West London Performing Arts Academy
Safeguarding Children/Child Protection Policy

"Every Childhood is Worth Fighting For"

West London Performing Arts Academy (WLPA) is fully committed to promoting children's rights, especially their right to be protected from harm, abuse and exploitation and to be involved in any decisions that directly affect them. West London Performing Arts Academy understand that we have a duty of care to implement effective policies and procedures for safeguarding the welfare of children and young people.

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child -centred. This means that they should consider, at all times, what is in the best interests of the child.

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The definition of safeguarding for the purposes of this policy, as defined in Keeping Children Safe in Education, Sep 2019 is: "protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes."

Good Practice

WLPA will:

- Appoint at least 2 designated people (Designated Safeguarding Lead (DSL)and someone to deputise for them) to enable any concerns to be reported in accordance with our procedures.
- The DSL Availability.
  During term time the designated safeguarding lead (or a deputy) should always be available (during the Academy working hours) for staff to discuss any safeguarding concerns. Whilst generally speaking the designated safeguarding lead (or deputy) would be expected to be available in person, it is a matter for individual establishments, working with the designated safeguarding lead, to define what "available" means and whether in exceptional circumstances availability via phone and or Skype or other such mediums is acceptable.
- It is a matter for individual establishments and the designated safeguarding lead to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities.

- Review our policy and good practice annually.
- Share information about concerns with agencies who need to know and involving parents and children appropriately.
- Ensure that the all members of staff appointed from December 2012 are vetted by the DBS (disclosure and Barring Service) Previously CRB and ISA, who have now merged to form the DBS, in accordance with their guidelines, check all staff and volunteers with responsibility for children. All existing members of staff have a valid enhanced disclosure provided by the CRB.
- Develop best practice in relation to the recruitment of all workers (paid staff and volunteers).
- Provide opportunities for all workers to develop their skills and knowledge by providing information, guidance and training
- Ensure that parents/carers are encouraged to be involved in the work of the organisation and, when requested, have access to all policies and procedures.

Responsibilities of Staff and Volunteers

We will ensure that staff and volunteers:

- are carefully selected, screened, trained and supervised according to our Safer recruitment policy – including checks being made of identity, right to work in the United Kingdom, proofs of address, qualifications, references and overseas criminal background checks if required.
- are aware of the problem of child abuse
- are aware of the *Prevent Agenda*
- *safeguard* children from abuse through good practice
- *report* all concerns about possible abuse
- *report all incidents in writing to the DSL or Deputy*
- *respond* appropriately when abuse is discovered or suspected
- are aware of **Ealing's child protection policies and procedures**.
- understand their obligations to report care or protection concerns about a child/young person, to the organisations designated Safeguarding Lead for child protection by providing training and guidance
- receive information on the relevant legislation that the organisation must adhere to, for example the **Children's Act 2004, Keeping Children Safe in Education, (Sep 2019),** and **Working Together To Safeguard Children (July 2019).**

West London Performing Arts Academy adheres to Ealing's Child Protection Procedures and Policies (the Yellow Book & London Safeguarding Children's Board) and the code of conduct they outline.

WLPA Designated Safeguarding Lead has the responsibility to:

1. Ensure that effective communications and liaison with social services and other agencies takes place as appropriate in the event of staff having child protection concerns about a student.
2. Ensure that all staff, and others with regular contact with pupils, have regular two – yearly training on child abuse and its main indicators together with annual internal updates. Ensure that all staff are aware of their own safeguarding/child protection responsibilities and those of the school.
3. Ensure that all new members of staff are trained as soon as possible after joining the school.
4. Ensure that the Designated Safeguarding Leads are re-trained every two years to level 3 standards, or any other standard required by regulations.
5. Review annually the Safeguarding/Child Protection policy and the efficiency with which related duties have been discharged.
6. Ensure that all incidents are recorded in the "Incident log" book.

Supporting Children

We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self- worth.

We recognise that the establishment may provide the only stability in the lives of children who have been abused or who are at risk of harm.

We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

WLPA will support all children by:

- Encouraging self-esteem and self-assertiveness, through our classes as well as our relationships, whilst not condoning aggression or bullying.

- Promoting a caring, safe and positive environment.

- Liaising and working together with all other support services and those agencies involved in the safeguarding of children.

- Notifying Social Care as soon as there is a significant concern.

‘Safeguarding & the General Data Protection Regulation (GDPR): GDPR does not prevent, or limit, the sharing of information for the purposes of keeping children safe. Legal and secure information sharing between schools, Children’s Social Care, and other local agencies, is essential for keeping children safe and ensuring they get the support they need. Information can be shared without consent if to gain consent would place a child at risk.’ (DfE: Data protection: A toolkit for Schools - August 2018)

Confidentiality

We recognise that all matters relating to child protection are confidential.

