to screen and search pupils and to confiscate items may be of pertinence where pupils are suspected of possessing items that may compromise their safety or that of others.

<u>https://www.gov.uk/government/publications/searching-screening-and-confiscation</u> Curriculum (Universal provision through planned PSHE)

- High quality PSHE which includes appropriate learning around peaceful conflict resolution, anti-bullying, rights, responsibilities, the law, drugs & alcohol.
- Opportunities within a range of curriculum areas to explore risk, risky behaviour and why such behaviour might occur e.g. literacy texts, drama.
- Opportunities to learn about and develop 'protective behaviours' i.e. listening to what your body is telling you when something feels wrong, no problem is too big, small or awful to be shared with a trusted adult.
- Healthy Schools Islington have produced a teaching resource aimed at year 6 children entitled <u>Keeping Safe Out and About</u>. The lesson plans have been written teachers in primary schools who want to teach about the risks of participating in antisocial behaviour, gangs and gang related behaviour and keeping safe in the local area.

http://www.healthyschoolslondon.org.uk/sites/default/files/Y6%20keeping%20safe% 20out%20and%20about.pdf

- <u>True Tube</u> provides videos, lesson plans and assemblies for RE, PSHE and Citizenship for key stages 3 & 4. These include materials that will support schools in addressing the issue of guns, gangs and knife crime. https://www.truetube.co.uk/keywords/knife-crime
- <u>Safe: Risks and choices out and about</u> provides a series of lessons linked to personal safety, risky behaviour and violent crime for secondary age pupils. <u>http://www.benkinsella.org.uk/wp-content/uploads/2012/08/Safe-risks-and-choices-out-and-about.pdf</u>
- BBC Learning have produced a classroom clip that includes an actual news report that was broadcast, scenes from the BBC Three drama, <u>My Murder</u>. As well as the clip, the website contains teaching ideas and key questions to deliver PSHE lessons for students from 14 years old upwards. http://www.bbc.co.uk/schools/pshe_and_citizenship/mymurder/
- The Values Versus Violence programme produced by the Dot Com Children's Foundation has been developed to provide children with an awareness of risk and risk management including issues around bullying and crime and disorder. http://dotcomcf.org/values-programme/
- Triple V (Values Versus Violence) is Dot Com Children's Foundation's resource for secondary schools. The VVV resources aim to empower young people by helping them to develop positive behaviours and learn how to keep themselves and their friends safe. This includes They provide opportunities to discuss criminal behaviour and victimisation in a safe environment and, as a result, they lead to changes in behaviour. The Watch Over Me series is a broadcast-quality "soap opera" which engages young people and helps them create their own strategies for dealing with risk. It is a classroom tool which stimulates discussion and helps pupils feel safe enough to talk about the most challenging issues which affect personal safety. <u>http://vvvuk.com/watch-over-me/</u>

Involving other agencies and signposting

Crimestoppers

Free, confidential service where you can report information about a crime anonymously. Freephone: 0800 555 111. Web: <u>https://crimestoppers-uk.org/</u> **Support for Parents**

<u>Advice to parents and carers on gangs</u> - This leaflet from the Home Office provides advice to help parents/carers stop their children from being involved in gangs. <u>https://www.gov.uk/government/publications/advice-to-parents-and-carers-on-gangs</u>

No Knives Better Lives is a national initiative which works with local organisations to provide information and support. The campaign aims to raise awareness of the consequences of carrying a knife and provides information on local activities and opportunities for young people.

http://noknivesbetterlives.com/parents/having-the-conversation/

Support for Young People

No Knives for Better Lives

No Knives Better Lives is a national initiative which works with local organisations to provide information and support. The campaign aims to raise awareness of the consequences of carrying a knife and provides information on local activities and opportunities for young people.

http://noknivesbetterlives.com/young-people/

TheSite

TheSite.org is an online guide providing non-judgmental support and information, including gangs and carrying weapons, for 16-25 year-olds in the UK Web: <u>http://www.thesite.org/crime-and-safety/in-trouble/why-carry-a-weapon-9303.html</u>

Childline

Children and young people can access ChildLine confidentially in a range of ways including by calling 0800 1111.

http://www.childline.org.uk/Talk/Pages/ContactingChildLine.aspx https://www.childline.org.uk/Explore/CrimeLaw/Pages/Gangs.aspx

Gender based violence against women and girls

Violence Against Women and Girls (VAWG) is the term given to all forms of violence and abuse experienced disproportionately by women and girls, or experienced by them because of their gender, including rape, domestic violence, forced marriage, FGM and sexual harassment.

The United Nations defines it as:

'Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life'

UN definition of violence against women

Nearly a quarter (24.1%) of young adults aged 18-24 report having experienced sexual abuse in childhood (31% of young women and 17.4% of young men)

Child Abuse and Neglect in the UK today, NSPCC, 2011

In 2012-2013, 22,654 sexual offences against under-18s were reported to police in England and Wales with four out of five cases involving girls.

Sexual abuse of under-11s: reports to police rise 16% in 2012-13, NSPCC, 2014

Close to one in three (29%) 16-18-year-old girls say they have experienced unwanted sexual touching at school.

http://www.endviolenceagainstwomen.org.uk/2010-poll-on-sexual-harassment-in-schools

Schools play a vital role in helping young people develop healthy relationships based on equality and respect.

The End Violence Against Women Coalition is a coalition of organisations and individuals campaigning to end all forms of violence against women. They have produced a factsheet for schools which outlines how schools can support these aims from which the following advice is taken:

A whole school approach, including comprehensive SRE teaching as part of PSHE, is needed to support young people and prevent abuse through:

- Challenging notions of male sexual entitlement;
- Preventing abusive attitudes and behaviours being reproduced and taking root;
- Unpicking harmful stereotypes that place responsibility on girls to protect themselves from violence and abuse;
- Addressing the gendered environment in which young people form attitudes and behaviours and navigate relationships;

• And acknowledging the scale of violence against women and girls. http://www.endviolenceagainstwomen.org.uk/resources/68/vawg-factsheet-for-schools Further information on the following related issues is available within this document including links to advice and guidance from Solihull's Local Safeguarding Children Board. Also explore relevant links in this document: Anti-bullying, Breast ironing, Child Sexual Exploitation (CSE), Domestic abuse including domestic violence, Female Genital Mutilation, Forced Marriage, Sexting, Teenage relationship abuse, Trafficking or Inappropriate sexual behaviour.

Triple V (Values Versus Violence) is Dot Com Children's Foundation's resource for secondary schools. The VVV resources aim to empower young people by helping them to develop positive behaviours and learn how to keep themselves and their friends safe. This includes opportunities to discuss criminal behaviour and victimisation in a safe environment and, as a result, they lead to changes in behaviour. The Watch Over Me series is a broadcast-quality "soap opera" which engages young people and helps them create their own strategies for dealing with risk. It is a classroom tool which stimulates discussion and helps pupils feel safe enough to talk about the most challenging issues which affect personal safety. <u>http://vvvuk.com/watch-over-me/</u>

Additional Information and Resources

The Home Office Action Plan, A Call to End Violence against Women and Girls, calls for more to be done to "promote the teaching of sexual consent and the importance of healthy relationships in schools". In response, the PSHE Association have produced guidance for teachers working with pupils at key stages 3 and 4. https://www.pshe-association.org.uk/content.aspx?CategoryID=1161

Schools Safe 4 Girls factsheet:

http://www.endviolenceagainstwomen.org.uk/data/files/Schools_Safe_4_Girls/Schools_ Safe_4_Girls_Factsheet_Preventing_VAWG_Web.pdf

Plan works with millions of children in 86,000 communities in 51 developing countries across the world and is continuously looking for new ways and opportunities to advance the achievement of gender equality and girls' rights

Through the Because I am a Girl campaign, Plan's projects will address the barriers to girls completing a quality education of at least 9 years, as well as equip them with the assets they need to safe guard their future, promote gender equality and improve their lives.

https://plan-international.org/what-we-do/because-i-am-girl

Mental health

Further advice and support for schools is available at http://www.solgrid.org.uk/wellbeing/emotional-wellbeing-and-mental-health/

Positive emotional wellbeing and mental health is fundamental to all our lives and to the communities in which we live. It underpins everything that we do, how we think, feel, act and behave. It impacts on learning. Investing in children's emotional wellbeing and mental health is as important as attending to their physical health as it underpins positive outcomes in childhood and successes in future adulthood.

The Department for Education publication, <u>'Mental Health and Behaviour in Schools'</u> (March 2015) is particularly useful for schools. It cites the Mental Health Foundation's (2002) 'A bright future for all: promoting mental health in education' description of children who are mentally healthy as having the ability to:

- develop psychologically, emotionally, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;
- become aware of others and empathise with them;
- play and learn;
- develop a sense of right and wrong; and
- resolve (face) problems and setbacks and learn from them.

Annex C in the document provides a brief description for schools of the main types of mental health needs and summarises which approaches other professionals might use following diagnosis.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416786/M ental_Health_and_Behaviour - Information_and_Tools_for_Schools_240515.pdf

A <u>'Mental Health Toolkit for Schools'</u> was launched in October, 2016. The toolkit aims to raise awareness amongst school and college staff of the range of validated tools that are available to help measure subjective mental wellbeing amongst the student population. This, in turn, will help school and college leaders make use of school and college level data to identify the mental wellbeing needs of students and determine how best to address these.

Potential school support

- Ensure that the culture of the school is conducive to feeling safe, to positive emotional wellbeing and to developing resilience.
 'School should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.' (DfE: Mental Health and Behaviour in Schools)
- All staff should understand that mental health is a safeguarding issue that forms part of their duties around safeguarding.
- All staff should be aware of the risk factors that make some individuals or groups more vulnerable to developing mental health difficulties.

- Schools should consider training to support them in identifying and supporting pupils, and adults, at risk. Mental Health First Aid training courses for schools can be accessed at info@mhfaengland.org. Solihull's SEMH team also provides training.
- Schools should consider whether a referral is needed to Solihull's emotional wellbeing and mental health service. This replaced CAMHS on 1st April 2015. Information is available at:

http://www.bsmhft.nhs.uk/our-services/children-young-people-services/solihull-cyp/

 Many schools and education providers are now considering creating their own <u>Mental Health Policy</u>. <u>http://www.inourhands.com/target-audience/advice-for-teachers/mental-health-policy-guidance-to-adapt-for-your-school-college/</u> A framework and guidance on this has been developed by Pooky Knightsmith on behalf of the <u>Charlie Waller Memorial Trust http://www.cwmt.org.uk/</u>

Curriculum (Universal provision through planned PSHE)

- Children and young people should be taught, through a planned and developmental programme of PSHE, to name and manage their feelings, how to look after their own emotional wellbeing and mental health and how to access help and support
- 'Schools should focus on developing children's resilience, confidence and ability to learn.' (Mental Health and Behaviour in Schools, DfE)
- The PSHE Association has published guidance on preparing to teach about mental health and emotional wellbeing. In addition, accompanying resources and lesson plans are available for Key Stages 1 to 4: <u>https://pshe-</u> <u>association.org.uk/resources_search_details.aspx?ResourceId=570&Keyword=&Su</u> <u>bjectID=0&LeveIID=0&ResourceTypeID=3&SuggestedUseID=0&dm_i=HSS,3JOOW</u> ,3W0CHX,CPWHY,1

Mental health difficulties – Parents/Children/Young People

Solihull Council's website provides useful signposting to a range of agencies and groups that can support where there are concerns about mental health issues: http://www.solihull.gov.uk/Resident/socialservicesandhealth/adultsolderadults/stayinghealth/lookingaftermentalhealth

Young Minds

Young Minds is a Charity that offers support and raises awareness of young people's mental health. They have information on a range of mental health conditions and experiences of young people accessing mental health services. They offer Parent helpline and training for other professionals to raise awareness and understanding of mental illness in young people.

Web: www.youngminds.org.uk

Youth Space

Youthspace is a locally run website that is supported by Birmingham and Solihull Mental Health trust and their Youth Support Team. Youthspace offers relevant, up-to-date information and advice for young people, carers and professionals working with young people on all aspects of mental health, resilience & emotional wellbeing. Web: <u>http://www.youthspace.me/</u>

The 'In hand' app, which is free to download, uses a traffic light system to allow you to communicate how you are feeling and empowers you by suggesting a series of practical, straightforward actions to help you overcome feelings of stress, anxiety or depression.

The app has been designed by 16-25 year olds, a number of whom have suffered from mental health issues.

http://www.safenetwork.org.uk/news_and_events/news_articles/Pages/In-Hand-newapp-mental-health-young-people.aspx

Peer-on-Peer (Child-on-Child) Abuse

Peer-on-peer abuse refers to a broad range of behaviours spanning a number of specific safeguarding issues. Its breadth is exemplified by the definition adopted by Dr C. Firmin, University of Bedfordshire:

*Physical, sexual, emotional and financial abuse, and coercive control, exercised within young people's relationships.*²

The following statistics highlight the extent of this issue:

- One in five girls in England suffered physical violence from their boyfriend
- More than four in ten teenage schoolgirls aged between 13 and 17 in England have experienced sexual coercion.
- The rates of violence were higher for girls in England than in other countries.
- Nearly half-48% of girls reported instances of emotional and online abuse from their partners.
- Over a third of young boys in England admitted watching porn and held negative attitudes towards women

(University of Bristol and University of Central Lancashire, 2015)

- Two thirds (65.9%) of contact sexual abuse experienced by children up to age-17 was perpetrated by someone under-18 (Radford et al 2011)
- 1/4 Barnardo's service users was sexually exploited by their peers (2011)
- Almost a third of 16-18-year-old girls say they've been subjected to unwanted sexual touching in UK schools (EVAW 2010)

Keeping Children safe in Education, 2016 states that:

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, bullying (including cyberbullying), gender based violence/sexual assaults and sexting. Staff should be clear as to the school or college's policy and procedures with regards to peer on peer abuse.

<u>Trixonline</u> have produced a useful briefing paper on the topic of peer-on-peer abuse: <u>http://www.trixonline.co.uk/website/news/pdf/policy_briefing_No-198.pdf</u>

This briefing makes the important point that the perpetrators of this type of abuse are also experiencing harm through their behaviours being, by definition the same or similar in age to their victims and also being under the age of 18.

² Peer on Peer Abuse: Safeguarding Implications of Contextualising Abuse between Young People within Social Fields, Dr C. Firmin, University Beds 2015.

Within the Designated Safeguarding Handbook, the following pathways are of pertinence:

- Sexting
- Bullying (inc. cyberbullying)
- Gender based violence against women and girls
- Inappropriate sexualised behaviour
- Teenage relationship abuse
- Child sexual exploitation
- Gangs and youth violence

Private Fostering

Private fostering occurs when a child or young person under 16 (if disabled, under 18) is cared for and provided with accommodation for more than 28 days, by an adult who is not their parent or a close relative*. Usually a birth parent chooses and arranges a private fostering arrangement. Private foster carers do not hold parental responsibility and the child or young person is not "looked after" by the Local Authority.

* The Children Act defines 'close relatives' in relation to a child as a grandparent, brother, sister, uncle or aunt. They could be a full or half relation, and could be related by marriage. The term also includes a step-parent. A cohabitee of the mother or father would not qualify as a relative; neither would extended family members such as a great aunt, great uncle or parent's cousins.

Birth parents must:

- Advise the local authority (in Solihull via MASH) of the private fostering arrangement at least six weeks in advance or, where an arrangement is made in an emergency, within 48 hours. It is a legal requirement for the Local Authority to be notified by the birth parent.
- Provide the prospective carer with as much information about the child / young person as possible, including their health records, dietary preferences, school records, hobbies, religion and ethnicity.
- Ensure that the proposed private fostering placement is suitable for their child.
- Participate in all decisions about their child.

Private foster carers must:

- Advise the local authority (in Solihull via MASH) at least six weeks in advance of their intention to privately foster a child or, where a child or young person is received in an emergency, within 48 hours after the child or young person's arrival. It is a legal requirement for the Local Authority to be notified by the private foster carer.
- Notify the local authority within 48 hours if their circumstances change including if someone else comes to live in the household or when a child or young person leaves their care, stating why and giving the name and address of the person into whose care the child or young person has moved.
- Ideally, notification should come from the parent or private foster carer. However, any school or college based staff member will often be the people who are in the best position to explain to private foster carers and parents that they have a legal duty to notify Children's social work services.

Actions for nursery, school and college staff:

• If you know that a child or young person is being privately fostered, please advise them of the legal obligation to notify children's social work services. Offer to help them make the notification themselves. If they are unwilling or unable to do so, or you suspect that they will not do so, please notify the local authority yourself.

The following source of information is likely to be useful: Somebody Else's Child <u>http://www.privatefostering.org.uk/</u>

Preventing radicalisation

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

Extremism is 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. This also includes calls for the death of members of the British armed forces, whether in this country or overseas.

The Prevent Duty and Schools

From 1 July 2015, all schools 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".

Risk Assessment

Schools and childcare providers are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them.

The general risks affecting children and young people may vary from area to area, and according to their age. Schools and childcare providers are in an important position to identify risks within a given local context. It is important that schools and childcare providers understand these risks so that they can respond in an appropriate and proportionate way. At the same time, schools and childcare providers should be aware of the increased risk of online radicalisation, as terrorist organisations seek to radicalise young people through the use of social media and the internet.

There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour that could indicate that they may be in need of help or protection. Children at risk of radicalisation may display different signs or seek to hide their views. School staff should use their professional judgement identifying children who might be at risk of radicalisation and act proportionately.

Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:

- Identity Crisis the pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
- Personal Crisis the pupil may be experiencing family tensions; chaotic family background; a sense of isolation; and low self-esteem; bereavement; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; demonstrating controlling behaviour; they may be searching for answers to questions about identity, faith and belonging;
- Personal Circumstances migration; local community tensions; and events affecting the pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- Unmet Aspirations the pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
- Experiences of Criminality which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
- Expressing hatred to others or a group;
- Lack of trust in authorities;
- Inappropriate on line behaviour (inappropriate internet contact and content);
- Special Educational Need pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others;
- Not in education, employment or training, unemployed.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

More counter-terrorism critical risk factors could include:

- Family/associates linked to extremism;
- Attend vulnerable locations permissive to extremist ideology;
- Express support for extremist ideology of extremist groups;
- Being in contact with extremist recruiters;
- Attended extremist protests or gatherings;
- Has expressed support for ISIS/IS
- Accessing violent extremist websites, especially those with a social networking element
- Possessing or accessing violent extremist literature;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve societal issues;
- Joining or seeking to join extremist organisations;
- Significant changes to appearance and / or behaviour;
- Expressing desire to travel to theatres of war/conflict zones:
 - Syria
 - Yemen
 - Parts of Iraq, Afghanistan and Pakistan
 - Potentially Somalia/Libya
- Associate to travellers to war/conflict zones, via school/friend/family networks
- Contact with others in vulnerable countries

(See FCO travel advice website for up to date guidance <u>www.gov.uk/foreign-travel-advice</u>)

Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. The Prevent duty does not require teachers or child care providers to carry out unnecessary intrusion into family life but they must take action when they observe behaviour of concern.

