Safeguarding & Child Protection

Induction Pack

For

School Staff

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Introduction

This induction pack is for all staff who work in school whether on a paid or voluntary basis.

Safeguarding is everyone's responsibility and you have a duty to ensure that you uphold this responsibility. Within the pack you will find information and guidance in relation to the definitions of abuse as defined within Working Together to Safeguard Children 2015, possible signs and symptoms of abuse as well as information on talking and listening to children. When a child makes a disclosure to you or tells you something that makes you concerned about their safety and wellbeing it is really important that you pass this information on the to the Designated Safeguarding Lead (DSL) or backup DSL as soon as possible and included in the pack is the LCC pro forma for reporting concerns to the DSL. Your school/setting may use this pro forma or have something similar.

It is also really important that your conduct and practice is transparent and that you make sure that you keep yourself safe. There is a document within this pack which is called the Guidance for Safer Working Practice for staff who work in education settings – March 2009 and this will help you to do this

This induction pack, forms part of the induction in Safeguarding you will receive from the DSL/backup DSL and this is in line with statutory guidance Keeping Children Safe in Education July 2015 Part of your induction will include checking when you last received your mandatory child protection and safeguarding training and if you have never had it then this will be something that the DSL/backup DSL will deliver to you.

In the meantime, there is an online course and other courses that you can undertake and can be accessed via the following:

You will need to register.

http://www.lancashirechildrenstrust.org.uk/ - select work force development then e-learning

Keeping Children Safe in Education 2015 also states that as part of Induction you should receive access to or a copy of the Child Protection Policy for the school and also any code (s) of conduct. If you do not receive this information you will need to ask the DSL for this.

Definitions of Child Abuse

Al these definitions are taken from Working Together to Safeguard Children 2015.

Physical Abuse:

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

Emotional Abuse:

The *persistent* emotional maltreatment of a child such as to cause *severe and persistent adverse effects* on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened of in danger, or the exploitation or corruption of children. Some level of emotional abuse exists is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse:

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not they are aware of what is happening. The activities may involve physical contact, including assault by penetrative (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can children.

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Neglect:

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

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

Assessing Possible Signs and Symptoms of Abuse

Child maltreatment is multiply determined, by a variety of factors, operating via transactional processes at various levels of analysis, in the broad ecology of parent-child relations. Causal factors are "multiple, cumulative and interactive." (MacDonald, 2001)

The family is the arena within which children are most likely to be maltreated and it is the balance of intra-familial stressors and supports which determines whether maltreatment takes place. When stressors outweigh supports, where potentiating factors are not balanced by compensatory factors, the probability of maltreatment increases. Child abuse is not caused merely by dysfunctional parenting; abusive incidents are interactional events, occurring at moments of heightened stress in the lives of adults who are caring for vulnerable children.

When making difficult judgements around possible signs and symptoms of abuse and neglect it is crucial that we consider the available information and presenting injuries or behaviours **in context.** What follows must not be considered to be a comprehensive or definitive 'checklist'; childrlen may behave strangely or appear unhappy or distressed for a number of reasons as they move through the stages of development, and as their family circumstances and experiences change.

Physical Abuse

Possible signs of physical abuse include:

- Unexplained injuries, bites, burns, bruises, particularly if recurrent;
- Parental refusal to discuss or inconsistent explanations offered;
- Untreated illnesses or lingering injuries;
- Admission of punishment which is excessive;
- Shrinking from physical contact;
- Fear of returning home or of parents being contacted;
- Fear of undressing;
- Fear of medical help;
- Aggression or bullying;
- Unexplained patterns of absences which may serve to hide injuries;
- Overly-compliant behaviour or watchfulness;
- Significant behavioural change without apparent explanation.

(a) Accidental Injuries

It is useful to start by remembering that children do suffer cuts, bumps and bruises in the course of their everyday activities. Research and experience tell us that these injuries are most commonly found at places on the body where bone is fairly close to the skin, e.g. shins, points of elbows, points of knees, forehead, nose, and chin; there is such a thing as an accident prone child!

(That said, where a child is consistently presenting with injuries, however minor, the question of whether supervision is adequate does need to be considered).

It should also be noted that 'Mongolian blue spot' may be observed on some African or Asian children; this is harmless but can easily be mistaken for bruising.