The Designated Safeguarding Lead(s)/ Deputy will disclose any information about a child to other members of staff on a need to know basis only.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.

We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm or impede a criminal investigation. If in doubt, we will consult with an Assistant Team Manager at the Children's Services Area

Supporting Staff

We recognise that staff who have become involved with a child who has suffered harm or appears to be likely to suffer harm may find the situation stressful and upsetting.

We will support such staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead(s) and to seek further support as appropriate.

Whistle-blowing

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the school, they should speak in the first instance to the LADO.

Anti - Radicalisation

The Counter- Terrorism and Security Act 2015 places a duty on specified authorities, including local authorities and childcare, education and the other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism. Staff should be alert to the possibility of this happening and, if needed, should refer their concerns immediately to the Designated Safeguarding Lead(s)/Deputy. To enable staff to be extra vigilant and receptable to the early signs of Radicalisation, they will undertake training on the "**Prevent Agenda**".

WLPA must be aware and be expected to assess the risk of children being drawn into terrorism, including support from extremist ideas that are part of terrorist ideology. The school must also be aware and understand when it is appropriate to make a referral to the Channel Programme aimed at identifying the children that are vulnerable to radicalisation.

Staff should be aware that children and young people may be vulnerable to the following issues:

- child sexual exploitation **(CSE)**
- bullying including cyberbullying ·domestic violence
- drugs
- prevented from attending school **(CME)**
- fabricated or induced illness
- faith abuse
- female genital mutilation **(FGM)**
- forced marriage **(FM)**
- gangs and youth violence
- gender-based violence/violence against women and girls **(VAWG)**
- mental health
- private fostering
- Preventing radicalisation
- sexting
- teenage relationship abuse
- trafficking

- Missing Children and Adults
- Domestic Abuse/Violence
- Homelessness
- Drugs
- Peer on Peer abuse
- Sexual violence and Sexual harassment between children in school & colleges
- “Honour based violence” HBV
- Children Missing from Home or Care
- Children with family members in prison
- Child Criminal Exploitation – County Lines
- Hate crime

Prevention

We recognise that the fact that everyone plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adult’s, supportive friends and an ethos of protection.

WLPA will therefore:

Work to establish and maintain an ethos where children feel safe, secure and are encouraged to talk and are always listened to.
Ensure that all children know there is an adult whom they can approach if they are worried or in difficulty.

Ensure all staff are aware of WLPA guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks

Procedures

A member of staff aware of or suspecting abuse:

1. Must listen carefully to the child, be supportive and keep an open mind. Staff should not take a decision as to whether or not the abuse has taken place.

2. Responses should be calm and non- judgemental; questions should be open-ended. Is there anything else you want to tell me? Yes? And? Staff must not ask leading questions, that is, a question which suggests its own answer. Use words: “Tell”, “Explain”, “Describe”, never “Why”.

3. Must reassure the child but never give a guarantee of absolute confidentiality. The member of staff should explain that they need to pass the information on to the Safeguard Lead/Deputy who will ensure that the correct action is taken.

4. Must keep sufficient written records of all conversations and ensure that this information is written down immediately. The written record should include: the date, time and place of the conversation and the essence of what was said and done by whom and in whose presence. Include any observations on noticeable non- verbal behaviour and actual words used by the child. The written record should be signed by the person making it and should contain their full name, not initials (only the child(ren) should be referenced to by initials).

5. Must hand the record immediately to the Designated Safeguarding Lead/Deputy.

All evidence, (e.g., scribbled notes, mobile phones containing text messages, clothing, and computers) must be safeguarded and preserved.

Five Messages to convey to a child who has disclosed abuse-

1.“I believe you”
Children rarely lie about abuse (especially sexual abuse). Your role is not to determine the validity of the disclosure.
2.“It’s not your fault”
It is always the adult’s responsibility - but avoid condemning the alleged abuser – especially if it is a family member.
3.“I’m glad you told me”. Children who talk about……are less likely to be affected.
4.“I’m sorry this happened”
5.“I’m going to help you”

But do NOT make promises you may not be able to keep – especially with regard to confidentiality – you must report the disclosure, do not make blanket claims, e.g. avoid “Everything will be alright”.

Action by the Designated Safeguarding Lead(s)

Within 24 hours of receipt of information about abuse or suspected abuse, the Designated Safeguarding Lead must report the matter to the Social Services Department which will investigate the issue and advise on the action that must take, and in conjunction with the Social Services Department make arrangements to inform the individual Safeguarding Authority if appropriate.