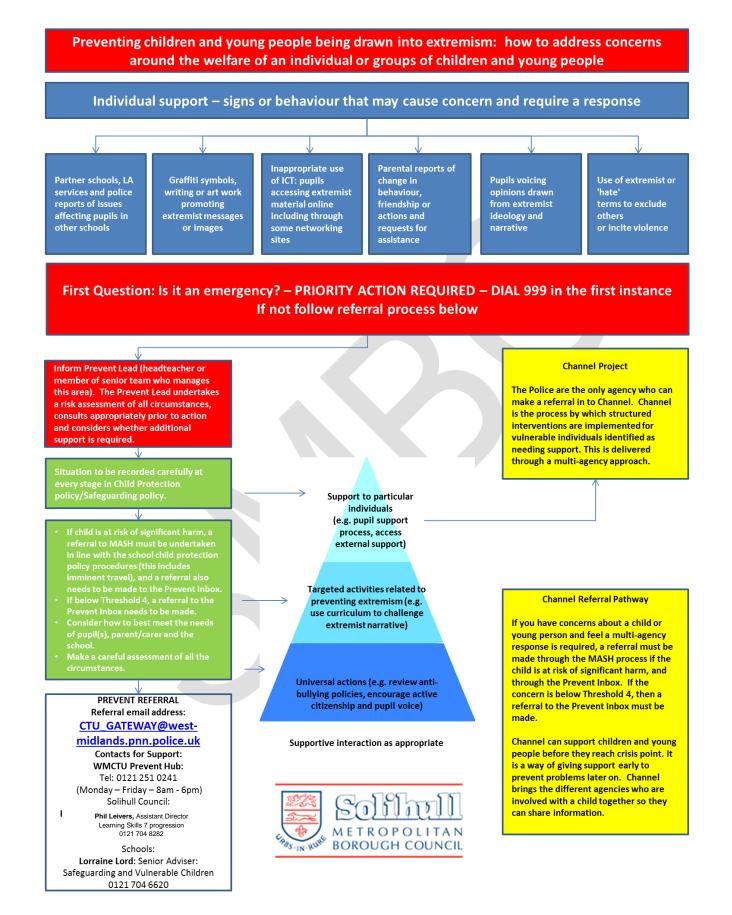
Schools and childcare providers should have clear procedures in place for protecting children at risk of radicalisation. These procedures may be set out in existing safeguarding policies. It is not necessary for schools and childcare settings to have distinct policies on implementing the Prevent duty. General safeguarding principles apply to keeping children safe from the risk of radicalisation as set out in "Working Together to Safeguard Children" and "Keeping Children Safe in Education".

School Assessment of Risk and Referral Procedures

Following confirmation or disclosure of potential radicalisation or violent extremism by a child/young person/family member, community member to an adult in school, schools are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology.

- If the concern meets threshold 4 of the Solihull multi-agency thresholds, a referral to MASH must be made in line with the school child protection policy. An e-mail referral must also be sent to the PREVENT Inbox: <u>CTU_GATEWAY@west-</u> <u>midlands.pnn.police.uk</u>
- If the child is at risk of significant harm, this includes travel to Syria, then a referral to Solihull MASH must be made in line with the school child protection policy. An email referral must also be sent to the PREVENT Inbox: <u>CTU_GATEWAY@west-</u> <u>midlands.pnn.police.uk</u>
- If the concern is below threshold 4 of the Solihull multi-agency thresholds, an e-mail referral must be sent to the PREVENT Inbox: <u>CTU GATEWAY@west-midlands.pnn.police.uk</u> The school must act on the PREVENT Counter Terrorism Unit (CTU) advice, the CTU may take the case forward as a referral, alternatively they may advise the school to make a MASH referral or instigate early help.

Engagement with parents / the family is also important as they are in a key position to spot signs of radicalisation. It is important to assist and advise families who raise concerns and be able to point them to the right support mechanism.



Training for School Staff

The statutory guidance refers to the importance of Prevent awareness training to equip staff to identify children at risk of being drawn into terrorism and to challenge extremism ideas. The Home Office has developed a core training product for this purpose – Workshop to Raise Awareness of Prevent (WRAP). There are a number of professionals – particularly in safeguarding roles – working within Local Authorities, Police, Health and Higher and Further Education who are accredited WRAP trained facilitators.

Individual schools and childcare providers are best placed to assess their training needs in the light of their assessment of the risk. As a minimum, however, schools should ensure that the Designated Safeguarding Lead undertakes Prevent awareness training and is able to provide advice and support to other members of staff on protecting children from the risk of radicalisation. We recognise that it can be more difficult for many childcare providers, such as child-minders, to attend training and we are considering other ways in which they can increase their awareness and be able to demonstrate that. This advice is one way of raising childcare providers' awareness.

- Staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. They should refer as outlined above.
- In order for schools to fulfil the Prevent duty, it is essential that staff are able to identify children who may be vulnerable to radicalisation.
- School staff should be trained in Working to Raise Awareness of Prevent (WRAP 3), a Home Office workshop.
- School Prevent Lead should understand when it is appropriate to make a referral to the CTU.
- Channel is a programme which focusses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages. The Channel online training can be accessed at <u>http://course.ncalt.com/Channel General Awareness</u>
- Protecting children from the risk of radicalisation should be seen as part of schools' wider safeguarding duties, and is similar in nature to protecting children from other harms (eg: drugs, gangs, neglect), whether these come from within their family or are the product of outside influences.
- Schools need to ensure that children are safe from terrorist and extremist material when accessing the internet in schools. Schools should ensure that suitable filtering is in place. Children should also be taught to stay safe on line, both in school and outside. (See e-safety section of this document). General advice and resources for schools on internet safety are available on the UK Safer Internet Centre website. Every teacher and other school staff need to be aware of the risks posed by online activity of extremist and terrorist groups.

www.preventforfeandtraining.org.uk/p-pastoral-and-tutorial-notes

Curriculum

The school PSHE programme (particularly for secondary school pupils and pupils in year 6 at primary school) should build pupils' resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views. It should not stop pupils debating controversial issues. Schools should provide a safe space in which children, young people and staff can understand the risks associated with terrorism and develop the knowledge and skills to be able to challenge extremist arguments. Pupils need to be taught to manage risk, make safer choices, and recognise when pressure from other threatens their personal safety and wellbeing.

Curriculum Resources for Schools: www.preventforschools.org

http://www.lgfl.net/esafety/Pages/counter-extremism.aspx https://www.victvs.co.uk/resources/

<u>http://www.educateagainsthate.com/</u>This website gives parents, teachers and school leaders practical advice on protecting children from extremism and radicalisation.

<u>Trust Me</u>: The London Grid for Learning and ChildNet International have developed resources for primary and secondary schools addressing the development of critical thinking when looking at online materials. The lessons could be used within PSHE/Citizenship and support schools in teaching the skills necessary to recognise online extremism and propaganda.

<u>Addressing extremism and radicalisation lesson plans</u> : A series of four lesson plans for key stage 4 with a specific focus on addressing extremism and radicalisation of all kinds, from the PSHE Association, commissioned by Medway Public Health Directorate

Triple V (Values Versus Violence) is Dot Com Children's Foundation's resource for secondary schools. The VVV resources aim to empower young people by helping them to develop positive behaviours and learn how to keep themselves and their friends safe. They provide opportunities to discuss criminal behaviour and victimisation in a safe environment and, as a result, they lead to changes in behaviour. The Watch Over Me series is a broadcast-quality "soap opera" which engages young people and helps them create their own strategies for dealing with risk. It is a classroom tool which stimulates discussion and helps pupils feel safe enough to talk about the most challenging issues which affect personal safety. <u>http://vvvuk.com/watch-over-me/</u>

Visiting Speakers or Events

It is a requirement under the Prevent Duty to have robust safeguarding policies in place – including clear protocols for ensuring that any visiting speakers are suitable and appropriately supervised in line with school vetting procedures.

Ensure visiting speakers are suitable and appropriately supervised:

- · Agree purpose for inviting a visiting speaker and guidelines on content
- Where possible submit details of talk in advance
- Speaker should be treated like any other visitor and appropriately supervised at all times

A risk assessment is provided on the next page and visiting speaker protocol.



Visiting Speaker/Event Agreement At (insert name) Education Provision

We understand the importance of visitors and external agencies to enrich the experiences of our pupils.

In order to safeguard our children we expect all visiting speakers to read and adhere to the statements below.

- Any messages communicated to pupils support fundamental British Values and our school values.
- Any messages communicated to pupils are consistent with the ethos of the school and do not marginalise any communities, groups or individuals.
- Any messages communicated to pupils do not seek to glorify criminal activity or violent extremism or seek to radicalise pupils through extreme or narrow views of faith, religion or culture or other ideologies.
- Activities are properly embedded in the curriculum and clearly mapped to schemes of work to avoid contradictory messages or duplication.
- Activities are matched to the needs of pupils.
- Visitors will also be accompanied by a member of staff at all times.

Signed:....

Date:



Education Provison Risk Assessment for Visiting Speaker/Event

| Name of the Event: Date of risk assessment: Speaker: Planned date Speaker/ Event | |
|---|---------------------------------------|
| Nature of Event (eg: assembly, talk, interactive learning etc) | |
| Outline of the Content of the Event | |
| Member of staff organising the event who is the point of contact for the speaker. | |
| Confirm that research (eg:internet search) has been carried out on the speaker/event, and the organisation they are affiliated to – record detail | |
| The Speaker has signed the Visiting Speakers Agreement | YES NO |
| The school office staff have been informed of the speaker in order that the speaker's name can be added to the School diary, and any relevant vetting procedures can be undertaken overseen by the headteacher. | YES NO |
| Confirm that you agree to ensure that the Speaker is accompanied at all times, whilst on the premises | YES NO |
| Requested by | (member of staff), (sign and date) |
| Authorisation By Headteacher Having completed the level of risk I am satisfied that this speaker/visit is suitable and that the planned event can go ahead. | Agreed by the Headteacher |
| | (sign and date) |
| Having completed this risk assessment is the level of risk. I have reflected on the evidence, and made the decision that this visit MUST NOT go ahead. (Headteacher to take appropriate action) | • |
| Post Event Evaluation | |

Department for Education (DfE)

The DfE have dedicated contact details to raise concerns relating to extremism directly DfE dedicated telephone number: 020 7340 7264

DfE dedicated email address: <u>counter.extremism@education.gsi.gov.uk</u>

The **Security Service (MI5)** is responsible for protecting the United Kingdom against threats to national security. This website provides information about the Security Service, the threats it counters, links to sources of security advice and details of careers with the Service.

https://www.mi5.gov.uk/

Information for Parents and the wider school community

The following web-links may also be helpful to raise awareness, provide information and support which can be shared on school websites and within the school community.

- This website gives parents, teachers and school leaders practical advice on protecting children from extremism and radicalisation. <u>http://www.educateagainsthate.com/</u>
- Prevent tragedies was created because of the increasing concern about the worrying numbers of young people who are putting themselves at risk by travelling to Syria and other conflict zones and to help the numbers of families that have been torn apart by fear when their loved ones travel. The website has contributions from women from communities, charities, public sector organisations and Government departments. We aim to work together to help keep our loved ones safe, to try and address the numerous issues and sign up to the resolution to Prevent Tragedies. http://www.preventtragedies.co.uk
- Let's Talk About It is an initiative designed to provide practical help and guidance to the public in order to stop people becoming terrorists or supporting terrorism. <u>www.ltai.info/</u>
- Open Your Eyes This website aims to expose the truth about ISIS. The website
 provides visitors with the opportunity to listen to people telling their personal stories
 of how ISIS has affected their lives. The organisation is working with young people,
 activists, bloggers and filmmakers to raise their voices against ISIS.
 www.openyoureyes.net/
- Concerned about someone travelling to or from Syria, or another conflict zone? -Leaflet created by ACPO for those concerned about individuals travelling to conflict zones. <u>https://www.cambs.police.uk/help/terrorism/docs/Generic%20ATH%20and%20101%</u> <u>20leaflet_%20ACPO%20Branding%20only%20version_FINAL_22.10.14.pdf</u>
- Support Syria safely leaflet and poster outlining how people can provide appropriate humanitarian support. <u>https://www.cambs.police.uk/help/terrorism/docs/English%20leaflet%20-%20Support%20Syria%20Safely.pdf</u> <u>https://www.cambs.police.uk/help/terrorism/docs/bm006-poster-tuesday-2.pdf</u>

- Information leaflet about the risks associated with travelling to Syria. <u>http://www.derbyshire.police.uk/Documents/Safety-Advice/Terrorism/Travel-Warning-Booklet.pdf</u>
- Working with mothers to prevent tragedies leaflet providing information about the role mothers can play in preventing girls and young women travelling to Syria. <u>https://www.cambs.police.uk/help/terrorism/docs/English%20leaflet%20-%20Support%20Syria%20Safely.pdf</u>
- Families Against Stress and Trauma information about the conflict in Syria and risks to UK children and young people. <u>http://www.familiesmatter.org.uk/</u>

<u>School Community Information</u>, websites, leaflets and posters (general public information for the wider school community, eg: parents/carers, all staff, and other stakeholders. Consider placing this information on the school website)



If you suspect it, report it - call the Anti-Terrorist Hotline - 0800 789 321

Use the Anti-Terrorist Hotline to report something suspicious or out-of-place, or if you're unsure about someone's behaviour or activities – your call could be vital to us, however unsure you may be. Trust your instincts.

A Textphone facility for people who are deaf or who have hearing difficulties is available on 0800 0324 539. Remember to always dial 999 in an emergency.

The Anti-Terrorist Hotline is open 24 hours a day, 365 days a year. All calls and information are treated in the strictest of confidence. All information received by the hotline is thoroughly investigated by specialist officers before any police action is considered.

Everyone has a role to play in fighting terrorism and the public are being encouraged to contact the confidential Anti-Terrorist Hotline on 0800 789 321 if they see any activity or behaviour they think is suspicious.

The threat to the UK from terrorism remains real and serious, and public vigilance and awareness is crucial in helping to create a hostile environment for terrorists. Just one piece of information could be vital in helping disrupt terrorist planning and, in turn, save lives.

Police want people to look out for the unusual - some activity or behaviour which strikes them as not quite right and out of place in their normal day-to-day lives, for example:

- Terrorists need storage Lock-ups, garages and sheds can all be used by terrorists to store equipment. Are you suspicious of anyone renting commercial property?
- Terrorists use chemicals Do you know someone buying large or unusual quantities of chemicals for no obvious reason?
- Terrorists need funding Cheque and credit card fraud are ways of generating cash. Have you seen any suspicious transactions?
- Terrorists use multiple identities Do you know someone with documents in different names for no obvious reason?
- Terrorists need information Do you know someone taking an interest in security, like CCTV cameras for no obvious reason?
- Terrorists need transport If you work in commercial vehicle hire or sales, has a sale or rental made you suspicious?
- If you notice suspicious bags, behaviour or vehicles which pose an imminent threat, call 999 immediately.

Useful Resources

Guidance:

The Prevent Duty: Departmental advice for schools and childcare providers, DfE (2015) <u>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/p</u>revent-duty-departmental-advice-v6.pdf

Keeping Children Safe In Education, DfE (2015, pages 12, 15, 16, 17) https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

http://www.solgrid.org.uk/wellbeing/safeguarding-through-the-curriculum/radicalisationand-extremism/

Understanding the Far Right and the Extreme Right: Supporting practitioners who work with young people in Solihull – Social Solihull PSHE

Prevent Duty Guidance for England and Wales, HM Government 2015 https://www.gov.uk/government/publications/prevent-duty-guidance

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/C hannel_Duty_Guidance_April_2015.pdf Channel Duty Guidance: Protecting vulnerable people from being drawn into terrorism: Statutory guidance for Channel panel members and partners for local panels.

Briefing note for schools on how social media is used to encourage travel to Syria and Iraq.

https://www.gov.uk/government/publications/the-use-of-social-media-for-onlineradicalisation

Preventing Online radicalisation – National Counter Terrorism Office resources https://www.gov.uk/government/publications/online-radicalisation/online-radicalisation

The Home Office have published a catalogue of resources for the use of partners.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/503973/P revent_Training_catalogue_-_March_2016.pdf

Government guidance on promoting British values in schools. <u>https://www.gov.uk/government/news/guidance-on-promoting-british-values-in-schools-published</u>

This website gives parents, teachers and school leaders practical advice on protecting children from extremism and radicalisation. http://www.educateagainsthate.com/

Sexting

The NSPCC defines 'sexting' as the exchange of self-generated sexually explicit images, through mobile picture messages or webcams over the internet.

Useful advice on all aspects of this issue can be found in the updated: Sexting in schools and colleges: responding to incidents and safeguarding young people, UK Centre for Child Internet Safety, Aug 2016 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545997/S exting_in_schools_and_colleges_UKCCIS__4_.pdf

The above advice covers:

- Responding to disclosures
- Handling devices and imagery
- Risk assessing situations
- Involving other agencies, including escalation to the police and children's social care
- Recording incidents
- Involving parents
- Preventative education

The advice refers throughout to 'Youth produced sexual imagery'. The rationale for this as the most accurate description of the practice is because:

- 'Youth produced' includes young people sharing images that they, or another young person, have created of themselves.
- 'Sexual' is clearer than 'indecent.' A judgment of whether something is 'decent' is both a value judgment and dependent on context.
- 'Imagery' covers both still photos and moving videos (and this is what is meant by reference to imagery throughout the document).

The importance of a measured and proportionate approach to incidents of 'sexting' is emphasised in the advice;

Whilst young people creating and sharing sexual imagery can be very risky, it is often the result of young people's natural curiosity about sex and their exploration of relationships. Often, young people need education, support or safeguarding, not criminalisation.

Key issues:

- Sexting is not harmless: <u>http://www.thinkuknow.co.uk/14_plus/Need-advice/Selfies-and-sexting/</u>
- It is illegal: <u>http://www.thinkuknow.co.uk/14_plus/Need-advice/Sex-and-the-law/</u>
- The loss of control over the images and how they are shared can cause emotional distress
- Sexting can leave children and young people vulnerable to bullying, harmful contact and to blackmail: <u>http://www.thinkuknow.co.uk/14_plus/Need-advice/Webcam-sex/</u>

Potential School Action

- All staff should be aware of the school's on-safety policy and understand the risks associated with sharing images online. Responses should be in accordance with the school's policy and the statutory safeguarding duties of school staff as directed in keeping Children Safe in Education, DfE Sept 2016. Concerns should be discussed with the school's designated safeguarding lead (DSL).
- Childnet has advice on handling disclosures and reporting incidents: <u>http://www.childnet.com/resources/picture-this</u>

Schools may wish to provide parents/carers with information about online safety including understanding the law in relation to sharing images, how to talk to their children about keeping safe online, how to set up parental controls and where to access support. Workshops aimed at parents addressing how to keep their children safe may be helpful. Many schools share this information effectively on their school websites.

Curriculum (Universal provision through planned PSHE and Computing)

The PSHE Association's 'Frequently asked questions on pornography and sharing of sexual images in PSHE education' states that:

⁽Pupils should learn that it is both a gross violation and a very serious offence to take or share sexual images of another person without their consent. Depending on the circumstances, sharing such images can be an offence under various different pieces of legislation, including the Sexual Offences Act (2003), Malicious Communications Act (1988), Obscene Publications Act (1959) and Protection of Children Act (1978). Sharing sexual images without consent is a form of sexual assault – and if the victim is under 18 it could also be classed as sharing images of child sexual abuse, which could lead to the perpetrator being subject to the notification requirements under Part 2 of the Sexual Offences Act 2003 (commonly referred to as the Sex Offender Register).