(b) Non-Accidental Injuries (NAIs)

There are certain injuries and possible signs and symptoms of abuse which everyone needs to be aware of and which we should always act upon, ***without delay.***

First, it needs to be acknowledged that diagnosing non-accidental injuries (NAIs) can be very difficult, even for well-trained medical professionals; this is not your job! Similarly, it is notoriously difficult (even for paediatricians) to date bruising and injuries:

- Less research has been devoted to soft tissue injuries than to fractures and head injuries;
- Depth, location and skin complexion affect the time of appearance and colour of a bruise;
- Gravity may result in a bruise appearing in a place remote from the point of injury;
- Several different colours can be present at the same time and bruises can change colour at very different rates, depending on the nature of the injury and the child's (physiological) response to it.

Sites

Non-accidental injuries are frequently present on soft tissue areas of the body e.g. soft parts of the cheek, buttocks, lower back, upper arms, buttocks, upper legs and soft tissue areas surrounding elbows and knees (possible grasp or grab marks). Particularly **uncommon** sites for accidental bruising include:

- Back, back of legs, buttocks;
- Mouth, cheeks, behind the ear;
- Stomach, chest;
- Under the arm;
- Genital/rectal area;
- Neck.

Types of Injury

There are four main types of physical injury which we need to be mindful of:

Injuries of Concern	Caused By
Bruises	Hand Fist Foot Implement
Burns	Accident Neglect Deliberate Action
Breaks	Direct Blow Twisting or Grabbing
Bites	Child or Adult To 'teach' not to bite Sadistic

Bruises[1]

By Grab or Slap: Most common are grab or slap marks, outlines of fingers or finger-marks may be evident.

[1] Von Willebrand Disease and Mongolian Blue Spot are two examples of potential pitfalls which those who are not trained or qualified to make diagnoses can fall into if they are not careful. Von Willebrand's is a congenital disease which is caused by a deficiency of a blood factor that promotes platelet adhesion and is characterized by prolonged bleeding and poor coagulation.

A Mongolian Spot/ Mongolian Fleck or Mongolian Blue Spot is a benign flat congenital birthmark with wavy borders and irregular shape, most common among East Asians and Turks, and named after Mongolians. It is also extremely prevalent among East Africans and Native Americans. It normally disappears three to five years after birth and almost always by puberty.[1]The most common color is blue, although they can be blue-gray, blue-black or even deep brown

By Fist: Bruising inflicted by a fist is not usually as defined as that inflicted by a slap or grab. Blows to the mouth or face of a small child may result in tendons inside the lip and/or below the tongue being damaged. Damage in/around the mouth may also be caused by force feeding. Unless an accident has been observed, e.g. where a child has fallen with something in their mouth, causing injury, any such injury should be reported immediately.

By Foot: Bruising will usually be diffuse and there may be marks from/of footwear.

By Implements: Most commonly straps, belts or sticks. Bruising or injuries may well be linear, found in a repeat pattern on upper thighs, buttocks or lower back. May be distinguishing features such as buckle marks.

Bites

Bites may leave clear impressions of individual teeth or sometimes a more general, crescent-shaped mark. Adults usually bite children for one of two reasons:

(i) To 'teach' them not to bite others;

(ii) For sadistic reasons. (It is of note that bite marks have been present in several cases where children have been fatally abused; they should always be taken seriously).

Human bites are oval or crescent shaped. If the distance across the mark is in excess of 3 cm then this indicates a bite by an adult or older child with permanent teeth.

Burns

It can be extremely difficult to differentiate between accidental and non-accidental burns and between deliberate/sadistic burns and those caused by neglect. Simplistically, apart from the most superficial burns and those where an accident has been observed, burns should be recorded and reported.

Broadly speaking, there are two types of burns: contact burns and hot liquid burns. Practitioners should be particularly mindful of:

- burns or scalds where there is a clear outline (e.g. where the burn might be said to be 'glove' or 'sock'-like);
- burns which are symmetrical and/or of uniform depth over a significant area;
- 'splash' marks above the main area of a scald may be indicative of hot liquid having been thrown;
- cigarette burns (which have been confused with impetigo in the past) tend to be small and circular and have a characteristically thick, dark base. (Accidental burns from a cigarette will usually be superficial and will not be found in locations which would be difficult to brush against).