Advice of the LADO (or Local Authority Designated Officer) must be sought if required. Ealing LEA now has a single referral service response centre (Tel: 020 8825 8000 Ealing Children's Integrated Response Service- ECIRS).

The parent's and pupil will be informed in writing/ verbally of the referral to the Social Services Department only after advice is given by the Social Services Department.

The Designated Safeguarding Lead will advise the Social Services Department of any serious allegation of abuse against a pupil. Minor allegations will be dealt with in accordance with the school's policy on behaviour and discipline.

Allegations about members of staff

Allegations against members of staff come through a variety of routes:

•Parents contact school or the education department to make a complaint.
•Police discover that a person that they are investigating is a member of education staff.
•Children's social care may carry out a Section 47 investigation and discover that one of the parent's is a member of education staff.
•Children and young people may tell a member of staff that they are subjected to abuse by a member of staff.

If a member of staff has

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against a child
- Behaved towards a child in a way that indicates he or she is unsuitable to work with children.

WLPA Designated Safeguarding Lead must report the matter to the Local Authority Designated Officer or LADO within 24 hours of the allegation having been made. The following details must be given:

•If WLPA has already acted on it and what has been done.
•Whether the parent of the chid has been informed.
•Name, date of birth and address of member of staff and of child/children involved.
•Whether there were any witnesses.

Informing Parents

Parents should be informed as soon as possible. WLPA should assure parents that they are taking the issue seriously and inform them of their rights:

- If there is indication that the child may have been assaulted the parent has the right to go to the police.
- Parents may decide they do not want to report to the police. However, the LADO will in most cases need to consult the police who may contact the parents to check their decision.
- In case of an allegation against the Principals, the responsibility of the informing the LADO or dealing with any enquiries will be that of the unaffected person or the DSL or Deputy in the case of both.

Recognising signs of child abuse

Children may:

- Feel ill in the mornings
- Begin truanting
- Begin doing poorly in their school work
- Become withdrawn, start stammering, lack confidence
- Become distressed and anxious, stop eating
- Attempt or threaten suicide
- Cry themselves to sleep, have nightmares
- Refuse to talk about what's wrong
- Have unexplained bruises, cuts, scratches
- Begin to bully other children, siblings
- Become aggressive and unreasonable

Categories of Abuse:

- Abuse
- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

Signs of Abuse in Children:

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness

- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation **(CSE).**
- Children Missing Education **(CME)**

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with the Designated Safeguarding Lead(s), (or in the absence of all those
- individuals, an experienced colleague)

- May require consultation with and or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parents
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

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

Bruising

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

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

Bite Marks

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

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

Burns and Scalds

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

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Unclear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks).
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation
- Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures.

There are grounds for concern if:

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

Scars

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

Recognising Emotional Abuse

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

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self- esteem and lack of confidence
- Withdrawn or seen as a "loner"- difficulty relating to others

Recognising Signs of Sexual Abuse

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

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

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self- mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners

- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management and intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy or where one participant relies on an unequal power base.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality –** consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies.
- **Consent -** agreement including all the following:

1. Understanding that is proposed based on age, maturity, development level, functioning and experience
2. Knowledge of society's standards for what is being proposed
3. Awareness of potential consequences and alternatives
4. Assumption that agreements or disagreements will be respected equally
5. Voluntary decision
6. Mental competence

- **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

Recognising Neglect

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

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and irresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, when accompanying weight loss
- Child thrives away from the environment
- Child frequently absent from school **(CME)**

- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Children Missing Education (CME)

Should any member of staff at WLPA become aware that a child is not in education or being home schooled, this should be reported to the DSL who in turn will report the concern to the LEA.

Child Sexual Exploitation (CSE)

The following list of indicators is not exhaustive or definitive, but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether

- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault

Sexual exploitation can take many forms ranging from the seemingly "consensual" relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Sexting as a safeguarding issue - information for staff - the basics that you need to know
NB: The current recommended term used to describe ‘sexting’ is ‘Youth Produced Sexual Imagery’, but the shorter term ‘sexting’ is retained in this policy as it is more widely known and understood.

What is it?
Sexting is taking a sexually explicit photograph and texting (sharing) it via your mobile phone to others. Sexually explicit content can easily be distributed between people, through the use of smartphones, the Internet and through online social networking sites.
Why is it an issue?
Recent studies claim that up to 39% of teens and 59% of young adults have sexted at least once.
The NSPCC state that they receive almost one call every day where children mention sexting.
As children grow up they will be influenced as much, if not more, by their friends as by their parents. People in the public eye, people they look up to and people they want to be like can also have a powerful influence on them.
It is never too early to invest in positive conversations with children and young people and it is always good to reassure them that no matter what happens they can always come to you or go to the designated safeguarding officer or their parents/guardian for help.