Pupils should also learn that it is illegal to produce, possess or distribute an indecent image of a person under the age of 18 – even if it is a picture of themselves. These laws have been created to protect children and young people. It is therefore unlikely that the police would prosecute a young person for taking or sharing pictures of themselves, unless they were concerned that the images were being used to harass or coerce, or shared with intent to harm.' (PSHE Association)

The full paper can be downloaded at: <u>https://www.pshe-association.org.uk/resources_search_details.aspx?ResourceId=491</u>

Guidance on teaching about consent in PSHE PSHE Association General advice for schools on teaching about consent accompanied by eight lesson plans. Key stages 3 and 4

https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidanceteaching-about-consent-psheChildnet resources include 'Picture This' – a drama based activity for young people about sexting, with accompanying script and lesson plans. <u>http://www.childnet.com/resources/picture-this</u>

'Crossing the Line' - Childnet International

A practical PSHE Toolkit for educators containing films, lesson plans and activities. The film about sexting and peer pressure, 'Just send it', is rated 12 by the BBFC. 11-14*

*Some activities for KS2 www.childnet.com/pshetoolkit

'So you got naked online' is a resource provided by South West Grid for Learning: <u>http://swgfl.org.uk/products-services/esafety/resources/So-You-Got-Naked-Online/Content/Sexting-Toolkit</u> (main booklet) and <u>http://swgfl.org.uk/products-services/esafety/resources/So-You-Got-Naked-Online/Content/Sexting-Sml-Flyer-booklet.aspx</u> (flyer).

This is a resource for children, young people and parents that offers advice and explores strategies to support the issues resulting from sexting incidents.

'Consequences' is a film from CEOP aimed at 11-16 year olds. It focuses on the consequences of not keeping social networking profiles private. It addresses social media use, blackmail and the law. The film, lesson plans and a presentation are available upon registering at:

https://www.thinkuknow.co.uk/Teachers/Registration-Policy/.

The film is also available at https://www.youtube.com/watch?v=hK5OeGeudBM

'Exposed' is a ten minute drama that has been designed for 14 to 18 year olds. 'Exposed' deals with the subjects of sexting and cyberbullying, issues that teenagers commonly face. The film can be accessed by registering on the thinkuknow site, as detailed above, or at: <u>https://www.youtube.com/watch?v=4ovR3FF_6us</u>

'First to a million' is another CEOP resource aimed at young people aged 14 plus. "Ever posted something you regret? Find out how to get help when things go too far. You choose what happens in this interactive film!" The film can be accessed on the thinkuknow site or at: <u>http://www.thinkuknow.co.uk/14_plus/Films/FTAM/</u>

Disrespect NoBody Discussion guide Home Office – PSHE Association A teaching resource which supports the Government's Disrespect NoBody campaign aimed at preventing abuse in teenage relationships. 13+ <u>https://www.pshe-association.org.uk/curriculum-and-resources/resources/disrespect-nobody-discussion-guide</u>

Tagged Office of the Children's eSafety Commissioner (Australia) Australian film resource with lesson plans and video interviews with key characters. 14+ <u>http://www.cybersmart.gov.au/tagged</u>

Lockers Webwise – the Irish Safer Internet Centre An animation and six lesson plans including lessons on peer pressure, victim blaming and the influence of the media. 13+

http://www.webwise.ie/lockers

Digital Awareness UK and the Girl's Day School Trust have developed resources to help teachers develop their pupils' understanding of online safety – both physical safety and emotional wellbeing. Live My Digital is a series of 6 films for parents and 6 films for students on the following topics: Cyberbullying; The digital footprint; Identity and self-esteem; Relationships and grooming; Security and privacy; and Sexting. http://www.gdst.net/parents/live-my-digital

Infant and primary schools:

Effective relationships and sex education within PSHE can help pupils keep themselves safe from harm through building their confidence to ask for help, learning that their body belongs to them and giving them the language to describe private parts of their body. The Sex Education Forum and <u>PSHE Association</u> have advice and guidance on effective teaching and learning in relationships and sex education and PSHE.

The Digiduck collection has been created to help parents and teachers educate children aged 3 - 7 about how to be a good friend online. 'Digiduck's Big Decision' addresses decisions about sharing unkind photos. The story book is available to read online at http://www.kidsmart.org.uk/teachers/ks1/sourcesDuck2/index.htm

'I saw Alex's Willy' NSPCC Film and lesson plans aimed at younger children, key stages 1-2, which cover the importance of not sharing naked images. 5-11 <u>https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/share-</u> <u>aware/teaching-resources</u>

Involving other agencies and signposting

Childnet International

Resources, links and support to ensure children and young people use the internet safely. <u>http://www.childnet.com/</u>

Thinkuknow

A website dedicated to preventing child exploitation online from the Child Exploitation and Online Protection (CEOP) centre. The site provides advice for different audiences with sections for children & young people; parents/carers and teachers/trainers. Registration provides access to a range of resources for 4 – 18 year olds. http://thinkyouknow.co.uk/

ChildLine

<u>http://www.childline.org.uk/Explore/OnlineSafety/Pages/Sexting.aspx</u> Children and young people can access ChildLine confidentially in a range of ways including by calling 0800 1111. http://www.childline.org.uk/Talk/Pages/ContactingChildLine.aspx

Advice and support for Parents:

The NSPCC clip, 'I saw your willy' is aimed at parents, helping them to keep their children safe online. <u>https://www.youtube.com/watch?v=sch_WMjd6go</u>

The NSPCC PANTS campaign has been designed to help parents to talk simply with their children to protect them from sexual abuse. A key message in the 'Underwear Rule' is that body parts covered by underwear are private. http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/underwear-rule/

A series of four short films about nude 'selfies' have been produced by Thinkuknow <u>https://www.thinkuknow.co.uk/parents/Nude-Selfies-What-parents-and-carers-need-to-know/</u>

Internet safety leaflets for foster carers and adoptive parents are available from Childnet: <u>http://www.childnet.com/resources/foster-carers-and-adoptive-parents</u>

Lucy Faithfull/Parent's Protect leaflets for parents: <u>www.parentsprotect.co.uk/files/traffic_light_helping_you_understand_the_sexual_devel</u> <u>opment_of_children_under_5.pdf</u> <u>www.parentsprotect.co.uk/files/traffic_light_helping_you_understand_the_sexual_devel</u> <u>opment_of_children_5-11.pdf</u>

If parents or carers are concerned that their child is being contacted by adults as a result of having sharing sexual imagery they should report to NCA-CEOP at www.ceop.police.uk/safety-centre

ChildLine and the Internet Watch Foundation have partnered to help children get sexual or naked images removed from the internet. Young person can get their photo removed by talking to a ChildLine counsellor. More information is available at http://www.childline.org.uk/explore/onlinesafety/pages/sexting.aspx

If parents and carers are concerned about their child, they can contact the NSPCC Helpline by ringing 0808 800 5000, by emailing <u>help@nspcc.org.uk</u>, or by texting 88858. They can also ring the Online Safety Helpline by ringing 0808 800 5002.

Resources parents could highlight to their children

ChildLine have created Zip-It, an app that provides witty comebacks in order to help young person say no to requests for naked imageshttps://www.childline.org.uk/Play/GetInvolved/Pages/sexting-zipit-app.aspx

There is information on the ChildLine website for young people about sexting: https://childline.org.uk/info-advice/bullying-abuse-safety/online-mobile-safety/sexting/

The Safer Internet Centre has produced resources called 'So You Got Naked Online' which help young people to handle incidents of sextinghttp://childnetsic.s3.amazonaws.com/ufiles/Files%202015/SYGNO%20Booklet%20-%20version%202%20May%202015.pdf

Digital Awareness UK and the Girl's Day School Trust have developed resources to help teachers develop their pupils' understanding of online safety – both physical safety and emotional wellbeing. Live My Digital is a series of 6 films for parents and 6 films for students on the following topics: Cyberbullying; The digital footprint; Identity and self-esteem; Relationships and grooming; Security and privacy; and Sexting. http://www.gdst.net/parents/live-my-digital

Teenage relationship abuse

Teenage relationship abuse is defined as a pattern of actual or threatened acts of physical, sexual, and/or emotional abuse, perpetrated by an adolescent (between the ages of 13 and 18) against a current or former dating partner. Abuse may include insults, coercion, social sabotage, sexual harassment, threats and/or acts of physical or sexual abuse. The abusive teen uses this pattern of violent and coercive behaviour, in a heterosexual or same gender dating relationship, in order to gain power and maintain control over the dating partner.

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.

A recent study by the NSPCC and the University of Bristol questioned 1,353 young people (aged between 13 and 17 years old, from eight UK schools) on violence in their intimate relationships. Findings included:

- 33% of girls and 16% of boys reported some form of sexual abuse.
- 25% of girls (the same proportion as adult women) and 18% of boys reported some form of physical relationship abuse.
- Around 75% of girls and 50% of boys reported some form of emotional relationship abuse.
- Most commonly reported forms of emotional abuse, irrespective of gender, were 'being made fun of' and 'constantly being checked up on by partner'.
- Girls were more likely than boys to say that the abuse was repeated and that it either remained at the same level of severity, or worsened, especially after the end of the relationship.
- Younger participants (aged 13 to 15 years old) were as likely as older adolescents (aged 16 and over) to experience some forms of relationship abuse.
- The majority of young people either told a friend or no-one about the violence; only a minority informed an adult.
- Risk factors which may increase a teenager's susceptibility to relationship abuse can include previous experiences of parental domestic violence, physical and sexual abuse and violent peer groups.
- Teen relationship abuse can have serious outcomes including depression and suicide.

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 (where there was no prior use)
- Self-harm
- Eating disorders or problems sleeping
- Symptoms of post-traumatic stress
- Bullying / being bullied

Further resources and useful information can be found at the following places:

- Solihull LSCB: <u>http://solihullscb.proceduresonline.com/cww.solihullgov.uk/domesticabuse</u> <u>www.solihullgov.uk/domesticabuse</u> (MARAC procedure) <u>http://solihulllscb.proceduresonline.com/chapters/contents.html</u>
- Solihull LSCB training: <u>http://socialsolihull.org.uk/lscb/wp-content/uploads/2014/08/LSCB-Training-Calendar15-16-v2.pdf</u>
 <u>http://www.solgrid.org.uk/wellbeing/wp-content/uploads/sites/23/2015/01/NOV-2013-Final-updated-Solihull-Healthy-and-Safe-Relationships-pdf.pdf</u>
- Solihull Health and Wellbeing website <u>http://www.solgrid.org.uk/wellbeing/</u>
- You may wish to order materials from the Home Office 'This Is Abuse' campaign <u>https://www.gov.uk/government/collections/this-is-abuse-campaign</u>
- CAADA research findings factsheet on abuse in teenage relationships. Bristol: CAADA. <u>http://www.dayprogramme.org/CAADA%20teen%20insights.pdf</u>
- Home Office Teenage Relationship Abuse :A Teacher's Guide To Violence And Abuse In Teenage Relationships <u>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97774</u> /teen-abuse-teachers-guide.pdf
- Women's Aid Expect Respect tool kit <u>http://www.womensaid.org.uk/page.asp?section=00010001001400100004§ionT</u> <u>itle=Education+Toolkit</u>
- DVD Can you see me? with education pack <u>http://www.womensaid.org.uk/page.asp?section=0001000100150008</u>
- Barter, C., McCarry, M., Berridge, D., & Evans, K. (2009). 'Partner exploitation and violence in teenage intimate relationships: Executive summary'. London: NSPCC. <u>http://www.nspcc.org.uk/inform/research/findings/partner_exploitation_and_violence_summary_wdf68093.pdf</u>
- Disrespect NoBody Discussion guide Home Office PSHE Association

A teaching resource which supports the Government's Disrespect NoBody campaign aimed at preventing abuse in teenage relationships. 13+ <u>https://www.pshe-association.org.uk/curriculum-and-resources/resources/disrespect-nobody-discussion-guide</u>

 Triple V (Values Versus Violence) is Dot Com Children's Foundation's resource for secondary schools. The VVV resources aim to empower young people by helping them to develop positive behaviours and learn how to keep themselves and their friends safe. This includes opportunities to discuss criminal behaviour and victimisation in a safe environment and, as a result, they lead to changes in behaviour. The Watch Over Me series is a broadcast-quality "soap opera" which engages young people and helps them create their own strategies for dealing with risk. It is a classroom tool which stimulates discussion and helps pupils feel safe enough to talk about the most challenging issues which affect personal safety. <u>http://vvvuk.com/watch-over-me/</u>

Trafficking

Independent Advocates for Child Victims of Trafficking

Solihull MBC is joining with the six other West Midlands metropolitan local authorities in participating in a Home Office funded pilot scheme to provide a specialist, independent advocate for children identified as victims of trafficking (international or internal). Barnardo's are providing the trained advocates, who will be able to work intensively with the child, and will also be able to represent the child's views in legal proceedings due to a clause added to the Modern Slavery Bill. Effectiveness of the scheme will be subject to independent evaluation.

If you identify a child where you are concerned they could be a victim of trafficking, international or internal, then you should refer as normal to MASH. MASH will then refer either to the advocacy scheme or the 'comparator' group (as required for the evaluation). Support from the advocate will not replace work to be undertaken by Children's Services if the child is assessed as requiring Children's Services intervention, but will be in addition. An outline of the work of the advocates is available here http://www.barnardos.org.uk/cta.htm

The pilot is now live, and is due to run for one year, September 2014 - September 2015.

Barnardos have been asked to attend a meeting of each LSCB in the West Midlands Police area to discuss the pilot and its progress.

NSPCC Child Trafficking Advice Centre (providing specialist advice and information to professionals who have concerns that a child may have been trafficked) Phone: 0808 800 5000 Monday to Friday 9.30am to 4.30pm Email: <u>help@nspcc.org.uk</u> Web: <u>www.nspcc.org.uk/Inform/research/ctail/ctail_wda84866.html</u>

ECPAT UK have produced a free-learning package around child trafficking that can be used individually, in small groups or during training sessions. <u>http://course.ecpat.org.uk/index.php</u>

Children Families Across Border (CFAB), in conjunction with INEQE and the Counter Human Trafficking Bureau, have produced online training course which is free and intended for all staff who may come across trafficked children. It is designed for social workers, police officers, teachers, school support staff, housing officers, health staff, early years workers and NGO Staff.

http://www.humantraffickingfoundation.org/news/2013/cfab-online-training-childtrafficking

Section B: Additional Local Specific Issues

Neglect (including poverty, housing, homelessness, financial difficulties and debts, difficulty parenting, family members with criminal convictions, early parenthood, poor attachment between child and parent).

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

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

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

HM Government 'Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children' 2015

Types of Neglect

Howarth (2007) identified five types of neglect and this breakdown is helpful for practitioners to begin considering where the child's needs may be being neglected. A thorough and methodical way of addressing failure to meet need will assist in identifying and planning interventions in neglect.

- Medical minimising or denying illness or health needs of children; failure to seek medical attention or administer treatments.
- Nutritional not providing adequate calories for normal growth (possibly leading to failure to thrive); not providing sufficient food of reasonable quality; recently there have been discussions about obesity being considered a form of neglect.
- Emotional unresponsive to a child's basic emotional needs; failure to interact or provide affection; failure to develop child's self-esteem or sense of identity.
- Educational failure to provide a stimulating environment; failure to show interest in education or support learning; failure to respond to any special needs related to learning; failure to comply with statutory requirements regarding attendance.
- Physical failure to provide appropriate clothing, food, cleanliness, living conditions.
- Lack of supervision and guidance failure to provide for a child's safety, including leaving a child alone; leaving a child with inappropriate carers; failure to provide appropriate boundaries.

Neglect Toolkit: Guidance for Practitioners, Solihull LSCB, November 2014 http://solihulllscb.proceduresonline.com/pdfs/neglect_toolkit.pdf#search="neglect" The National Institute for Health and Care Excellence (NICE) has produced guidance 'When to Suspect Child Maltreatment' which has sections on 'neglect'; 'emotional, behavioural, interpersonal and social functioning' and 'parent - or carer - child interactions', including indicators of harm. The link to this guidance can be found at <u>https://www.nice.org.uk/guidance/cg89/chapter/1-guidance</u>.

Indicators in the child

Physical presentation

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries

Development

- General delay, especially speech and language delay
- Inadequate social skills and poor socialization

Emotional/behavioural presentation

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self-harming behaviour

Indicators in the parent

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child .e.g. anxious
- Low self-esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

Potential School Action

Following the notification or disclosure of the possibility of a child or young person is experiencing neglect, the following actions should be taken:

- School staff will need to follow the procedures outlined in their Child Protection/Safeguarding Policies and discuss concerns with the designated member of staff for child protection.
- The <u>Solihull LSCB</u> <u>http://solihulllscb.proceduresonline.com/pdfs/neglect_toolkit.pdf</u> webpages provide comprehensive guidance and advice for frontline professionals and their managers, individual's in Solihull's local communities and community groups such as faith and leisure groups in the form of a 'Neglect Toolkit'.

• The 'Neglect Toolkit' (referenced above) contains the Graded Care Profile (GCP), a practice tool which helps practitioners identify neglect and assess the care that is given to children. It is a tool that gives an objective and graded measure of the quality of care provided to children across four areas of need: Physical, Safety, Love and Esteem. The GCP displays both the strengths and weaknesses in different grades (1-5, with 1 being the best care and 5 being the poorest care) so that it defines the quality of care giving. It helps to target areas of work and can support the understanding of changes after interventions have been made. Further training/information is available from the LSCB:

http://www.solihulllscb.co.uk/practitioner-volunteers/neglect-strategy-20.php

Curriculum and Ethos

Providing opportunities for children to develop resilience and fostering the development of protective factors and behaviours (i.e. listening to what your body is telling you when something feels wrong, no problem is too big, small or awful to be shared with a trusted adult) are key for all children but particularly so for those experiencing adverse life circumstances. The resources and articles available here: <u>http://www.solgrid.org.uk/wellbeing/emotional-wellbeing-and-mental-health/developingresilience/</u> will support schools to explore and develop their approach to strengthening 'resilience' in the children and young people they work with.

More information about protective behaviours can be accessed from the Safety net website: <u>http://www.safety-net.org.uk/protective-behaviours/</u> and the Protective Behaviours Consortium : <u>http://www.protectivebehavioursconsortium.co.uk/</u>

Involving other agencies and signposting

The agencies and organisations in this section have been collected together under key risk factors where neglect is an issue. Research (from reviews into serious cases) suggests that certain family and environmental factors may be seen as predisposing risk factors in child neglect (a number of these factors are addressed elsewhere within this document):

- Substance misuse (page 16)
- Parent/carer mental health difficulties (page 38)
- Physical/learning disabilities (parent/child) (page 59)
- Domestic abuse (page 14)
- Poverty (including housing) (page 56)
- Young children (page 56)
- Parent/carer childhood experiences (page 56)
- Family members with criminal convictions (page 56)
- Early parenthood (page 56)

This is not an exhaustive list and it is presented in no particular order. It must also be remembered that the focus of any support/signposting offered should be to bring about positive changes for the child.

Head lice

<u>Health Protection Guidance (2013)</u>: Public Health England advice on the characteristics, transmission and management of head lice.

Evidence based guidelines (2012) Produced by the Public Health Medicine Environmental Group.