Fractures

Non-accidental fractures can be caused by direct blows or following twisting or tugging. The obvious signs of a fracture are swelling or deformity although these are not always present and if a child is unwilling or unable to use a limb or digit medical attention should be sought. Skull fractures may present as soft, 'boggy' areas and may also produce 'black eyes' whereby blood seeps and gathers in and around the eye. In these circumstances there may be little or no swelling of the lid.

Considering Parents in Cases Where Physical Abuse is Suspected

The Consultant Paediatrician Nigel Speight, writing for a medical readership in respect of the diagnosis of non accidental injuries, has argued that "there are no hard and fast rules and no easy answers for diagnosis." However, Speight does provide some useful "classic pointers":

The following might reasonably cause us some concern:

- There is a delay is seeking medical help, or it is not sought at all.
- The story of the 'accident' is vague, lacking detail and may vary from person to person with each telling of it.
- The account does not tally with the injury observed.
- The parent's demeanour is 'abnormal' in the sense that one would usually expect parents to be full of anxiety for the child.
- Parents present as hostile, rebut 'what they perceive to be accusations' which haven't in fact been made.

In addition, one would always want to consider the child's presentation of course and, in particular, any interactions with and responses to parents.

Emotional Abuse

Possible signs and symptoms of emotional abuse include:

- Continual self-deprecation;
- Fear of new situations/persons;
- Inappropriate emotional responses to 'painful' situations;
- Self-harm or mutilation;
- Compulsive stealing or scrounging;
- Drug or solvent abuse;
- 'Neurotic' behaviour – obsessive rocking, thumb-sucking ,etc;
- Air of detachment and 'don't care' attitude;
- Social isolation – few friends, does not join-in;
- Desperate attention-seeking behaviour;
- Eating problems (including lack of appetite);
- Depression, withdrawal.

Neglect

Possible signs and symptoms of neglect include:

- Constant hunger/tiredness;
- Poor personal hygiene or inappropriate clothing;
- Frequent lateness or non attendance at school;
- Untreated medical problems;
- Low self-esteem and poor social relationships/skills;
- Compulsive stealing/scrounging;
- Non-organic failure to thrive.

Sexual Abuse

There are three main ways within which concerns about possible sexual abuse may be brought or come to your attention:

(i) Disclosure from a Child

The dynamics of and process for professionals to deal with disclosures from children is detailed elsewhere within this Information Pack (Talking and Listening to Children).

(ii) Physical Signs and Symptoms

Child sexual abuse produces physical evidence in only a relatively small proportion of cases. However, there are some possible physical signs and symptoms of which we should be mindful and these can be divided into two broad categories:

(i) Those due to injury; and

(ii) Those due to infection.

Possible physical signs of child sexual abuse include:

- Any physical injury may be indicative of physical and another form of abuse, e.g. grab marks may indicate restraint during sexual abuse;
- Scratches/abrasions ;
- Genital/anal infection ;
- Pregnancy;
- Bleeding from anus/vagina;
- Difficulty/pain in passing urine/faeces.

(iii) Behaviour of a Child

Finkelhor's model of **'traumogenic dynamics'** details the impact of child sexual abuse and provides a framework that not only identifies possible behaviours but places them in context.

Dynamic	**Possible Behavioural Manifestations** (Children)
Traumatic Sexualisation	• Sexual pre-occupation and compulsive sexual behaviour not counter-balanced by interest in other aspects of environment and development; • Precocious sexual activity; • Aggressive, violent or coercive sexual behaviours; • Sexualised approaches to or perceptions/descriptions of adults.
Stigmatisation	• Isolation; • Drug/alcohol misuse; • Criminality; • Self harm; • Suicide attempts; • Withdrawal from friends/peers; • Refusal to take part in games/PE.
Betrayal	• Extreme passivity, clinging or aggressive behaviour; • Hyper-vigilance/frozen watchfulness; • Discomfort with individuals of certain age/gender.
Powerlessness	• Eating, sleeping disorders; • Depression; • Running away, school problems/ truancy; • Bullying or victimisation.

What is Grooming?

'Grooming' is the term used to describe behaviours employed by the sex offender to target and prepare children for sexual abuse. One of the problems for professionals and parents is that the signs that a person is grooming a child are very discreet and difficult to recognise.

The Home Office has defined grooming as: 'A course of conduct enacted by a suspected paedophile which would give a reasonable person cause for concern that any meeting with a child arising from the conduct would be for unlawful purposes.'