The Law
It is an offence to take or share an indecent image of a child under 18. Therefore, a child who takes an image of themselves and shares it technically commits a criminal offence. Although the Police do not prosecute children who have made a simple error of judgment, the fact it may be investigated causes children to worry and could be a deterrent to them coming forward.
So please reassure them that everyone, including the police, will simply want to help them.

What are the dangers?
Images can be spread privately by text, Messenger, WhatsApp, ooVoo and a range of other apps. They can be posted to social networking sites such as Facebook, Snapchat and Instagram. Most social networking sites have strict policies that prohibit nude photographs however, they are also clear in stating that they are 'reactive'. They DO NOT proactively monitor all content that is posted on their platforms.

How do I deal with sexting?
When an image, especially a nude image, is reported, social networking sites normally will and most definitely should remove the content immediately.
The quicker an inappropriate image is reported, the easier it is for those working in the Internet industry to take the image off their site and to do what they can to prevent or stop it spreading further.
If you are speaking with a child who has confided in you about this issue, BE CAREFUL ABOUT WHAT YOU SAY, and how you say it. Telling a child or young person that once an image goes online, it stays online can remove hope and can be detrimental to a child's health and wellbeing.

The key is EARLY reporting and EARLY intervention.
And remember sexting is not just about people children engage online, who they don't really know it also applies to images they have willingly shared with their boyfriend or girlfriend.

More detailed advice can be found via the link below from the UK council for child internet safety - click on the link to access the document.
Sexting in schools & colleges: responding to incidents and safeguarding young people
The NSPCC also produces useful advice on sexting

Forced Marriage (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic

violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as or through a third party. Always call either the Contact Centre or the Forced Marriage **(FM)** Unit 020 7008 0151.

Female Genital Mutilation (FGM)
The Serious Crime Act 2015 introduced a new duty on teachers, social workers and healthcare professionals to report to the police known cases of female genital mutilation **(FGM)** involving victims aged under 18.
It is essential that staff are aware of **FGM** practices and the need to look for signs, symptoms and other indicators of **FGM**.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

Type 1 Clitoridectomy- partial/total removal of clitoris

Type 2 Excision - partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out? Belief that:

- **FGM** brings status/respect to the girl - social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It **is illegal** in most countries including the UK under the **FGM Act 2003**.

Section 5B of the 2003 Act 1, introduces 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. The duty applies from 31 October 2015 onwards.

Circumstances and occurrences that may point to **FGM** happening are:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for **FGM**, (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including, Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone **FGM**
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone **FGM**:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that all schools take action **without delay** and call the Police. Staff should be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. If staff have concerns, they must immediately report this to the police and advise the

Designated Safeguarding Lead. It is the responsibility of the concerned member of staff to report the case immediately to the police.

Contact Numbers

Ealing Children's Integrated Response Service (ECIRS)- 020 8825 8000

Child Protection Advisory Service (Duty Line) – 020 8825 8930

Local Authority Head of Safeguarding: 020 8825 8364

Local Authority Child Protection Manager: 020 8825 8155

Local Authority Prevent Co-ordinator: 0208 825 8895

Forced Marriage Contact Centre - 020 7008 0151

The following telephone numbers may be useful for pupils:

Childline 0800 1111
Samaritans (for free) 116 123
Parentline Plus 0808 800 2222
NSPCC 0808 800 5000
B-eat Youthline 0808 801 0711

Useful Documents

Sexting in Schools & Colleges: Responding to incidents and safeguarding young people

Useful websites

www.thesite.org - provides help & support on many issues including self-harm, either for those who are self-harming or worried about someone they know. Expert advisors can be asked questions across a range of topics including self-harm and emotional distress. Live chat opportunities are also available.

www.self-harm.net - provides information & advice about self-harm and has links to other sources of advice and help

www.mind.org - provides information for anyone who self-harms, their family and friends. It aims to provide a greater understanding of the condition and how to overcome it

www.lifesigns.org.uk - Self injury guidance and network support

www.childline.org.uk - Free helpline for young people

www.samaritians.org.uk - Confidential emotional support 24 hours a day

www.selfharm.org.uk - National Children's Bureau on self-harm
www.nshn.co.uk - National Self-Harm network

www.youngminds.org.uk - For young people with depression and self-harm issues

www.siari.co.uk - Self Injury and related issues

www.youthnet.org - Guidance and support for young people

www.b-eat.co.uk - Support organization for young people with eating disorders

West London Performing Arts Academy Designated Safeguarding Leads are:
Miss Welch and Miss Babrah
(LA Designated Child Protection Teacher Training attended March 2019)

This policy is updated annually or sooner if required by regulations.

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