It may be helpful to add the following links onto the school's website as a reminder for parents about the importance of checking for head lice on a regular basis: <u>NHS Choices</u>

Solihull Council website contains a link to the <u>Once a week, take a peek</u> campaign. The campaign highlights a particular product so careful consideration needs to be given as to the appropriateness of this.

Poverty (including housing)

Support to Success brings together, in one place, local advice and support available to help people to be successful in 6 key areas:

- Getting healthier
- Getting into work
- Getting a bank account
- Getting online
- Getting help with debt
- Get budgeting

More information is available from the Council's website: <u>http://www.solihull.gov.uk/supporttosuccess</u>

Council advice on eligibility for housing benefit: http://www.solihull.gov.uk/Resident/Benefits/housingbenefit

<u>Solihull Community Housing</u> manages the housing service on behalf of Solihull Council. The Council still owns the properties and is the landlord. But housing services are delivered by SCH. Tel: 0121 717 1515 <u>http://www.solihullcommunityhousing.org.uk/</u>

<u>Sanctuary</u> is one of the largest social landlords in the country and they provide many types of housing for a wide range of people. Tel: 0800 288 9782 <u>https://www.sanctuary-housing.co.uk/</u>

<u>Bromford</u> offer a range of services for young people and young families including accommodation and support services. <u>http://www.bromford.co.uk/</u>

<u>Waterloo Housing Group</u> provides and builds social housing and affordable new homes across the Midlands and Lincolnshire. Tel: 0800 435016 <u>http://www.waterloo.org.uk/</u>

St Basils work with young people aged 16-25 who are homeless or at risk of homelessness. <u>http://www.stbasils.org.uk/</u>

The Money Advice website provides information on benefits, budgeting and other money related issues. https://www.moneyadviceservice.org.uk/en

Young children

Solihull Family Information Service (including Children's Centres) Solihull Family Information Service aims to provide a one-stop point of access for all information relating to children, young people and families, including advice on Childcare and details of local Children's Centres. http://www.solihull.gov.uk/familyinfo

Solihull Approach online parenting courses:

http://www.solihullapproachparenting.com/online-course-for-parents The NHS Information Service for Parents provides general information and advice on health issues. http://www.nhs.uk/start4life **Parental experiences**

National Association for People Abused in Childhood (NAPAC)

NAPAC provide a range of services which offer direct support to adult survivors of a range of abuse including physical, sexual, emotional or ritual, or the result of neglect. Tel. Helpline: 0808 801 0331 Web: http://napac.org.uk/about-us/

Family members with criminal convictions

i-HOP is a one-stop information and advice service to support all professionals in working with children and families of offenders, bringing together useful information in one place

Web: http://www.i-hop.org.uk/

Early parenthood

Gingerbread gives advice and support to single parents including specific information for dads and teenage parents. http://www.gingerbread.org.uk/content/324/Advice-and-Information

The **Single Parent Action** Network website is an information site for anyone who is raising children on their own, whether through relationship breakup, illness, bereavement, work commitments or choice. Web: http://www.singleparents.org.uk/

Family Lives are a charity who provides support to parents/carers to achieve the best relationship possible with the children that they care about, as well as supporting parenting professionals. They provide a 24 hour helpline, extensive advice on their website, live chat services, befriending services, and parenting/relationship support groups. This includes specific support for young parents.

Tel: 0808 800 2222

Web: http://www.familylives.org.uk/advice/your-family/parenting/where-can-youngparents-go-for-support/

Special Educational Needs and Disabilities (including behavioural, physical and learning difficulties – child/parent)

All schools must have regard to the principles of the SEND Code of Practice 0-25 years.

- The Code of Practice (2014) covers the 0-25 age range.
- It includes guidance relating to disabled children and young people, as well as those with special educational needs (SEN). Disabled children and young people may not have SEN but are covered by this guidance as well as by the Equality Act 2010.
- There is a clearer focus on the participation of children and young people and parents in decision making at individual and strategic levels.
- There is a strong focus on high aspirations and on improving outcomes for children and young people.

The Principles of the Code of Practice are:

- Children, their parents and young people are involved in discussions and decisions about their individual support and local provision and have the information, advice and support they need to enable them to participate in such discussions and decisions.
- Children, young people and parents are involved in planning, commissioning and reviewing services.
- The needs of children and young people are identified early and there is early intervention to support them.
- Parents and young people have greater choice and control over their support.
- There is greater collaboration between education, health and social care services to provide support.
- There is high-quality provision to meet the needs of children and young people with SEND.
- There is a focus on inclusive practice and removing barriers to learning.
- Young people are supported to make a successful transition to adulthood.

It is the right of every child and young person to receive an education that enables them to make progress so that they:

- Achieve their best.
- Become confident individuals leading fulfilling lives.
- Make a successful transition into adulthood.

Every school is required to identify and address the SEND of the pupils it supports by:

- Building the identification of SEND into the school's overall approach to monitoring the progress and development of all pupils.
- Doing everything they can to meet pupils' special educational needs.
- Ensuring that pupils with SEND engage in activities alongside their peers.
- Designating a teacher (a SENCO) to be responsible for coordinating SEND provision.
- Informing parents when they are making SEND provision for a child.
- Publishing an up-to-date SEN information report on their website about the implementation of the school or setting's policy for pupil with SEND.

- Identifying a governor with specific oversight of the school's arrangements for SEN and disability.
- Making the quality of teaching and progress for pupils with SEND a core part of the school's performance management arrangements and professional development for teaching and support staff.

Definition of SEND provision

Special educational provision is educational or training provision that is additional to or different from that made generally for others of the same age, ie provision that goes beyond the differentiated approaches and learning arrangements normally provided as part of high-quality, personalised teaching.

Broad areas of need

Four broad areas of need give an overview of the range of needs that should be planned for, not to fit a pupil into a category.

The broad areas of need are:

- 1. Communication and interaction
- 2. Cognition and learning
- 3. Social, emotional and mental health
- 4. Sensory and/or physical needs

Special Educational Provision and Support

- Teachers are responsible and accountable for the progress and development of the pupils in their class, including where pupils access support from teaching assistants or specialist staff.
- High-quality teaching, differentiated for individual pupils, is the first step in responding to pupils who have or may have SEND. Additional intervention and support cannot compensate for a lack of good quality teaching.
- The identification of SEND should be built into the overall approach to monitoring the progress and development of all pupils.
- Schools and settings can take their own approach to record keeping but SEND provision should be recorded accurately and kept up-to-date. Ofsted will expect to see evidence of pupil progress, a focus on outcomes and a rigorous approach to the monitoring and evaluation of any SEN support provided.
- Class and subject teachers, supported by the senior leadership team, should make regular assessments of progress for all pupils, where pupils are falling behind or not making expected progress given their age and starting point, they should be given extra support.
- Once a potential special educational need is identified, schools should take action to remove barriers to learning and put effective special educational provision in place. This is "SEN support" which should take the form of a four-part cycle – assess, plan, do, review. This is known as the graduated approach.

The graduated approach

The four stages of the cycle are:-

- 1. Assess
- 2. Plan
- 3. Do
- 4. Review

The graduated approach starts at whole-school level. Teachers are continually assessing, planning, implementing and reviewing their approach to teaching all children. However, where a potential special educational need has been identified, this cyclical process becomes increasingly personalised.

- Individualised assessment leads to a growing understanding of the barriers to and gaps in the pupil's learning.
- Continual reflection on approaches to meeting the pupils' needs leads to a growing understanding of strategies that enable the pupil to make good progress and achieve good outcomes.

The SEND Code of Practice makes it clear that class and/or subject teachers are directly responsible and accountable for all pupils in their class(es), even when pupils are receiving support from a teaching assistant or other specialist staff, within our outside the classroom.

The responsibility and accountability for the progress and development of pupils with SEN lies with the class or subject teacher, not with the SENCO or the learning support department.

For more information, please refer to the Solihull SEND Offer which includes signposting to support for health and social care can be accessed from the Council's website: <u>http://socialsolihull.org.uk/localoffer/</u> and <u>http://socialsolihull.org.uk/localoffer/education-offer/school-governor-and-local-authority-responsibilities/</u>

Solihull SEND Partnership Service helps parent /carers of children with Special Education Needs and Disabilities (SEND). They are the Special Educational Needs and Disability Information Advice and Support Service for parents and carers. They provide a free, confidential and impartial service for all parents and carers of children with special educational needs in Solihull.

Tel: 0121 733 7290

Web: http://www.solihullparentpartnership.co.uk/

Face 2 Face in Solihull is our free befriending service offering one to one emotional support for parents of disabled children or those with additional needs. Tel: 0777 2010685 Web: <u>http://www.scope.org.uk/support/service-directory/face-2-face-emotional-support-parents-solihull</u> Email: angela.williams@scope.org.uk

Solihull Life Opportunities (SoLO) is a charity which enables children, young people and adults with learning disabilities to enjoy social and leisure activities that the rest of us take for granted. SoLO operate throughout Solihull from their main offices based in Chelmsley Wood.

Web: http://www.solihullsolo.org/

Solihull DIAL is a registered charity run by people with disabilities for the benefit of people with disabilities. They offer a free, impartial and confidential information & advice service and an advocacy service as defined by The Care Act 2014. Service users must be residents of Solihull (i.e. pay their council tax to Solihull Metropolitan Borough Council).

Helpline: 0121 770 0333 Web: http://www.dialsolihull.org.uk/index.html

Solihull Action through Advocacy provides independent advocacy for people with learning disabilities, and other vulnerable groups, who are facing critical decisions about their lives. They support parents to find out what support is available and to ask for the support that is right for them and their family.

Tel: 0121 706 4696

Web: <u>http://www.solihulladvocacy.org.uk/Parents--pg60.aspx</u>

Solihull Health Visitors service works in partnership with families and other key professionals from a variety of agencies and organisations, including the voluntary sector to deliver the Healthy Child Programme (0-5 years). Promoting and safeguarding the health and well being of all children; including the unborn child, is a high priority of this service. Maternal Mental Health and providing support for parents and other family members antenatally and within the first year of their baby's' life is another key priority for the service. When a child starts school, their care will be transferred to the School Nursing service who will continue to offer support, if required and appropriate. Any client and professional can refer to this Service.

Chelmsley Wood Primary Care Centre Tel: 0121 329 0118 Hurst Lane Clinic Team Tel: 0121-747 2977 **Solihull School Nursing** service comprises qualified community nurses (and School Nurse assistants who work under the direction of School Nurses) who are trained in a public health approach to deliver early interventions which are preventative in nature. The service is available to all children (excluding those attending nursery who are supported by the Health Visiting service) and young people attending Local Authority Schools within the borough of Solihull.

Tel: 0121-746 4459 (South)/0121 770 1919 (North)

Children's Community Nursing Service

Tel: 0121 746 4436

The Children's Community Nursing service assess and manage the health needs of children and young people aged 0-18 years with:

- Short -term conditions e.g. nasogastric management
- Long term conditions
- Complex health care needs requiring nursing interventions
- Life-limiting and life threatening illness, including those requiring palliative and end of life care

The child must be registered with a Solihull GP

Children's Learning Disability Service

Tel: 0121 746 4436

The Children's Learning Disability Nursing Service assesses and manages the health needs of children and young people aged 0-18years with:

- Moderate to Severe Learning Disabilities and an additional health need
- The child must be registered with a Solihull GP

Community Paediatrics

Tel: 0121 746 4476

Community Paediatricians are doctors who specialize in developmental, behavioural and social difficulties of children. Referrals can be made to the Community Paediatrics service by GP's, Health Visitors, School Nurses and in some circumstances school staff or social workers.

The conditions assessed and treated by Community Paediatricians include:

- Communication/Interaction disorder/Autistic Spectrum Disorder
- Global/Developmental Delay
- Neurodevelopment disorders such as Cerebral Palsy
- A variety of syndromes
- Microcephaly/Macrocephaly (small or large head)
- Gross motor delay
- Metabolic disorders
- Speech and Language concerns
- Attention Deficit Hyperactivity Disorder
- Dyspraxia

Paediatric Physiotherapy

Tel: 0121 746 4422

Paediatric Physiotherapists treat children and young people who have physical conditions which affect normal childhood development. Paediatric Physiotherapists use techniques which contribute towards the overall development of children with physical conditions/development needs in order that they can become as independent as possible in childhood and onwards to adulthood.

Paediatric Audiology Service

Tel:0121 424 1846/7

The Paediatric Audiology Service assess and manage the hearing needs of children and young people aged 0-18 years.

Challenging Behaviour

Challenging behaviour is defined as:

"Behaviour of such intensity, frequency or duration that the physical safety of the person or

others is placed in serious jeopardy or behaviour which is likely to seriously limit or deny access to the use of community facilities" (Emerson, 1987).

In the first instance, schools should be guided by their behaviour policy which should be in line with the DfE document Behaviour and Discipline in Schools https://www.gov.uk/government/publications/behaviour-and-discipline-in-schools

Safer Working Practices, 2015 (Safer Recruitment Consortium) identifies the following advice:

- Where a pupil has specific needs in respect of particularly challenging behaviour, a positive handling plan, including assessment of risk, should be drawn up and agreed by all parties, including, for example, a medical officer where appropriate.
- Senior managers should ensure that the establishment's behaviour policy includes clear guidance about the use of isolation and seclusion. The legislation on these strategies is complex and staff should take extreme care to avoid any practice that could be viewed as unlawful, a breach of the pupil's human rights and/or false imprisonment.
- Where the school or setting judges that a child's behaviour presents a serious risk to themselves or others, they must always put in place a robust risk assessment which is reviewed regularly and, where relevant, a physical intervention plan.
- In all cases where physical intervention has taken place, it would be good practice to record the incident and subsequent actions and report these to a manager and the child's parents.
- Where it can be anticipated that physical intervention is likely to be required, a plan should be put in place which the pupil and parents/carers are aware of and have agreed to. Parental consent does not permit settings to use unlawful physical intervention or deprive a pupil of their liberty.

The following publications may also provide useful information:

- Local offer SEMH team http://socialsolihull.org.uk/localoffer/education-health-and-care-assessments-process-and-plans/the-threshold-levels-for-ehc-assessment/levels-of-support-and-intervention-social-emotional-and-mental-health-difficulties/
- Schools may wish to consider staff undertaking Team-Teach training. Team-Teach promotes the use of de-escalation strategies and the reduction of risk and restraint, to support teaching, learning and caring, by increasing staff confidence and competence, in responding to behaviours that challenge, whilst promoting and protecting positive relationships. http://www.team-teach.co.uk/

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- DfE Use of Reasonable Force
 <u>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/44405
 1/Use_of_reasonable_force_advice_Reviewed_July_2015.pdf</u>
- DfE nurture groups: <u>https://www.gov.uk/government/publications/supporting-children-with-challenging-behaviour</u>
- Salford Local Safeguarding Children Board has produced a policy that schools may find helpful: <u>https://www.salford.gov.uk/d/Challenging_Behaviour_Policy_May_2014.pdf</u>
- A handbook for primary school teachers
 <u>http://learning.gov.wales/docs/learningwales/publications/140822-behaviour-management-handbook-for-primary-schools-en.pdf</u>
- Disability and challenging behaviour: <u>https://www.mencap.org.uk/about-learning-disability/about-learning-disability/learning-disability-and-other-conditions/challenging-behav</u>
- Supporting parents whose children display challenging: behaviour: <a href="http://www.scope.org.uk/Support/Parents/Behaviour/What-is-challenging-behaviour/http://www.familylives.org.uk/advice/primary/behaviour/challenging-behaviour/http://www.familylives.org.uk/advice/primary/behaviour/challenging-behaviour/ http://www.scope.org.uk/Support/Parents/Behaviour/What-is-challenging-behaviour/ http://www.familylives.org.uk/advice/primary/behaviour/challenging-behaviour/ http://www.familylives.org.uk/advice/primary/behaviour/challenging-behaviour/ http://www.youngminds.org.uk/for parents/worried about your child/behaviour pro blems?gclid=CPSKgJ-SkscCFZCWtAodfqIKHQ Violence and Aggression at Work – Solihull MBC http://intranet/Coredocs/HealthandSafetyHomePage/PoliciesGuidance.aspx

Inappropriate sexualised behaviour

Sexual exploration and play is a natural part of childhood sexual development, and helps children to develop physically and emotionally. Throughout their development, every child will express themselves sexually in different ways.

A child's behaviour will depend on their age and circumstances. The <u>NSPCC website</u> describes the behaviours typical of each developmental stage. It is normal to see a child exhibiting behaviour that is slightly more or less mature for their age.

Taken from <u>www.nhs.uk</u>

The NSPCC have recently published a <u>Harmful Sexual Behaviour Framework: An</u> evidence-informed operational framework for children and young people displaying <u>harmful sexual behaviours</u> which uses the following definition:

"Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult."

(derived from Hackett, 2014).

The aforementioned document makes the distinction between sexual behaviours that are problematic and those that are abusive. Problematic behaviours are more likely to occur in the younger age groups and may be defined as behaviours involving sexual body parts that are developmentally inappropriate or potentially harmful to the child or others. There could be a range of reasons for this including learning disability, mental health problem, trauma anxiety or even curiosity.

Abusive behaviours involve an element of coercion or manipulation and a power imbalance that means the victim cannot give informed consent, and where the behaviour has potential to cause physical or emotional harm.

The NSPCC identify harmful sexual behaviour as including:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats
- full penetrative sex with other children or adults

Children and young people who develop harmful sexual behaviour harm themselves and others.

Web: <u>http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/harmful-sexual-behaviour/</u>

1 in 3 of all reported child sexual assaults are perpetrated by young people (Horne et al 1991)

50% of adult sex offenders report the onset of sexual offending during adolescence (Abel at al 1985)

It is essential that the school's approach to managing these behaviours is consistent amongst all staff and is based upon a shared understanding of the issue.

Potential school actions

Following the notification or disclosure of sexualised inappropriate behaviour, the following actions should be considered:

- Inappropriate sexual behaviour in children and young people should be dealt with • guided by the same policy and guidelines as other inappropriate behaviour in school.
- School staff will also need to follow the procedures outlined in their Child Protection/Safeguarding/Behaviour/Anti-bullying Policies and discuss concerns with the designated member of staff for child protection.
- If the school becomes aware that a child is displaying inappropriate sexualised behaviour, an assessment should be made as to whether or not the behaviour is abusive. This should involve information gathering from relevant adults in school in order to establish where the behaviour sits on a continuum from that which could be expected of a child/young person at that age/stage to that which may indicate has been abused/is abusing others.
- If the behaviour is inappropriate but not thought to be abusive, the school may wish to speak to the parent or carer to devise a consistent strategy to manage the behaviours, eliminate any medical reasons underpinning the behaviours, and consider a possible referral to other agencies (e.g. CAHMS, Educational Psychologist, SEMH team).
- Where a pupil's behaviour results in a serious breach of the Behaviour policy, or the pupil is persistently breaching the policy by repeating this behaviour, the School may decide to exclude the pupil, either on a fixed term or permanent basis. A permanent exclusion should only take place where behaviour is sufficiently serious and allowing the pupil to remain in school would seriously harm the education or welfare of the pupil or others in the school.

Curriculum (Universal provision through PSHE)

The school's PSHE curriculum should include:

- High quality Relationships and Sex Education for all pupils appropriate to their age, needs and maturity. The following topics will be of relevance when providing a curriculum that empowers pupils to recognise and manage risk and to keep themselves safe: Naming sexual body parts; public/private places; acts and body parts; personal space; consent; laws around sexual activity; how and when to access help and support; pornography and the sharing of sexual imagery; protective behaviours.
- Anti-bullying learning that, where appropriate, includes learning about sexual bullying.