Grooming is a process adopted by an abuser that is normally very subtle, drawn out, calculated, controlling and premeditated. It is the subtlety of the grooming process that enables abuse to go undetected. What is vital to the paedophile is access to children and the opportunity to abuse them.

Some paedophiles will target children within a certain age range or of a certain sex or ethnicity while others will be more general in their targeting. They will all target a specific child, perhaps because they have access to them and the opportunity to abuse them without being identified as a sex offender. Some offenders target a child who is naturally approachable and others will target lonely children who are seeking attention from adults. The offender may empathise with the child's problems and liken them to the problems they had at that age and in this way make the child start to feel sorry for them. The offender will try to develop trust with the child by sharing feelings and secrets and may buy small gifts for the child, who might then be instructed to keep them secret from parents and friends.

Once the relationship is developed the offender will move on to control the child. It is this manipulation that brings conflict to the child and confuses them. The child may trust the offender or see him as a friend and at this stage the offender may test the water by introducing touching into the relationship.

Touching may start as a game, giving the offender the chance to judge the child's reaction to the touch. If the child accepts the touch the offender will move on to more sexualised touch. If the child does not accept the touching the offender may either revert to behaviour that the child has previously accepted and build up to sexualised touch again or move on to another child. This process can take a long time and the longer the offender gives to it the more the child will identify themselves as being a voluntary participant. The net result of this is that the child believes that they have allowed, and therefore invited and accepted, the sexual touching.

Once the abuse has started, children will find it very difficult to report. The offender may use emotional coercion to abuse and to secure secrecy, saying such things as, 'if you were my friend and cared for me you would touch me', or 'if you tell, your mummy will be ill'.

An example from a case is that of a 10 year-old girl who was being raped by her stepfather. He told her that he had planted a seed inside her and if she told anyone the seed would burst open and millions of spiders would fill her stomach.

It's not just the Child who is Groomed

Many paedophiles gain access to the child through their parents, developing trusting relationships that mean the parents feel their children are in safe company, even when left alone with the offender. Unfortunately, this makes it even more difficult for the child to report the abuse. In cases of professional abuse, then the colleagues around the abuser are also groomed via the persona the abuser creates in order that colleagues do not suspect abuse or if they do suspect make it difficult to believe/accept what they are seeing and /or hearing.

Grooming over the Internet

In cases of online grooming, the offender uses many of the same techniques as the offender offline. The aim of the offender is still to develop a relationship that can lead to sexual behaviour. An offender can masquerade as a child of any age, sex or appearance and can pretend to have the same hobbies in order to trick a child into meeting them.

Stranger Danger

The moral panic caused by high-profile cases involving the abduction and murder of children has increased parent's fear for their children's safety. However, the abduction of children is still relatively rare compared to the number of children abused by people they know. It is important for children to be taught not to go off with people that they don't know, but the biggest risk comes from family members, extended family members and friends of the family. Teaching children about strangers is acceptable to parents – in fact most parents expect schools to include stranger danger teaching in the primary school curriculum. Teaching children how to recognise problematic behaviour in adults that they know is a much harder task.

Finkelhor's (1984) work is still regarded as the definitive research of adult offenders. He refers to **4 pre-conditions** that must be met for Chile Sexual Abuse to occur:

1. **Motivation** – someone has to be motivated to do it (for any of a whole range of reasons).
2. **Internal Inhibitors –** they then have to overcome the thoughts and messages (social, cultural, emotional, moral etc) which tell them that this isn't a good thing to do. They will do this in a number of ways i.e. "nothing pre teen …"
3. **External Inhibitors** – targeting a vulnerable child, then 'chipping away' the various protective layers and networks around the child i.e. parents, siblings, friends, neighbours, school, community etc. It is often forgotten that this usually includes grooming adults (and colleagues in a professional abuse scenario). Domestic abuse may be used to hide or deflect attention away from CSA or to disempower a mother.
4. **Overcome Victim Resistance** – establishing trust, blurring boundaries i.e. shifting blame / responsibility, introducing 'sex', offering incentives / rewards. Threats / coercion, violence usually comes later – once the victim begins to resist explicitly

Listening to Young People

If a Child Wants to Confide in You, You SHOULD

- Be accessible and receptive.
- Listen carefully and uncritically, at the child's pace.
- Take what is said seriously.
- Reassure children that they are right to tell.
- Tell the child that you must pass this information on.
- Make sure that the child is ok.
- Make a careful record of what was said (see *below)*

You Should NEVER

- Make promises about confidentiality or keeping 'secrets' to children.
- Assume that someone else will take the necessary action.
- Jump to conclusions, be dismissive or react with anger, shock, horror etc.
- Speculate or accuse anybody.
- Investigate, suggest or probe for information.
- Confront another person (adult or child) allegedly involved.
- Offer opinions about what is being said or the persons allegedly involved.
- Forget to record what you have been told.
- Fail to pass this information on to the correct person (the Designated Senior Person / Line Manager etc).