Resources and additional support

LSCB procedures for children who abuse others may be of relevance in some circumstances:

http://solihulllscb.proceduresonline.com/chapters/p child who abuse.html

A MASH referral may be necessary in order to safeguard the child/young person MASH: (0121) 788 4333 Out of Hours (EDT) (0121) 605 6060

Sexually Abusive or Healthy Behaviour? Guidance to distinguish between healthy and abusive sexual behaviours in children and young people, Solihull LSCB, 2006 http://www.solihull.gov.uk/Portals/0/SocialServicesAndHealth/Sexually_abusive_or_healthy_behaviour.pdf

The Brook Sexual Behaviours Traffic Light Tool supports professionals working with children and young people by helping them to identify and respond appropriately to sexual behaviours. <u>http://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool</u>

NICE guidance on sexually inappropriate behaviour has been updated and is available <u>here</u>. This guideline covers children and young people who display harmful sexual behaviour, including those on remand or serving community or custodial sentences. It aims to ensure these problems don't escalate and possibly lead to them being charged with a sexual offence. It also aims to ensure no-one is unnecessarily referred to specialist services.

Sexual Development in Primary Aged Children: Developing a Whole School Approach, Royal Devon and Exeter Foundation Trust and Devon County Council. The guidance in this booklet is designed to support schools in dealing with children's emotional and sexual development. Parts are also of relevance to secondary and special schools. http://www.devon.gov.uk/sexual_deg_for_websitebook.pdf

Child's play? Preventing abuse among children and young people. This booklet provides information to aid the recognition of the warning signs of harmful sexual behaviour in children and aims to build confidence to do something about it. It would be a useful resource for staff and parents.

http://www.stopitnow.org.uk/files/stop booklets childs play preventing abuse among children and young people01 14.pdf

Managing Sexualised Behaviour Guidelines, Falkirk, Clackmannanshire and Stirling Councils, May '13 contains useful and practical strategies when working with pupils who are exhibiting inappropriate sexual behaviours, particularly those on the autistic spectrum.

http://www.autismtoolbox.co.uk/files/image/Wellbeing/Managing_Sexualised_Behaviour Guidelines_final.pdf

Sexual bullying: a guide for school staff and other professionals that support children and young people with SEN and disabilities, Anti-bullying Alliance, 2014. The Anti-Bullying Alliance has developed this guide on prevention and response to sexual bullying to assist teachers and other professionals as they seek to educate and support children with special educational needs and disabilities. <u>http://www.antibullyingalliance.org.uk/media/12258/Sexual-bullying-and-SEND-guidance-for-teachersand-other-professionals-Sept14.pdf</u> Life Support Productions produce resources to support children with learning disabilities to access relationships and sex education. http://www.lifesupportproductions.co.uk/order.php

This information sheet gives some suggestions about understanding and responding to inappropriate sexual behaviour. It is specifically about the behaviour of men and boys with learning disabilities. <u>http://www.challengingbehaviour.org.uk/learning-disability-files/8---Difficult-Sexual-Behaviour-2013.pdf</u>

Talking Together... About Growing Up. A workbook for parents of children with learning disabilities, ± 12.99 and Talking together about sex and relationships: A practical resource for schools and parents working with young people with learning disabilities, ± 14.99 (p&p ± 4.99)

Further information on the books from fpa on 0845 1228 600 or online at Web: <u>www.fpa.org.uk</u>

Growing and Learning is a set of three books and picture cards written by Jane Keeling a nurse, mum of an autistic child, and an educator to support parents and carers. The three packs cover subjects from puberty to periods and wet dreams and are designed to be accessible to even youngsters with profound communication difficulties. www.growingandlearning.co.uk

<u>Parents Protect</u> is an information and resources website that aims to raise awareness about child sexual abuse, answer questions, and give adults the information, advice, support and facts they need to help protect children.

The <u>Lucy Faithfull Foundation</u> provides a range of services for young people, families and agencies working with young people. These services include direct work with young people and their families, a confidential Helpline Freephone 0808 1000 900, for help with concerns about a young person. The Lucy Faithfull Foundation can provide specialist assessments and intervention for young people with harmful and inappropriate sexual behaviour. Contact details for the Referrals Manager are: 01527 591922 or email <u>referrals@lucyfaithfull.org.uk</u>.

Bereavement

Bereavement can have a significant impact on a person's emotional wellbeing and mental health. <u>Rethink (http://www.rethink.org/living-with-mental-illness/young-people/looking-after-your-mental-health/coping-with-bereavement-or-loss)</u> mental illness has a useful summary.

Research shows that mental health disorders are more prevalent in children who have been bereaved. A study published by National Children's Bureau concluded that bereaved children were approximately one-and-a-half times more likely than other children to be diagnosed with any mental disorder. A <u>factsheet</u> from the centre for youth and criminal justice cites a range of research about the impact of bereavement:

Research indicates that young people involved in offending are more likely to experience multiple, traumatic or parental bereavements than the general adolescent population (Vaswani,2008). In turn, traumatic and multiple bereavements are linked with a significantly increased risk of depression; and comorbidity (Dowdney, 2000); as well as negative outcomes in relation to education; self-esteem and risk-taking behaviour (Ribbens McCarthy, 2005).

http://www.cycj.org.uk/wp-content/uploads/2014/05/Factsheet-25-in-template-final.pdf

School Support

Following the notification or disclosure of bereavement to an adult in school, the following actions should be considered:

- School follows its Bereavement Policy
- School staff work with the child/young person and their family to plan support, including who needs to know and how, following the family's wishes
- A key member of staff is assigned to the child/young person (there is to be a trained staff member in each school) for ongoing support, working within best practice, the school's policy and to meet specific needs of the child or young person
- The completion of an Early Help assessment may be appropriate for some children or young people in order to identify and meet needs
- Referrals to CAMHS may be required where there is a possible anxiety disorder / clinical depression
- Training is offered to Solihull schools and information and guidance are published on the Health and Wellbeing in Solihull Schools website: http://www.solgrid.org.uk/wellbeing/

Curriculum (Universal provision through planned PSHE)

The school's PSHE curriculum should:

- Have a strong focus on feelings, emotional literacy, accessing help and support and talking to a range of trusted adults
- Incorporate the Child Bereavement Network's resource, Elephant's Tea Party, which
 provides activities and lesson plans to help pupils explore the subject in an ageappropriate way
- Incorporate the SEAL (Social and Emotional Aspects of Learning) unit 'Changes' for primary aged children which focuses on loss and change. Whole school assemblies support this learning across the school and there are further materials to support targeted interventions (silver set)

Sources of further information, advice and guidance:

http://www.solihull.gov.uk/psychology

Solihull educational psychology service is a community based service and aims to improve outcomes for vulnerable children and young people. They work with: individuals aged 0 to 19; groups of children and young people and their parents or carers; educational establishments and adults who care for and educate children and young people; professionals and practitioners.

T: 0121 779 1739

Email: <u>educationalpsychology@solihull.gov.uk</u> Web: <u>http://www.solihull.gov.uk/psychology</u>

<u>This Way Up</u>

The purpose of This Way Up is to reduce the stress and anxiety caused to young people by divorce and bereavement by working in schools and partnering with others. They provide 1:1 support for children and young people attending school and/or living Solihull and training for organisations to use the materials which they have produced supporting staff to 'unpack' loss. School staff looking for support and advice should use the telephone number/email address below or follow the links on the website for a referral form.

T: 0121 439 9181 Email: <u>info@twup.org.uk</u> Web: <u>http://www.twup.org.uk/</u>

Winston's Wish

Winston's Wish provides professional therapeutic help in individual, group and residential settings via a national helpline, interactive website and publications. They are able to provide bereaved children and their families with a range of support services. They are also able to offer training and consultancy.

Helpline: 08452 03 04 05 T: 0 1242 515157 Email: info@winstonswish.org.uk Web: http://www.winstonswish.org.uk/

The Childhood Bereavement Network

The Childhood Bereavement Network (CBN) is the hub for those working with bereaved children, young people and their families across the UK. They are able provide a range of resources for bereaved children and young people and those working with them. They also provide information about signposting professionals and bereaved families to local and national sources of support

Web: <u>http://www.childhoodbereavementnetwork.org.uk/</u>

T: 020 7843 6309

<u>Child Bereavement UK</u> supports families and educates professionals when a baby or child of any age dies or is dying, or when a child is facing bereavement. They provide confidential support, information and guidance to families and professionals.

Helpline: 0800 0288840

Training: 01494 568908

Email: support@childbereavementuk.org

Training: training@childbereavementuk.org

Web: http://www.childbereavementuk.org/

Website for primary schools' campaign: http://www.elephantsteaparty.co.uk/

Support for Young People

Grief: Support for Young People

This app has been created by a group of bereaved young people working with leading bereavement charity Child Bereavement UK. It has been developed for 11-25 year olds who have been bereaved of someone important to them. It can also be used by friends, teachers, parents and professionals who would like to know how to support bereaved young people.

http://www.childbereavementuk.org/support/our-

app/?utm_content=buffer1d8c5&utm_medium=social&utm_source=twitter.com&utm_ca mpaign=buffer

Young Carers

What is a young carer?

Young carers are children and young people who often take on practical and/or emotional caring responsibilities that would normally be expected of an adult.

Young carers often take on practical and/or emotional caring responsibilities that would normally be expected of an adult. The tasks undertaken can vary according to the nature of the illness or disability, the level and frequency of need for care and the structure of the family as a whole.

A young carer may do some or all of the following:

- Practical tasks, such as cooking, housework and shopping.
- Physical care, such as lifting, helping a parent on stairs or with physiotherapy.
- Personal care, such as dressing, washing, helping with toileting needs.
- Managing the family budget, collecting benefits and prescriptions.
- Administering medication.
- Looking after or "parenting" younger siblings.
- Emotional support.
- Interpreting, due to a hearing or speech impairment or because English is not the family's first language.

Some young carers may undertake high levels of care, whereas for others it may be frequent low levels of care. Either can impact heavily on a child or young person.

Potential School Support

Young carers are a vulnerable and disadvantaged group, who often experience difficulties in their education. Without support, they can struggle to attend school and make good progress and a quarter of young carers have said they are bullied because of their caring role.

Identifying and supporting young carers is an effective way of improving the attainment and attendance of this pupil group; who are specifically mentioned in Ofsted's evaluation inspection schedule and frequently eligible for free school meals and pupil premium funding.

Step 1: Gaining an understanding about young carers

Step 2: Securing commitment of school leaders

Step 3: Introducing a Young Carers School Operational Lead

Step 4: Reviewing your school's provision for young carers

Step 5: Acknowledging young carers in principal school documents

Step 6: Setting up systems to identify and support young carers

Step 7: Raising the awareness of schools staff about young carers

Step 8: Raising the awareness of pupils and families about young carers

Step 9: Identifying and supporting young carers and their families

Step 10: Sharing good practice with others

All of the above can be done with the local carers' centre.

Schools can support young carers further by participating in the local or national school awards scheme

What do the Solihull Young Carers team do?

Friendly support workers who will help with:

- Someone who understands and can make time to talk to the young person about feelings or problems they are having.
- Finding other services that can help
- Advocacy
- Issues at school like bullying, homework problems, friendships or problems young people are facing because they are a young carer
- Solihull Young Carers do Young Carers Assessments where they find out EXACTLY how they can help in many different areas of the young person's life
- Preparing for college, training or employing and preparing for adult life
- Solihull Young Carers provide FREE trips out and events and activities (especially during the holiday times) including:
- Day trips
- Mini holidays (residentials)
- Young carers clubs
- School holiday activities and more

They also provide FREE training on things like:

- First aid awareness
- Staying Safe
- How to move someone safely
- Food safety and more
- Each young carer is provided with a carer's card.

Contact details:

Solihull Carers Centre

Solihull Fire Station Annexe, 620 Streetsbrook Road, Solihull, West Midlands, B91 1QY 0121 788 1143

youngcarers@solihullcarers.org

Useful Websites

Solihull Carers Centre <u>http://www.solihullcarers.org/young-carers/young-carers-home/</u> For carers under 18 <u>https://babble.carers.org/</u> For carers aged 16 to 25 <u>https://matter.carers.org/</u> Young Carers in Focus programme https://www.makeway.es/YCIF

Local school Award Scheme <u>http://www.solihullcarers.org/young-carers/young-carers-schools-award-scheme/</u>

National School Award Scheme <u>http://www.youngcarer.com/resources/young-carers-schools/award-guidance</u>

Supporting young parents and parents-to-be

The way in which a school/education/training provider responds to the disclosure of a school age pregnancy will have a significant impact on the response of that new parent to their baby.

Like all parents, teenage parents want the best for their children and some manage very well. The demands of caring for a baby at a time when young people themselves are going through the transition from adolescence to adulthood are significant. As a consequence, teenage parents need additional support if they and their children are to avoid the poor outcomes many of them currently experience (Department for Children Schools and Families (DCSF) and Department of Health (DH), 2007).

The 'support package' offered to young parents/parents-to-be needs to include all of these individuals and agencies to provide holistic support that is focussed on the individual needs of each young person (mother and father) and their child.

Under the Sexual Offences Act 2003, penetrative sex with a child under 13 is classed as rape and a referral should be made to Children's Social Work Services and the Police.

Sexual activity with a child aged under 16 years is also an offence. Where it is consensual it may be less serious than if the child were aged under 13 years but may, nevertheless, have serious consequences for the welfare of the young person. Consideration should be given in every case of sexual activity involving a child or young person aged 13 to 15 as to whether there should be a discussion with other agencies and whether a referral should be made to Children's Social Work Services. Within this age range the younger the child the stronger the presumption must be that sexual activity will be a matter of concern. Anyone concerned about such sexual activity should initially discuss this with the designated person in their agency or organisation responsible for safeguarding and subsequently with other agencies if required. Where confidentiality needs to be preserved a discussion can still take place as long as it does not identify the child (directly or indirectly). Where there is reasonable cause to suspect that significant harm to a child has occurred, or is likely to occur, the case should be referred to Children's Social Work Services using the multi-agency referral. All discussions should be recorded, including where a decision is taken not to share information, giving reasons for action taken and who was spoken to.

Sexual activity involving a 16 or 17 year old, even if it does not involve an offence, may still involve harm or the likelihood of harm being suffered. Professionals should still bear in mind assessing whether harm is being suffered, and should share information as appropriate. 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. Please see page 6 for further information on Child Sexual Exploitation and page 49 for Teenage Relationship Abuse.

Confidentiality and the rights of a young person should be central when supporting young parents/parents-to-be. Consideration should be given to supporting young people, their families and children in line with the school/education/training provider's Confidentiality Policy. Further information and advice related to confidentiality can be found on the Health and Wellbeing website:

http://www.solgrid.org.uk/wellbeing/emotional-wellbeing-and-mentalhealth/confidentiality-in-schools/

The starting point in supporting a young parent/parent-to-be is that the school/education/training provider should aim to enable the young person to remain in education/training wherever possible before and after the birth.

Pregnancy/parenthood should never be a reason for exclusion, whether formal or informal: Health and safety or insurance should not be used as a reason to prevent a pregnant young woman attending school/education/training, in the same way that this does not prevent a pregnant member of staff continuing in the workplace.

Appointments should where possible be made outside of school/college/training. However where this is not possible the provider should support the pupil to attend appointments by arranging opportunities to catch up on work/learning missed. Absence as a result of a pregnant pupil attending necessary medical appointments should be recorded as \mathbf{M} .

Young women can continue attending school/college/training with medical approval for as long as they are physically and emotionally able prior to the birth. No more than 18 calendar weeks authorised absence period can be negotiated to cover the period immediately before and after the birth of the child. Due consideration should always be given to the emotional health and wellbeing of the young person.

In exceptional circumstances a pupil may be unable to attend their mainstream school due to a medical reason during pregnancy and immediately after the birth. Please contact the Education for Children with Health Needs Team (Tel: 0121 7046620, Email: echn@solihull.gov.uk) to discuss any potential referrals on medical grounds.

Young parents (both mother and father) will require support to reintegrate into school/college/training after the birth of their child. The level of support will depend on the individual and their circumstances, both in terms of their position now as a parent and also their previous experience of education/training.

For all parents (mothers and fathers) the school/education/training provider should work with the pupil, their family and other relevant agencies/providers to create a support package/plan including consideration of the following:

- Ante and Post Natal Care
- Post Natal Depression
- Health
- Sex and Relationships Education / Contraception
- Bullying (including siblings in the same school)
- Child Protection/ Safeguarding
- Parenting Skills
- Relationship abuse

- Sexual Exploitation
- Child Care
- Previous experience in education
- Attendance
- Support of family
- Pupil's parents and carers
- Housing
- Finance / Benefits
- Careers / Further Education

This is not an exhaustive list and will vary with each individual. It is not necessarily the responsibility of the school/education/training provider to provide for, nor address all of these issues. However they need to be considered and the school/education/training provider should offer support to address these issues or access the services/resources as they will all impact on a young parent's learning. The information on pages 55 and 56 may be of relevance.

An Early Help Assessment may be appropriate for some young people in order to meet need.

Solihull Early Help (Tel: 0121 709 7000, Email: <u>earlyhelp@solihull.gov.uk</u>, Web: <u>http://socialsolihull.org.uk/earlyhelp</u>)

The Family Nurse Partnership is a voluntary home visiting service for first time mothers aged 19 and under. A specially trained nurse visits young mums from the early stages of their pregnancy until the child reaches the age of 2. Tel: 0121 465 2582

http://fnp.nhs.uk/

The You Plus Baby website has been developed by NHS experts who work in Solihull. It aims to provide support and information for new and expecting mums and their families.

http://www.youplusbaby.co.uk/

Supporting Lesbian, Gay, Bisexual, Trans^{*3} and Gender Questioning Pupils

The government estimates that six per cent of the UK population, around 3.9 million people, identify as lesbian, gay or bisexual. Estimates suggest that one per cent of the UK population, around 650,000 people, identify as trans. This means that schools are likely to have two lesbian, gay or bisexual young people per class group and one trans young person per year group, and many more students may be questioning or feel unsure about their sexual orientation or gender identity.

Being lesbian, gay, bisexual or trans is not a problem or a risk, but young people can find it difficult when other people around them – teachers, doctors, parents/carers and family, friends, youth workers, faith leaders and other young people – respond negatively or don't provide them with the support they need.

An Introduction to Supporting LGBT Young People: A Guide for Schools, Stonewall http://www.stonewall.org.uk/sites/default/files/an_introduction_to_supporting_lgbt_youn_ g_people_- a guide_for_schools_2015.pdf

School Ethos

All schools should provide an environment where LGBTQ staff, parents, children and young people are free to be themselves and to experience acceptance from adults and other young people.

Schools have a clear duty under the Equality Act 2010 to ensure that teaching is accessible to all children and young people, including those who are lesbian, gay, bisexual and trans* (LGBT). Inclusive SRE will foster good relations between pupils, tackle all types of prejudice – including homo/trans* phobia – and promote understanding and respect, enabling schools to meet the requirements, and live the intended spirit, of the Equality Act 2010.

Specific support for pupils identifying as gender questioning or trans* gender

Gender dysphoria is a condition where a person experiences discomfort or distress because there's a mismatch between their biological sex and gender identity. It is sometimes known as gender identity disorder (GID), gender incongruence or transgenderism. For further advice and signposting, see the NHS Choices website: <u>http://www.nhs.uk/conditions/gender-dysphoria/Pages/Introduction.aspx</u>

To find information about local and national services for trans* people contact NHS Direct on 0845 46 47 or visit <u>www.nhsdirect.nhs.uk</u>

Living My Life – information booklet for people identifying as trans*: <u>http://www.nhs.uk/Livewell/Transhealth/Documents/LivingMyLife.pdf</u>

³ Trans* is an umbrella term that refers to all of the identities within the gender identity spectrum.

GIRES – the Gender Identity and Research Education Society have developed an online training module Caring for gender variant young people suitable for people working in education. The course is free, is easily accessible online and takes around 45 minutes to complete. It includes an optional test and provides a certificate of completion that enables users to earn CPD points.

http://www.saferschools.org.uk/gires-the-gender-identity-research-and-educationsociety/

The following publications are essential reading for schools supporting children and young people who may identify as trans^{*}.ⁱ

In partnership with Cornwall Council, the Intercom Trust has produced <u>Schools</u> <u>Transgender Guidance</u>. This guidance informs schools and colleges so that they can support, inform, protect and enable pupils and students questioning their gender identity to achieve their full potential whilst in education.

http://www.intercomtrust.org.uk/item/55-schools-transgender-guidance-july-2015

Brighton and Hove have produced a <u>Trans Inclusion Toolkit</u> which provides information and guidance to schools and colleges on how to more effectively support trans* and gender questioning pupils and students and prevent trans*phobia. <u>https://www.solgrid.org.uk/wellbeing/safeguarding-through-the-curriculum/challenginghomophobia</u>

- Brook provide advice for young people under 25 in 'coming out' as trans* <u>https://www.brook.org.uk/your-life/coming-out-as-trans</u>
- <u>Gendered Intelligence</u> provide and signpost to a range of resources and organisations that support trans* young people. They also aim to engage the wider community in understanding the diversity and complexity of gender. <u>http://genderedintelligence.co.uk/about-us/our-aims</u>
- <u>Mermaids</u> is a support group for gender variant children and teenagers, and their families. Their goal is to relieve the mental and emotional stress of all persons aged 19 years and under who are in any manner affected by gender identity issues, and their families and to advance public education in the same. <u>http://www.mermaidsuk.org.uk/</u>
- GIRES Information for trans* people, their families and the professionals who care for them. Tel: 01372 801 554 <u>http://www.gires.org.uk/</u>
- The Gender Trust offers support for all those affected by gender identity issues. Tel: 0845 231 0505
 www.gendertrust.org.uk

Curriculum (Universal provision through planned PSHE)

Children and young people should be taught, through a planned and developmental programme of PSHE, including Relationships and Sex Education, about what makes them unique and special, about different families, the characteristics of healthy/unhealthy relationships, identity, challenging stereotypes and gender expectations. All learning should be inclusive of the experiences and needs of LGBTQ pupils.

The resource lists below will provide support for planning an appropriate curriculum that meets the needs of all pupils.

- The Sex Education Forum factsheet <u>Sexual orientation, sexual identities and</u> <u>homophobia in schools</u> supports schools to challenge homophobia and develop PSHE and SRE policy and practice which addresses sexual identities and is relevant to all children and young people. <u>http://www.sexeducationforum.org.uk/media/3076/homophobia.pdf</u>
- Advice from Brook around the difference between 'sex' and 'gender' written for young people under the age of 25. <u>https://www.brook.org.uk/your-life/category/gender</u>
- <u>Amnesty International</u> have developed a resource pack which contains teaching activities for children and young people from key stage 1 onwards relating to the rights of lesbian, gay, bisexual, transgender and intersex people.
- <u>Challenging homophobia in primary schools</u> provides lesson plans that could be used across a primary school designed to develop emotional literacy, celebrate difference and diversity and challenge homophobia. Activities are planned around stories, many of which will be familiar to children and teachers. <u>http://socialsolihull.org.uk/schools/wellbeing/wp-content/uploads/2014/11/Andy-Moffatresource1.pdf</u>
- The Crown Prosecution Service, National Union of Teachers and many community groups have worked together to produce a range of resources which will support schools with tackling hate crime, including <u>homo, bi and trans phobia</u>. The resources are designed to increase pupils' understanding of hate crime and prejudice and enable them to explore ways of challenging it. <u>http://www.report-it.org.uk/education_support</u>

Signposting and further support

• The Stonewall website provides resources and shares best practice from schools from around the country who are leading the way on challenging homo/trans*phobic bullying and prejudice. It provides school leaders and teachers with tangible examples, from the ground, about how to start this work, some ideas and inspiration for along the way as well as providing tips for addressing some of the challenges they may face in the process.

http://www.stonewall.org.uk/our-work/education-resources

- <u>Safe for All</u> is a best practice guide to prevent homophobic bullying in secondary schools.
- Pennine Learning have produced a <u>School toolkit, self evaluation and action plan</u> document which aims to celebrate diversity, promote dignity and self-confidence for all and challenge homophobia and trans*phobia.
- Birmingham Parents' Support Group (meets bi-monthly in Solihull town centre) is dedicated to helping families of lesbian, gay and bisexual people in coming to terms with knowing that a member of their family is gay. Tel: (0121) 711 8166 <u>http://www.bpsg.co.uk/</u>
- GaySol is Solihull MBC's site for young people who are gay, lesbian or bisexual. <u>http://www.j4usolihull.co.uk/gaysol/</u> Telephone: 0121 704 6752 Email: <u>gaysol@solihull.gov.uk</u> Age Range: 13years to 19years
 - Emerge (meets twice a month in central Birmingham). Group for young people who are trans, gender variant or questioning and aged 15-19.
 http://blgbt.org/directory/emerge/ Tel: 0121 643 0821
 - Out Central (meets weekly) is a Youth group for young people age 11-19, who are LGBT or may be questioning their sexuality. Young people take part in a range of activities including trips out and social activities. <u>http://blgbt.org/directory/927-2/</u>
 Tel: 1021 622 4570 or 0121 460 5870

Pupil Premium/Disadvantaged Pupils

Deprivation Pupil Premium

What is it?

The pupil premium was introduced in 2011. It is additional funding for publicly funded schools in England to raise the attainment of disadvantaged pupils and close the gap between them and their peers. The Pupil Premium is allocated to:-

- children from low-income families who are known to be eligible for free school meals or eligible for free school meals at any point in the last 6 years
- children who had been looked after continuously for more than 6 months
- children of service personnel

How much? - rates for eligible pupils

The PPG per pupil for 2015 to 2016 is as follows:

Disadvantaged pupilsPupil premium per
pupilPupils in year groups reception to year 6 recorded as Ever 6 FSM£1,320Pupils in years 7 to 11 recorded as Ever 6 FSM£935Looked-after children (LAC) defined in the Children Act 1989 as
one who is in the care of, or provided with accommodation by, an
English local authority£1,900 (at
discretion of home
local authority)

Children who have ceased to be looked after by a local authority in England and Wales because of adoption, a special guardianship £1,900 order, a child arrangements order or a residence order

From 2015 the pupil premium was made available for disadvantaged £300 (approx.)

3 and 4 year olds - £300 per child – 53p X 570 hours

What for?

The pupil premium is intended to raise the attainment of disadvantaged pupils and to close the gap between them and their peers. How the pupil premium is spent is up to the school but schools will be held accountable for the impact of the grant and how effective it has been in reducing the gap between disadvantaged pupils and others in the school.

https://www.gov.uk/government/publications/pupil-premium-2015-to-2016allocations/pupil-premium-2015-to-2016-conditions-of-grant

Identifying Pupil Premium pupils

DfE Key to Success website <u>https://www.keytosuccess.education.gov.uk/</u> (Schools are advised to check this website regularly as it does get updated during the year.)

Best Practice

Pupil Premium Awards website http://www.pupilpremiumawards.co.uk/

Solihull schools:

- Light Hall
- Widney Junior link to presentation -<u>https://extranet.solgrid.org.uk/inset/default.aspx</u>
- Marston Green Junior
- Chapel Fields Junior link to presentation -<u>https://extranet.solgrid.org.uk/inset/default.aspx</u>
- Greswold Primary

Evidence based practice

- Education Endowment Foundation (EEF) website <u>https://educationendowmentfoundation.org.uk/</u> (look particularly at toolkit, flip schools, growth mindsets)
- EEF presentations at Solihull Pupil Premium Conference

https://extranet.solgrid.org.uk/inset/default.aspx

Supporting pupils who are disadvantaged

Primarily this funding is to raise educational outcomes for disadvantaged pupils. Disadvantaged pupils come to school from a range of backgrounds, with a range of issues and often worries about their home life. In order to support pupils, particularly where issues and worry are barriers to their learning, we need to offer targeted support. Please see poverty, housing, neglect sections of this document for further information. Where there are child protection concerns the school child protection policy and procedures must always be implemented.

Data analysis resources

- EEF Families of Schools website
 <u>https://educationendowmentfoundation.org.uk/toolkit/families-of-schools/</u>
- Fischer Family Trust Aspire website <u>http://www.fft.org.uk/fft-aspire/about-FFT-Aspire.aspx</u>

Impact / Evaluation Tools

CEM - <u>https://educationendowmentfoundation.org.uk/projects/research-leads-improving-students-education/</u>

 Research paper EEF pages - https://educationendowmentfoundation.org.uk/projects/research-learning-communities/

 Ofsted and the Pupil Premium

The impact of the pupil premium is a central issue for Ofsted in making judgements about the school. Disadvantaged pupils are a focus group for Ofsted and the school's progress in closing the gap between them and other pupils forms a major part in reaching judgements about the school's outcomes. The effectiveness of the school's use of the pupil premium forms part of the judgement Ofsted will make about the school's leadership and management.

See presentation from Solihull Pupil Premium Conference at https://extranet.solgrid.org.uk/inset/default.aspx

Pupil Premium Audit

The audit (see <u>https://extranet.solgrid.org.uk/inset/default.aspx</u>) will support schools in monitoring their progress in using the pupil premium and closing the gap. The audit provides a structure for the review of progress of disadvantaged pupils and the school's spending of the grant. It also provides schools with a starting point to evaluate its systems for making decisions about the pupil premium and for monitoring progress.

Pupil Premium Reviews

Ofsted Inspectors will recommend an external review of the school's use of the pupil premium if they identify specific issues regarding the provision and outcomes for disadvantaged pupils.

This means that the school should seek support from an independent external system leader with a track record of accelerating disadvantaged pupils' achievement. Full details of what might be the form and nature of such reviews can be found at: - <u>https://www.gov.uk/guidance/pupil-premium-reviews</u> Inspectors will follow up on the review during any subsequent inspections.

Schools whose self-evaluation raises some concerns about the effectiveness of their use of the pupil premium may consider commissioning a review themselves. Further information can be obtained from the website above or from the Local Authority.

Resource to support parents

Flyer to raise awareness of the pupil premium and encourage take up (sample leaflet provided for schools to modify as appropriate)

https://extranet.solgrid.org.uk/inset/default.aspx)

Early Years Pupil Premium

The early years pupil premium (EYPP) is additional funding for early years settings to improve the education they provide for disadvantaged 3- and 4-year-olds.

3- and 4-year-olds in state-funded early education will attract EYPP funding if they meet at least 1 of the following criteria:

- their family gets 1 of the following:
 - income Support
 - income-based Jobseeker's Allowance
 - income-related Employment and Support Allowance
 - support under part VI of the Immigration and Asylum Act 1999
 - the guaranteed element of State Pension Credit
 - Child Tax Credit (provided they're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
 - Working Tax Credit run-on, which is paid for 4 weeks after they stop qualifying for Working Tax Credit
 - Universal Credit
- they are currently being looked after by a local authority in England or Wales
- they have left care in England or Wales through:
 - an adoption
 - a special guardianship order
 - a child arrangement order

Children must receive free early education in order to attract EYPP funding. They do not have to take up the full 570 hours of early education they are entitled to in order to get EYPP.

4-year-olds in primary school reception classes who already receive the school-age pupil premium are not eligible for EYPP funding.

Early years providers are ultimately responsible for identifying eligible children. Children who took up the early education entitlement for 2-year-olds will probably attract EYPP when they turn 3.

https://www.early-education.org.uk/eypp-basics - Early Education suite of basic and ideas materials

http://www.foundationyears.org.uk/category/eypp/ - Case study collection

<u>https://educationendowmentfoundation.org.uk/toolkit/early-years/</u> - Education Endowment Foundation toolkit See Sue Robb's presentation from Solihull Pupil Premium Conference at https://extranet.solgrid.org.uk/inset/default.aspx

Looked After Children Pupil Premium

See Looked After Children presentation from Solihull Pupil Premium Conference at <u>https://extranet.solgrid.org.uk/inset/default.aspx</u>

Service Pupils

"Children of service personnel will join your school bringing with them a wide range of strengths and needs but, in many cases, they will also have a variety of educational and personal experiences to provide you and their fellow pupils with an exciting and different dynamic. They may also have had (or have whilst they are with you) experiences of a more stressful nature" (Guidance – Service children in state schools handbook 2013 Dfe MoD) <u>https://www.gov.uk/government/publications/service-children-in-state-schools-handbook/service-children-in-state-schools-handbook-2013</u>

Service pupils are more likely than their peers to attend a number of different schools during their time in education and this can impact upon their experiences, behaviour, interaction with peer groups and the curriculum. They can experience increased emotional pressures specifically in relation to mobility and deployment. Family life changes both when the active parent goes away on deployment but also when they return – family dynamics will change.

It is essential that schools and teachers are aware of these pupils and the issues that they face.

Service Pupil Premium

The Department for Education (DfE) introduced the SPP as part of the commitment to delivering the <u>armed forces covenant</u>.

State schools, academies and free schools in England, which have children of service personnel in Reception to Year 11, can receive the funding, which is designed to assist the school to provide mainly pastoral care to these children. The Service Pupil Premium is currently £300 per child.

Who is eligible?

Pupils attract the premium if they meet the following criteria:

- one of their parents is serving in the regular armed forces
- one of their parents served in the regular armed forces in the last 3 years
- one of their parents died while serving in the armed forces and the pupil is in receipt of a pension under the Armed Forces Compensation Scheme (AFCS) and the War Pensions Scheme (WPS)

Schools may wish to consider ways of identifying those students who are eligible for the Student Pupil Premium as part of their enrollment process.

Issues facing Service children

"Pupils may arrive with very little prior notice and with little or no documentation from their previous school. Children may have gaps in their education through having missed certain parts of the curriculum or conversely, they may have covered a particular topic many times over. Many Service children have had thirteen–fourteen moves by the time they reach secondary school and often for Service families the only consistency is inconsistency" (Ofsted, 2011)".

Department for Education – Support for Service Children - National Archives.gov.uk General Article updated 29 August 2012 states

- Service children are more likely than their peers to attend a number of different schools as they progress through the primary and secondary years.
- Service children experience greater social and emotional pressures than their peers. One parent may be away from home for long periods of time and may be serving in a war zone.
- Service children have lower attendance rates than their peers.

The possible problems this can create include:

- Poor transfer of information from one school to the next
- Difficulties in identifying appropriate provision for SEN and lack of continuity with any such provision
- Complications around the curriculum in particular subject examinations
- Social and emotional pressures and difficulties in making commitments to relationships with peers, adults and schools.
- A sense of loss at each move
- Extrovert or introvert behavior, especially if a parent is on active service
- Topic sensitivity war poetry for example need to be sensitive

Potential School Support

Issues facing children and young people from service backgrounds will vary according to their age and their experiences. Schools and childcare providers should understand these issues and have clear procedures in place to enable them to respond in an appropriate way. It is essential that these pupils settle quickly and feel valued and teachers need to learn about the new children as quickly as possible. Staff should be alert to changes in children's behavior that could indicate that they may be in need of help or support. School staff should use their professional judgment identifying children who might need additional support and act appropriately.

The Government guidance on Service children in state schools handbook 2013 suggests

In general terms, schools can take a number of steps to ease any problems, for their children and for them, arising from service-induced mobility. These include:

- early liaison with the school(s) from which children are coming, to discuss
 information transfer protocols (for information in addition to that provided in the
 Common Transfer File), curricular issues and any individual pupils of special interest
 or concern (including SEN); planning for curricular discontinuity
- ensuring the child(ren)'s current school(s) provide access to helpful information (e.g. details of and rationale for a school's policy for term-time holidays) about their new school(s), including contact details and points of contact; schools could, for example, provide (in consultation with parents) children taking term-time holidays with homework to enable them to keep up with their peers
- making every effort to smooth the admissions process and, if places are not available in a particular year group, ensuring that the requirements of the School Admissions Code are adhered to
- establishing effective induction arrangements for new pupils and their parents
- devising strategies for preparing children, parents and receiving schools for children moving on
- establishing clear policies and procedures about mobility and identifying clear roles responsibilities for staff in this respect
- considering the EAL needs of incoming children and the implications for the school's EMTAG provision
- considering the role of the school SENCO and support staff in relation to meeting effectively and quickly the SEN of mobile children of service personnel
- ensuring service/service parent representation on governing bodies
- ensuring that the implications of pupil mobility for school performance are properly considered during self-evaluation.
- participating in SCISS regional events to ensure that DfE and MOD are kept up to date with the issues around providing for service children and to be kept up to date with developments nationally

Curriculum Resources

https://www.history.org.uk/resources/secondary_news_2421.html http://www.army.mod.uk/training_education/25813.aspx http://www.britishlegion.org.uk/

Examples of good practice

Schools across England have put the Service Pupil Premium to good use in a variety of ways including using the funding to purchase books for school libraries, which have been written by parents with a military background who have experienced deployment. Some schools have placed wall maps in the classroom for pupils to mark where their parent is currently deployed or where they have previously been deployed. Others have provided mentors to help service children interact with their peers and form new friendship groups. Where there are higher numbers of children in receipt of the Service Pupil Premium schools have set up 'nurture' rooms which can cater specifically to the needs of children of service personnel, giving them a place to gather together and talk about their experiences.

Useful Websites

https://www.gov.uk/government/publications/the-service-pupil-premium https://www.gov.uk/government/publications/service-children-in-state-schoolshandbook/service-children-in-state-schools-handbook-2013 https://www.gov.uk/government/publications/2010-to-2015-government-policy-armedforces-covenant/2010-to-2015-government-policy-armed-forces-covenant http://www.plymouthcurriculum.swgfl.org.uk/hmsheroes/gallery/videos/video-gallerytest-2/

Support for members or ex members of the armed forces for help and assistance with housing.

http://www.warwickshire.gov.uk/communitycovenantinformationandadvice

Child Abduction

Child abduction is the act of taking a child away from their family, carer or person who has lawful control of the child without consent or lawful justification. Abduction can happen when a child is taken away, sent away or detained.

Child abduction can be committed by parents or other family members; by people known but not related to the victim, such as neighbours, friends and acquaintances; and by strangers.

The Office for National Statistics identifies 4/5 of child abductions recorded by the police as being perpetrated by someone known to the child, whilst 1/5 is not. In 2013/14 police forces in England and Wales recorded 569 offences of child abduction (Office for National Statistics, 2014).