Recordings Should

- State who was present, time, date and place.
- Be written in ink and be signed by the recorder.
- Be passed to the DSP/Head Teacher/Line Manager (as appropriate) immediately (certainly within 24 hrs).
- Use the child's words wherever possible.
- Be factual/state exactly what was said.
- Identify any opinions or interpretations which are offered. (Ideally, staff should record factual information and avoid the offering of opinions, insofar as that is possible. For children with communication difficulties, or who use alternative/ augmentative communication systems, opinion and interpretation will be crucial; be prepared to be asked about the basis for it and to possibly have its validity questioned if the matter goes to court.).

Minimal Prompts and Body Language

- Think carefully about where you listen to children / young people.
- Think about how you use your body to make them feel safe / reassured, listened to, believed (e.g. think about eye contact, touch (with care), nods etc).
- Useful prompts which avoid closed questions include: "go on, you're doing really well.… tell me what you remember about that …. What else do you want to tell me ….

Potential Pitfalls

Alongside the ‘don’ts’ outlined above, the following things can also get in the way of us taking appropriate action:

- Fear you may be wrong.
- Doubts about the child’s truthfulness.
- Anger and distress.
- Child’s attempts to bind you to secrecy.
- Uncertainty or scepticism re procedures and consequences.
- Unresolved personal feelings.
- Not wanting to interfere in family life.
- Not wanting to harm relationships with parents or carers.

So Why Refer?

- Children have a right to be safe and protected.
- You have a duty to safeguard children.
- You have only one ‘piece of the jigsaw’.
- Abuse and neglect continue because of the secrecy and silence that often surrounds them.
- Children rarely lie about abuse.
- An abuser may abuse many other children who also have a right to protection.

PART 1: INTERNAL NOTIFICATION of CP/WELFARE CONCERN TO THE DSL	
Name(s) of pupil: **D.O.B.**	
Class / Year	
What is the nature of your concern	
• What are you most concerned about? I.e. physical, sexual, emotional abuse or neglect? Self-harm, bullying, sexual exploitation, sexualized behaviour, honour-based violence / forced marriage, e-safety issues, other? • Any evidence of impairment of health or development? • Any evidence of ill-treatment? • Why are you reporting this concern now? • Have you had any previous concerns about this pupil? If so, what, when, action?	
Detail	