However, many incidents – including abductions by a parent, someone known to the victim and strangers – are not reported to the police.

Four times as many attempted abductions by a stranger (186 in 2011/12) are recorded by police than completed abductions. Nearly two-thirds involved a perpetrator in a vehicle. Whilst most children suffered no injury, nearly half the victims were grabbed, dragged or held by the offender.

Three-quarters of children abducted (or attempted to be abducted) by a stranger are girls. Victims of attempted stranger abduction have an average age of 11 years. Victims of completed abduction (with a clear sexual motive) have an average age of 14 years.

Information taken from http://www.childabduction.org.uk/index.php/the-facts

School action

All local authorities and Police authorities deal with cases of attempted abduction and there must be a clear process for dealing with these situations which is adhered to be schools and educational settings.

This guidance should be shared with **all** school staff.

Whilst not wishing to distress or frighten children and young people it must be ensured that they are made aware of dangers in appropriate ways. Schools should also support parents/carers through a range of communication.

School staff must also be aware that it is not always strangers who attempt abduction and should be vigilant when releasing children and young people to those who collect them after/during school times. School policies should be reviewed on a regular basis and staff reminded of procedures. Where school becomes aware of an incident of attempted child abduction, the following actions should be taken:

- Concern raised immediately. (Do school policies inform parents that such incidents should be reported immediately and to whom?)
- The concern is reported according to school procedure. 999 is dialled if the concern is an emergency otherwise 101 police number is used to report the incident.
- Member of school staff follows school protocol in reporting incident to the named member of staff. (Who do staff report to if this person is absent?)
- Contact is made with the police; school asks what further action they need to take, i.e. notifying the child's parents/local schools or writing a report.
- The school reports the incident to the local authority (Solihull Education Improvement Service 0121 7046620) supplying the crime number if necessary and the name of the officer they are liaising with.
- Assistant Director Learning and Achievement is informed of the concern and asked what response they would like the service to make. In their absence, the Assistant Director for Social Care is contacted.
- The Local Authority Officer informs the LA Communications team of the issue and what the response will be. The Communications team are then kept involved in advance of any further information being issued to schools.
- Local Authority liaise with the police to clarify next steps/appropriate information to give/whether communications need to be sent out.
- The Local Authority will then issue a communication on behalf of schools to the press etc.
- The school reporting the incident decide, in partnership with the police, what the post incident response will be to reassure pupils and parents/carers.
- Schools decide what information will be shared with their parents/carers.
- The Local Authority send an appropriate communication to the head teacher/principal of all schools, including independent schools, colleges and post-16 providers.
- All paperwork to do with the incident is stored according to the organisational policy.
- All services reflect on their process (Does anything need to change? If so who is the change communicated to?)

Curriculum (Universal provision through planned PSHE)

High quality PSHE which includes; exploration of what a 'stranger' is and when they might be helpful/harmful; strategies for avoiding abduction i.e. run, yell, tell, resisting 'lures'; staying safe out and about; online safety; what to do when lost; how/who to ask for help.

Providing opportunities for children to develop resilience and fostering the development of protective factors and behaviours (i.e. listening to what your body is telling you when something feels wrong, no problem is too big, small or awful to be shared with a trusted adult) are key for all children. More information about protective behaviours can be accessed from the Safety net website: <u>http://www.safety-net.org.uk/protective-behaviours/</u> and the Protective Behaviours Consortium: <u>http://www.protectivebehavioursconsortium.co.uk/</u>

The Where's the line? Teaching resource has a lesson looking at 'stranger danger' <u>http://wherestheline.co.uk/KS2safeguarding/</u> which may be helpful although caution should be exercised when using the phrase' stranger danger' as we know that children/young people can find struggle to tell a stranger from a non-stranger; Strangers will help children (for example if they are lost or feel unsafe) more often than they will harm them; Most abductions are committed by people who are known to children. The report Beyond Stranger Danger <u>http://cdn.basw.co.uk/upload/basw_14724-10.pdf</u> provides further information about good practice when addressing this issue.

Safer stranger, safer building advice for children and young people.

http://www.childseyemedia.com/safety-code.pdf

Think personal, think safety, think you. Leaflet available from the Suzy Lamplugh Trust to help parents, teachers and others to get younger people (7 to 12 year-olds) thinking and talking about different ways to stay safe. <u>http://shopping.suzylamplugh.org/think-safety-for-7-to-12-year-olds</u>

Support for parents

Advice from the NSPCC around keeping children safe when they are away from home. http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/staying-safe-awayfrom-home/ Books to support parents talking about safety and abuse prevention: http://www.parentsprotect.co.uk/books to share with children.htm Holiday safety guidelines, Kidscape https://www.kidscape.org.uk/media/220432/holiday_guidelines_for_parents.pdf

Resources for Children

Safety 4 Kids is a non-profit organisation designed to help children make better decisions about their personal safety. <u>http://www.safety4kids.com.au/</u>

Other useful resources and signposting

ChildAbduction.org.uk - This site is the national hub for information and advice on child abduction and is operated by Parents and Abducted Children Together (PACT), a UK registered charity. <u>http://www.childabduction.org.uk/index.php/about</u>

Obesity

The World Health Organization (WHO) regards childhood obesity as one of the most serious global public health challenges in the 21st century. Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than normal weight children. Overweight and obese children are also more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood. In England, the health problems associated with being overweight or obese cost the NHS more than £5billion every year.

National Child Measurement Programme Operational Guidance

2016, Public Health England

<u>NICE guidelines for Obesity: identification, assessment and management (Nov 2014)</u> raises the potential for a link between childhood obesity and abuse and advises practitioners to:

Be aware of or suspect abuse as a contributory factor to or cause of obesity in children. Abuse may also coexist with obesity.

The links between childhood obesity and neglect are explored in *Childhood protection and obesity: framework for practice* (BMJ 2010;341:c3074, RM Viner et al.). A summary of the review can be read <u>here</u>. Whilst links between obesity and neglect are possible, the need for more in-depth research is identified as well as the issue not to be viewed in isolation.

<u>Knowledge Hub: Obesity</u> The obesity hub brings together a range of resources about childhood obesity. It is supported by the Public Health England Obesity Knowledge and Intelligence team which provides a range of information and evidence on obesity. It is continually updated with new resources.

School action

<u>Solihull's Multi-agency threshold criteria</u> identify children with acute or chronic health conditions (including obesity, a <u>clinically healthy weight</u> is defined as: >2 - <91th centile) as potentially requiring a multi-agency coordinated approach. This would be an appropriate response where signposting to sources of support had limited impact on the child's wellbeing. It is likely that there may be additional concerns related to neglect and/or other types of abuse. Schools may find it helpful to consult <u>Solihull's Neglect</u> <u>Strategy</u> for further information including the Graded Care Profile

Solihull MASH Team on 0121 788 4333 (Monday-Thursday 8.45am-5.20pm, Friday 8.45pm-4.30pm

<u>Engage</u> – Solihull's Early Help service provides integrated support to children, young people and their families. The service is there to offer practical advice, support and direct case work to prevent issues escalating and requiring statutory intervention.

Telephone: 0121 709 7000

Email: engage@solihull.gov.uk

Eat Well Move More is Solihull's family weight management and healthy lifestyles programme for families with children aged 4-16 years who have concerns over their child's health and would like support and guidance to make healthy lifestyle changes. The programme includes healthy eating and nutritional advice, tips and ideas for being more active, fun activities and games and interactive resources for the whole family to get involved. Referral criteria permits children and young people classified as overweight or obese (over 91st centile).

Children and young people can be referred on to the programme by G.P.s, Practice Nurses, Dieticians, Health Visitors, Paediatricians, Obesity Specialists, School Nurses or by a family member (self-referral).

Families and schools can also contact the Solihull Active team by calling 0121 704 8207 or filling out an enquiry form online via http://www.solihullactive.co.uk/EWMMEnquiryForm.

Curriculum (Universal provision)

Practical cookery and food education is now compulsory in the new <u>national curriculum</u> for pupils up to the end of key stage 3 (age 14) in local authority maintained schools.

The <u>Eatwell Guide</u> is a policy tool used to define government recommendations on eating healthily and achieving a balanced diet. Learning about a healthy diet within the curriculum and whilst taking part in other food related activities should promote this model.

The <u>Food in Schools</u> primary training programme provides teachers with an opportunity to enhance and develop their knowledge, skills and understanding about food and cooking in the primary curriculum. It enables secondary food teachers to work with primary schools to provide a programme of professional development; the Food in Schools training focuses on practical solutions for the classroom.

<u>Food – a fact of life</u> provides a wealth of free resources about healthy eating, cooking, food and farming for children and young people aged 3 to 18 years.

The <u>national curriculum for physical education</u> aims to ensure that all pupils: develop competence to excel in a broad range of physical activities; are physically active for sustained periods of time; engage in competitive sports and activities; lead healthy, active lives. It is statutory for all pupils in local authority maintained schools up to the end of key stage 4 (age 16).

The <u>Association for Physical Education</u> delivers and supports the delivery of physical education in schools and in the wider community.

Support for parents

NICE guidelines on Preventing Excess Weight Gain (March 2015): Further advice for parents and carers of children and young people, makes the following recommendations for parents, carers and everyone in regular contact with children and young people to:

- Encourage and support them to be active at every opportunity (such as active play, travel, sport or leisure activities). (See <u>NHS Choices</u> and NICE's guideline on promoting physical activity for children and young people).
- Eat meals with children and young people.
- Help children and encourage young people to get enough sleep. Explain to parents and carers that this is because lack of sleep may increase the risk of excess weight gain in children and young people. Provide parents and carers with information on age-specific recommendations on sleep (for more information, see <u>NHS Choices</u>).

Solihull Weight Management Services (adults)

Local services for adults including advice around weight loss and general healthy eating advice:

Health Exchange offer support for anyone wanting to make lifestyle changes and need encouragement, advice and signposting.

Gateway Family Services provide a range of weight management services for anyone with a BMI over 30. This includes Weight Watchers, Slimming World and Lighten Up.

Man V Fat offer a men's only weight management service which is based around a football league where service users compete in a team and are able to learn about healthy eating and other healthy lifestyles.

Contact Solihull Connect on 0121 704 6000

<u>Solihull Active</u> is a campaign which aims to promote participation in sport and physical activity in the Borough of Solihull. There are a wide range of opportunities in Solihull identified on the website that can help both adults and children be more active.

The <u>Change 4 life</u> website contains a range of tools and tips for encouraging healthy eating and increasing physical activity amongst children and their families.

Resources for children

The <u>Change 4 life</u> website contains a range of tools and tips for encouraging healthy eating and increasing physical activity amongst children and their families.

Kids Health: Information on a range of health issues with separate areas for parents, children and teenagers.

<u>Health for Kids</u> is a learning website for children aged 4-11 years old, brought to you by Leicestershire NHS Partnership Trust.

Other useful resources and signposting

What works in schools and colleges to increase physical activity: Public Health England (2015) This briefing provides an overview from the evidence about what works in schools and colleges to increase levels of physical activity among children and young people.

<u>School food: Public Health England (updated 2015)</u> This collection of web-links brings together publications by PHE relating to schools and school food. This collection brings together publications by Public Health England (PHE) relating to schools and school food.

The Children's Food Trust, (previously named the School Food Trust), was awarded Big Lottery funding in 2007 to set up and support the first 5,000 Let's Get Cooking school-based cooking clubs for children and their families. Let's Get Cooking is now the largest national network of healthy cooking clubs in the country

Self-induced asphyxia ('the choking game')

Self-induced asphyxia, sometimes known as the choking game, is a growing and dangerous activity being undertaken by some children/young people. It has been around for over 60 years but the practice involves intentional strangulation, either alone or assisted.

The motivations for undertaking may include the misconception that there is no real danger, thrill-seeking, peer-pressure, challenge or dare and a curiosity in experimenting in an altered state of consciousness. Please be aware children may talk openly about this practice referring to it in the following slang terms:

American dream Tingling Dream game Roulette Airplaning Space cowboy Blackout Breath play Fainting game Flatliner Gasp Space Monkey Knockout game Choke-out Suffocation California high Pass-out Funky chicken

Dangers

The dangers of participating in this activity include:

- Blood deprivation to the brain kills millions of brain cells
- The blood surge can cause stroke, fits and brain damage
- Can cause death

Warning signs to look out for

This practice can be undertaken nearly anywhere with no props or tools necessary and the entire game can take less than five minutes from start to finish.

Signs to look out for:

- Blood shot eyes
- Frequent headaches
- Bruise marks on the neck
- Disorientation

Potential School Action

- All staff should be aware of the potential warning signs and understand the risks associated with the choking game and other such activities.
- Responses should be in accordance with the school's policies and the statutory safeguarding duties of school staff as directed in keeping Children Safe in Education, DfE Sept 2016. Concerns, including at what point to share information with the young person's parents, should be discussed with the school's designated safeguarding lead (DSL).
- Where the school becomes aware that an incident has occurred, they must prioritise the safety of the young person. If necessary the situation should be dealt with as a medical emergency, administering First Aid and summoning appropriate support. Actions and responses, including contacting parents, will be determined by the school's First Aid/Emergency procedures policies.
- Where these activities are undertaken with the intention to cause harm to another pupil, the incident should be dealt with under the school's behaviour policy.
- School may identify children and young people who are potentially vulnerable to
 participating in these behaviours and plan targeted interventions addressing risk
 management skills and approaches. It should be noted that adolescence, by its very
 nature, is a period when many young people take additional risks and identification
 of specific individuals may prove challenging.
- Staff may want to add 'key words' to their on line monitoring software and scan computer use across the setting when terms are searched for, particularly cumulatively.
- Schools may wish to provide parents/carers with information about the choking game and other risky activities, how to talk to their children about the issue, and where to access support. Workshops aimed at parents addressing how to keep their children safe may be helpful. Many schools share this information effectively on their school websites.

Curriculum (Universal provision through planned PSHE and Science)

- High quality PSHE which includes appropriate learning around peer influence, risky behaviours, first aid, emotional health and wellbeing.
- Statutory elements of the Science Curriculum in maintained schools covering healthy lifestyles on how the body functions.
- Opportunities within a range of curriculum areas to explore risk, risky behaviour and why such behaviour might occur e.g. literacy texts.
- Opportunities to learn about and develop 'protective behaviours' i.e. listening to what your body is telling you when something feels wrong, no problem is too big, small or awful to be shared with a trusted adult.

Further support and information

The organisation, GASP (Games Adolescents Shouldn't Play) was founded in America to raise awareness of the choking game and provides information for schools, parents and the medical profession. <u>http://www.gaspinfo.com/en/home.html</u>

The first part of this downloadable presentation is for use with staff and parents only whilst the second part contains a possible series of activities to support addressing the issue within PSHE.

https://www.birmingham.gov.uk/downloads/download/789/the_choking_game

Appendix 1: DVA tool (for children)

DVRIM: Level of risk Moderate Scale CAF: Level 2 Threshold of need child with additional needs.

Child/ren & families with additional needs. CAF completed. Single Practitioner targeted support – Child/ren under 7yrs/ or with special needs increases risks. The younger the child/ren the higher the risk to their safety. Consider protective factors.

1 - 3 minor incidents of physical violence which were short in duration. Victim did not seek medical treatment Intense verbal abuse.

Child/ren were not drawn into incidents. Control by abuser is not intense.

Child/mother relationship is nurturing, protective and stable. Significant other in child's life - positive and nurturing relationship.

Presence of child/ren was a restraint for the abuser

Abuser accepts responsibility for abuse and violence.

Abuser indicates genuine remorse and is willing to seek support for abusive behaviour. Victim has positive support from family/ friends & community. Victim appears emotionally

strong (not worn-down by the abuse).

Victim sought appropriate support and/or is willing to accept help from other agencies.

BME (Black, Minority, Ethnic)

Ask yourself the following questions:

- If this parent... 1 Cannot speak, read or write English
- Fears that the 'State' is authoritarian
- Lacks strong social networks Lives in temporary housing

- 5 Is living below the poverty line
 6 Has a child who is of a different appearance and culture to them
 7 Is living in a close-knit community in Londor
- 8 Has a perspective on parenting practices underpinned by culture or faith which are not in line with UK law & cultural norms
- 9 Recognises his/her faith or community leader as all powerful 10 Puts a very high value on preserving family honour
- and, if this young person... 11 Is compromised in relation to his/her
- community 12 Has strong allegiance to a group or gang



www.barnardos.org.uk

Child/ren & families with additional needs. CAF completed

Control en a characteristic source control and the control of the

History of minor/moderate incidents of physical violence-short duration. Victim received minor injuries medical attention not sought. Evidence of intimidation/bullying behaviour - pushing/ finger poking/ shoving/to victim but not towards child/ren - Destruction of property. Intense verbal abuse-consistent use of derogatory language. Risk of isolation - Abuser attempts to control victims' activities, movements & contact with others.

Child/ren were present in the home during an incident but did not directly witness. Potential likelihood of emotional abuse of children. BME (Black, Minority, Ethnic) Issues: See Blue Box. Disability issues within family positive support networks. Mental health issues - not prolonged or serious. Abuser or victim seeking appropriate help. Age of abuser and/or Victim - both have supportive resources and are not isolated.

Child/mother relationship is nurturing, protective & stable. In spite of abuse, victim was not prevented from seeing to the needs of her child/ren. Significant other in child's life - positive and nurturing relationship. Older child/ren use coping/ protective strategies. Victim attempted to use protective strategies with older child/ren. Victim is prepared to take advice on safety issues Victim has insight into the risks to her child/ren posed by the abuse Victim has positive support from family/friends and community. Abuser willing to engage in services to address his abusive behaviour.

Barnardo's Domestic Violence Risk Identification Matrix

DVRIM: Level of risk Serious Scale 3. CAF: Level 3 Threshold of need child with complex needs

Child/ren in Need - Children's Services may consider Section 17 but Safeguarding intervention may be necessary if threshold of significant harm is reached. Professional case planning Child/ren aged under 7yrs/ or child/ren with special needs can raise threshold to scale 4

vidence of Domestic Violence

 $Incident(s) \ of \ serious \ and/or \ persistent \ physical \ violence \ in \ family. \ Increasing \ in \ severity/frequency \ and/or \ duration - \ History \ of \ previous \ assaults.$ Victim and/or children indicate that they are frightened of abuser - put in fear by looks, actions, gestures and destruction of property (emotional & psychological abuse Recent separation - repeated separation/reconciliation/ongoing couple conflict. Stalking/harassment of mother/children - Increased risk of isolation. Abuse through the use of texting/social networking sites. Abuser breaching bail conditions/civil protective orders / non-contact orders. Victim required medical treatment but not sought/or explanation for injuries implausi Recurring or frequent requests for police intervention. Incident(s) of violence occur in presence of child/ren - consider duration of exposure. Threats of harm to mother/and or children. Excessive jealousy/possessiveness of abuser - domineering in relationship Financial control maintained by abuser. Abuser has history of domestic violence in previous relationships. Risk factors/Potential vulnerabilit Mental health issues - abuser and/or victim-raises concern. Substance abuse by abuser and/or victim-raises concern. Abuser's and/or victim's infidelity is a source of conflict/anger Strong likelihood of emotional abuse of child/ren - may display behavioural problems. Child/ren unable to activate safety strategies due to fear or intense control by abuser. Lack of safe significant other as a positive support to child. Child contact issues - domestic abuse occurring at contact. Older children /Adolescent - increased risk of intervening in abuse and emerging concerns re self harm. Abuser suspected of using physical abuse towards child/ren Abuser shows lack of insight/empathy into how his behaviour effects children/victim. Abuser's minimisation of abuse-lack of remorse/guilt. Abuser is Boyfriend/Father figure. Family unit has step-siblings. Abuser's abuse of pets/animals/used to intimidate Emerging concerns about emotional stability of abuser's relationship with child/ren/ limited parenting capacity & lack of protective abilities. Emerging concerns about emotional stability of child/mother relationship (parenting capacity and protective concerns). Emerging concerns of neglect of child/ren's emotional and physical needs-missed health appointments/poor living conditions. Abuser's use of avoidance/resistance to engage in services increases risk level to children. Victim fears statutory services - avoidance & resistance to engage increases risk to Family/Relatives/neighbours reports concerns revictim/children

Victim has experienced domestic violence in previous relationships. BME (Black, Minority, Ethnic) Issues: See Blue Box. Adult learning difficulties-abuser and/or victim-raises concern. Disability issues within family - isolation. Age disparities of Abuser/Victim - under 25 with limited support with personal vulnerabilities.

History of childhood abuse/disruptive childhood experiences - abuser and/or victim. Collusion issues present in extended families/friends - not supportive for victim/children.

Recent life crises/stress factors - i.e unemployment, financial problems, illness, death,

| Older child/ren use protective strategies. |
|---|
| Victim will seek positive support from significant other. |
| Victim - attempts to use protective strategies but abuser's violence & control is intense. |
| Victim will engage with supportive services and seek safety advice - be alert to control interfering with her level of commitment to engage. |
| Limited protective factors are present - serious level of violence and psychological abuse of victim, emotional abuse of child/ren and Domestic Violence risk factors predict recidivism. |
| Use of kinship placements as a protective factor - be alert to domestic violence having occurred or occurring in extended families. |

DVRIM: Level of risk Severe Scale 4. CAF: Level 4 Threshold of need child with acute needs - at risk of being a

looked after' child.

1

Child in need of Protection - Children's Services consider if Section 47 enquiry and core assessment intervention are required. Child/ren may be at risk of being 'looked after'

| 5 | Evidence of Domestic Violence | Y | s |
|---|---|---|---|
| | Repeated serious and/or severe physical violence - life threatening violence. Attention to the frequency, duration and severity of violent behaviour children exposed to. | | |
| | Use/assault with weapons. | | |
| | Abuser's violation of protective and/or child contact orders. | | |
| | Criminal history of abuser, gangland connections, generalised aggression, history of anti- social behaviour, aggression towards previous partners/family members, military service/ training. | | |
| | Intense stalking/harassment behaviour of abuser - Increased risk of isolation. | | |
| | Recurring or frequent requests for police intervention. | | |
| | Victim requires treatment for injuries sustained - Medical attention required but not sought or injuries explanation is implausible. | | |
| | Threats to kill or seriously injure victim and/or children. | | |
| | Victim is very frightened of abuser - believes intent of threats - Retaliatory violence a concern. Victim is intensively controlled/may present as submissive - worn down by abuse. | | |
| | Victim is pregnant/victim is abused in post natal period/recently separated with new baby raises risk level. | | |
| | Confirmed emotional/psychological/abuse of mother. | | |
| | Sexual assault/suspected sexual abuse of victim. | | |
| | Incidences of violence witnessed & occurred in presence of children - distressed/aftermath of incident. Child/ren have directly intervened in incidences. | | |
| | Children summon help/discloses-immediate heightened risk to this child of being punished' / adverse reaction from abuser and /or mother-assess adult's reaction to child's disclosure. Children may disclose another form of abuse to draw attention to the situation. | | |
| | Child/ren have been physically assaulted/abused. | | |
| | Confirmed emotional abuse of child/ren. | | |
| | Suspected/confirmed sexual abuse of child/ren. | | |
| | Abuser is a perpetrator of child abuse but may not have been prosecuted. Known to MAPPA. | | |
| | Victim has been identified by DASH-MARAC process as high risk. | | |
| | Risk factors/Potential vulnerabilities | Y | s |
| | Mental health issues - abuser and/or victim - raises significant concern. | | |
| | Substance abuse by abuser and/or victim - raises significant concern. | | |
| | Abuser's and/or victim's infidelity is a source of conflict/anger-Victim's infidelity gives rise to risk of severe reactive violent response from abusive partner-extreme jealousy/ possessiveness. | | |
| | possessiveness. | | |
| | Concerns of neglect of child/ren's emotional and physical needs/poor living conditions. | | |
| | - | | |
| | Concerns of neglect of child/ren's emotional and physical needs/poor living conditions. | | |
| | Concerns of neglect of child/ren's emotional and physical needs/poor living conditions. Substantial risk of repeated serious domestic violence. Threats or attempts to abduct children. Children exhibit sexualised behaviour and/or sexually harmful behaviour. | | |
| | Concerns of neglect of children's emotional and physical needs/poor living conditions. Substantial risk of repeated serious domestic violence. Threats or attempts to abduct children. Children exhibit sexualised behaviour and/or sexually harmful behaviour. Adolescent-increased risk of intervening in abuse and self harm-emerging concerns re mental health issues. | | |
| | Concerns of neglect of child/ren's emotional and physical needs/poor living conditions. Substantial risk of repeated serious domestic violence. Threats or attempts to abduct children. Children exhibit sexualised behaviour and/or sexually harmful behaviour. Adolescent - increased risk of intervening in abuse and self harm-emerging concerns re mental health issues. Child/ren in family has previous care history. | | |
| | Concerns of neglect of child/ren's emotional and physical needs/poor living conditions. Substantial risk of repeated serious domestic violence. Threats or attempts to abduct children. Children exhibit sexualized behaviour and/or sexually harmful behaviour. Adolescent - increased risk of intervening in abuse and self harm-emerging concerns re mental health issues. Child/ren in family has previous care history. Physical abuse of child/ren by abuser and/or victim. | | |
| | Concerns of neglect of child/ren's emotional and physical needs/poor living conditions. Substantial risk of repeated serious domestic violence. Threats or attempts to abduct children. Children exhibit sexualised behaviour and/or sexually harmful behaviour. Adolescent - increased risk of intervening in abuse and self harm-emerging concerns re mental health issues. Child/ren in family has previous care history. | | |
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| 5 | Concerns of neglect of child/ren's emotional and physical needs/poor living conditions. Substantial risk of repeated serious domestic violence. Threats or attempts to abduct children. Children exhibit sexualised behaviour and/or sexually harmful behaviour. Adolescent - increased risk of intervening in abuse and self harm-emerging concerns re mental health issues. Child/ren in family has previous care history. Physical abuse of child/ren by abuser and/or victim. Victim uses physical abuse on children as an alternative to harsher physical abuse by abuser. Recent suicidal or homicidal ideation/intent by abuser. Victim uses physical ideation/intent by abuser. Victim mucidal/attempted suicide/self harming - especially BME victims. Victim minimising risks to children/remains in abusive relationship, protection orders not sought, or activated. Victim/child has poor general health. Abuser shows lack of empathy/insight into how his abusive behaviour is affecting child/ | | |
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Protective factors: See Scale 3.

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Appendix 2: DASH Tool

Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH, 2009) Risk Identification and Assessment and Management Model

Risk identification and assessment is not a predictive process and there is no existing accurate procedure to calculate or foresee which cases will result in homicide or further assault and harm.

The DASH (2009) Risk Checklist was created by Laura Richards, BSc, MSc, FRSA on behalf of ACPO and in partnership with CAADA.



It has also been endorsed by:









PLEASE DO NOT CHANGE THIS RISK IDENTIFICATION AND ASSESSMENT MODEL

If you do have comments or suggestions please send them to: Laura Richards, BSc, MSc, FRSA

Criminal Behavioural Psychologist (E): <u>laura@laurarichards.co.uk</u> (W): <u>www.laurarichards.co.uk</u>

(W):www.dashriskchecklist.co.uk

Risk Identification for Trained Front Line Practitioners

(Please refer to the DASH (2009) Practice Guidance on Risk Identification in full)

A number of high risk factors have been identified as being associated with serous violence and murder through researching many cases. Any professional using the DASH (2009) must be trained in its use. This is crucial to understanding what the high risk factors are and how they apply in each situation, and what needs to be done to keep the victim safe.

This form should be completed for ALL cases of domestic abuse by front line staff. Initial risk identification must be undertaken by asking ALL the questions on this checklist, as well as searching appropriate databases, such as the intelligence databases. First response staff and their supervisor should <u>identify</u> risk factors, <u>who</u> is at risk and decide <u>what</u> level of intervention is required.

Details of <u>children</u> resident at the address must be provided. Consider the nature of the information and what it means in terms of public protection - preservation of life, reduction and prevention of harm to victim and others.

Please ensure that when you ask these questions the victim is comfortable and understands why you are asking them – it is about their safety and protection. Particular sensitivity and attention is required when asking about whether the victim has been assaulted, physically and/or sexually by the perpetrator. The vulnerability of victims cannot be overstated. This could be further compounded by issues such as traditional gender roles, literacy, language and/or immigration or refugee status. Please take into consideration the victim's perception of risk.

Please ensure you ask the victim about the abuser's behaviour when stalking and honour based violence are present. Do not just tick the box 'yes'. You must identify <u>what</u> is happening. There are specific risk factors that relate to these areas as well. Assessment of risk is complex and <u>NOT</u> related to the number of risks appearing alone. Rather, the risk posed to the victim or others in a particular situation will be dependent upon what they are and how they apply in that context. <u>Refer to the full DASH (2009) Practice Guidance on Risk</u> Identification.

Record what steps you have taken to ensure the immediate safety of the victim(s) and any children. Ask yourself 'Am I satisfied that I have done all I can?' Everything you do must be recorded.

The risk identification process must remain dynamic. Events and circumstances may undergo rapid and frequent change. Where this is the case, the assessment must be kept under review. Risk identification is based on structured professional judgement. This model is most effective when undertaken by professionals who have been fully trained in its use. High risk cases may well require a multi-agency response and should be referred to the relevant risk management panel i.e. the Multi-Agency Risk Assessment Conference (MARAC) or Multi-Agency Public Protection Panel (MAPPP). MARACs are for the most serious and high risk cases.

| CURRENT SITUATION THE CONTEXT AND DETAIL OF WHAT IS HAPPENING IS VERY IMPORTANT. THE QUESTIONS HIGHLIGHTED IN BOLD ARE HIGH RISK FACTORS. TICK THE RELEVANT BOX AND ADD <u>COMMENT</u> WHERE NECESSARY TO EXPAND. | Yes 1 | No ☑ |
|--|--|---------|
| 1. Has the current incident resulted in injury? (please state what and whether this is the first injury) | | |
| 2. Are you very frightened? Comment: | | |
| 3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s) might do and to whom) Kill: Self □ Children □ Other (please specify) □ Further injury and violence: Self □ Children □ Other (please specify) □ Other (please clarify): Self □ Children □ Other (please specify) □ 4. Do you feel isolated from family/ friends i.e. does (name of abuser(s)) try to stop you from seeing | | |
| friends/family/Dr or others? | | |
| 5. Are you feeling depressed or having suicidal thoughts? | | |
| 6. Have you separated or tried to separate from (name of abuser(s)) within the past year? | | |
| 7. Is there conflict over child contact? (please state what) | | |
| 8. Does () constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done. Ask 11 additional stalking questions*) | | |
| | | |
| CHILDREN/DEPENDENTS (If no children/dependants, please go to the next section) | Yes | No |
| CHILDREN/DEPENDENTS (If no children/dependants, please go to the next section) 9. Are you currently pregnant or have you recently had a baby in the past 18 months? | Yes | No |
| | | |
| 9. Are you currently pregnant or have you recently had a baby in the past 18 months? 10. Are there any children, step-children that aren't () in the household? Or are there other dependents in the | | |
| 9. Are you currently pregnant or have you recently had a baby in the past 18 months? 10. Are there any children, step-children that aren't () in the household? Or are there other dependents in the household (i.e. older relative)? | | |
| 9. Are you currently pregnant or have you recently had a baby in the past 18 months? 10. Are there any children, step-children that aren't () in the household? Or are there other dependents in the household (i.e. older relative)? 11. Has () ever hurt the children/dependents? | | |
| 9. Are you currently pregnant or have you recently had a baby in the past 18 months? 10. Are there any children, step-children that aren't () in the household? Or are there other dependents in the household (i.e. older relative)? 11. Has () ever hurt the children/dependents? 12. Has () ever threatened to hurt or kill the children/dependents? | | |
| 9. Are you currently pregnant or have you recently had a baby in the past 18 months? 10. Are there any children, step-children that aren't () in the household? Or are there other dependents in the household (i.e. older relative)? 11. Has () ever hurt the children/dependents? 12. Has () ever threatened to hurt or kill the children/dependents? DOMESTIC VIOLENCE HISTORY | | |
| 9. Are you currently pregnant or have you recently had a baby in the past 18 months? 10. Are there any children, step-children that aren't () in the household? Or are there other dependents in the household (i.e. older relative)? 11. Has () ever hurt the children/dependents? 12. Has () ever threatened to hurt or kill the children/dependents? DOMESTIC VIOLENCE HISTORY 13. Is the abuse happening more often? | Image: Constraint of the second secon | |
| 9. Are you currently pregnant or have you recently had a baby in the past 18 months? 10. Are there any children, step-children that aren't () in the household? Or are there other dependents in the household (i.e. older relative)? 11. Has () ever hurt the children/dependents? 12. Has () ever threatened to hurt or kill the children/dependents? DOMESTIC VIOLENCE HISTORY 13. Is the abuse happening more often? 14. Is the abuse getting worse? 15. Does () try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider honour based violence and | Image: Control of the second | |

| 18. Has () ever attempted to strangle/choke/suffocate/drown you? | | |
|--|-----|----|
| 19. Does () do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Please specify who and what) | | |
| 20. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour based violence. Please specify who. Ask 10 additional HBV questions*) | | |
| 21. Do you know if () has hurt anyone else ? (children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what) Children □ Another family member □ Someone from a previous relationship □ Other (please specify) | | |
| □ 22. Has () ever mistreated an animal or the family pet? | | |
| ABUSER(S) | YES | No |
| 23. Are there any financial issues? For example, are you dependent on () for money/have they recently lost their job/other financial issues? | | |
| 24. Has () had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (Please specify what) | | |
| Drugs Alcohol Mental Health 25. Has () ever threatened or attempted suicide? | | |
| | | |
| 26. Has () ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify what) Bail conditions Non Molestation/Occupation Order Child Contact arrangements Forced Marriage Protection Order Other | | |
| 27. Do you know if () has ever been in trouble with the police or has a criminal history? (If yes, please specify) DV □ Sexual violence □ Other violence □ Other □ | | |
| Other relevant information (from victim or officer) which may alter risk levels. Describe: (consider for example victim's vulnerability - disability, mental health, alcohol/substance misuse and/or the abuser's occupation/interests-does this give unique access to weapons i.e. ex-military, police, pest control) or is there serial offending? | | |
| Is there anything else you would like to add to this? | | |

In **all** cases an initial risk classification is required:

| RISK TO VICTIM: | | |
|-----------------|--------|------|
| | MEDIUM | HIGH |

DASH (2009) Additional Stalking and Harassment Risk Questions

Q8. Does (.....) constantly text, call, contact, follow, stalk or harass you?* (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done)

PRACTICE POINTS:

If the victim answers 'yes' to this question then you must ask the following as they are risk factors for future violence:

- Is the victim very frightened?
- ✓ Is there previous domestic abuse and harassment history?
- ✓ Has (insert name of the abuser....) vandalised or destroyed property?
- ✓ Has (insert name of the abuser....) turned up unannounced more than three times a week?
- ✓ Is (insert name of the abuser....) following the victim or loitering near the victim?
- ✓ Has (insert name of the abuser....) threatened physical or sexual violence?

- ✓ Has (insert name of the abuser....) been harassing any third party since the harassment began (i.e. family, children, friends, neighbours, colleagues)?
- ✓ Has (insert name of the abuser....) acted violently to anyone else during the stalking incident?
- ✓ Has (insert name of the abuser....) engaged others to help (wittingly or unwittingly)?
- ✓ Is (insert name of the abuser....) been abusing alcohol/drugs?
- ✓ Has (insert name of the abuser....) been violent in past? (Physical and psychological. Intelligence or reported)

DASH (2009) Additional HBV Risk Questions

Q20. Is there any other person who has threatened you or who you are afraid of?* (If yes, please specify who and why. Consider extended family if HBV)

Practice Point: If the victim is subject to HBV and answers 'yes' to this question, ask the following questions:

| ✓ | Truanting – if under 18 years old is the victim truanting? |
|---|---|
| ✓ | Self-harm – is there evidence of self-harm? |
| ✓ | House arrest and being 'policed at home' – is the victim being kept at home or their behaviour activity being policed(describe the behaviours)? |
| ✓ | Fear of being forced into an engagement/marriage – is the victim worried that they will be forced to marry against their will? |
| ✓ | Pressure to go abroad – is the victim fearful of being taken abroad? |
| ✓ | Isolation – is the victim very isolated? |
| ✓ | A pre-marital relationship or extra marital affairs – is the victim believed to be in a relationship that is not approved of? |
| ✓ | Attempts to separate or divorce (child contact issues) -is the victim attempting to leave the relationship? |
| ✓ | Threats that they will never see the children again – are there threats that the child(ren) will be taken away? |
| ✓ | Threats to hurt/kill – are there threats to hurt or kill the vitcim? |
| | |

| MARAC REFERRAL | |
|--|----------|
| Do you believe that there are reasonable grounds for referring this case to MARAC? | Yes / No |
| If yes, have you made a referral? | Yes/No |
| | |
| | |
| CONSENT If the case is high risk and you are referring it to the MARAC, please explain to the victim what is and that it is there to help them, giving them options and choices to keep them and their children options and choices to keep them and their children options. | |
| Has s the victim given verbal consent to share information with partner agencies? | Yes/No |
| Officer's signature Date: | |

Risk Assessment Categorisation

This is *based* on the Offender Assessment System (OASys) developed by the Prison and Probation Services definitions of what constitutes standard, medium, high risk. Please use your professional judgement to categorise the risk level:

| Standard | Current evidence does not indicate likelihood of causing serious harm. |
|----------|--|
| Medium | There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse. |
| High | There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious. Risk of serious harm (Home Office 2002 and OASys 2006): 'A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'. |

Risk Management Framework

Use the RARA model when compiling safety plans for victims. What are you planning to do?

| Remove the risk: | By arresting the suspect and obtaining a remand in custody. |
|------------------|---|
| Avoid the risk: | By re-housing victim/significant witnesses or placement in refuge/shelter in location unknown to suspect. |
| Reduce the risk: | By joint intervention/victim safety planning, target hardening, enforcing breaches of bail conditions, use of protective legislation and referring high risk cases to Multi-Agency Risk Assessment Conference (MARAC). |
| Accept the risk: | By continued reference to the Risk Assessment Model, continual multi-agency intervention planning, support and consent of the victim and offender targeting within Pro-active Assessment and Tasking Pro forma (PATP), or Risk Management Panel (such as Multi-Agency Risk Assessment Conference (MARAC) or Multi-agency Public Protection Panel (MAPPP). |

Appendix 3 – Prevent Referral Guidance