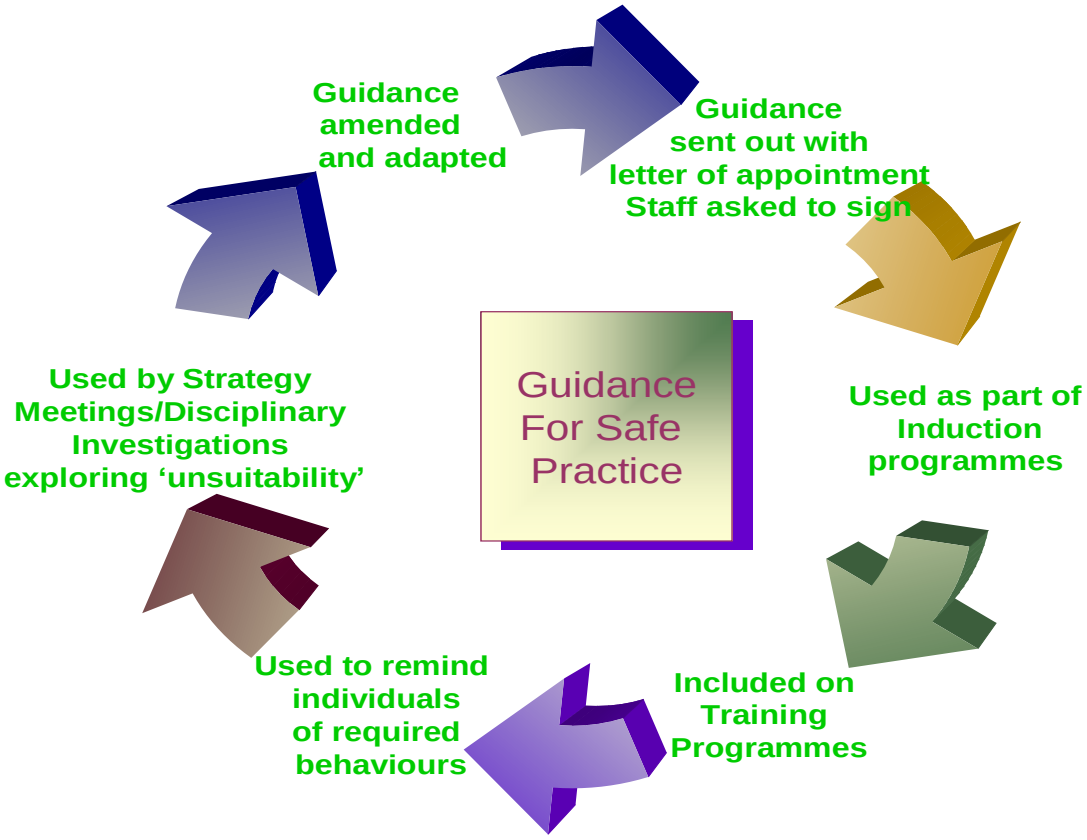
Any action already taken	
Signed	
Name **Job title**	
Time/Date	
If you have received a 'disclosure' from or about a child please complete Part 2 overleaf	
PART 2: RECORD OF 'DISCLOSURE' FROM / ABOUT A CHILD **It is not advisable to try and complete this record at the time! The important thing is to listen actively and carefully and reassure the child!*	
Name of person to whom the 'disclosure' **Has been made**	
Position / relationship with child	
Name and d.o.b. of pupil(s) that the 'disclosure' relates to	
How did the 'disclosure' come about i.e. when and where?	

Who was present when the disclosure was made?	
Summary of Information Disclosed	
1. WHO is said to be involved	
2. WHAT is said to have happened / be happening?	
3. WHERE is this said to have happened / be happening?	

4. WHEN is this said to have happened / be happening i.e. duration, most recent occasion etc?	
5. WHO else may have witnessed what happened?	
6. HOW and where is the pupil now?	
CONTINUATION SHEET ATTACHED Y/N	
Note: - *Differentiate clearly between fact, opinion, interpretation and stick to the facts as you understand them wherever possible!* - *if you have used quotes please ensure that they are accurate* - *make a note of any open questions asked or minimal prompts used* - *Any notes made 'at the time' should be attached to this pro-forma; these may be required as evidence if the matter goes to court*	

Guidance for safer working practice for those working with children and young people in education settings
October 2015

This generic document can be used to support safer recruitment and selection practices, induction and on-going training programmes and where necessary, disciplinary and child protection procedures.



You will be issued with this document separately. The document covers the following area:

- Responsibilities
- Making professional judgements
- Power and positions of trust and authority
- Confidentiality
- Standards of behaviour
- Dress and appearance
- Gifts, rewards, favouritism and exclusion
- Intimate/personal care
- Behaviour management
- The use of care & control/physical intervention
- Sexual conduct
- One to one situations
- Home visits
- Transporting pupils
- Educational visits
- Photography, video and other images
- Exposure to inappropriate images
- Personal living accommodation including on site provision
- Overnight supervision and examinations
- Curriculum
- Whistleblowing
- Sharing concerns and recording incidents

LANCASHIRE COUNTY COUNCIL

CHILDREN AND YOUNG PEOPLE'S DIRECTORATE

GUIDANCE ON THE USE OF SOCIAL NETWORKING SITES AND OTHER FORMS OF SOCIAL MEDIA

Introduction

The aim of this document is to provide advice and guidance for those working with children and young people in educational settings (including volunteers) regarding the use of Social Networking Sites.

The document has been produced for Governing Bodies and Headteachers of all Schools in Lancashire and for Senior Managers and Management Committees within the County Council's centrally managed teaching services. The document has been the subject of consultation with the recognised Professional Associations and Trade Unions.

Background

The use of social networking sites such as Facebook, Bebo and MySpace is rapidly becoming the primary form of communication between friends and family. In addition there are many other sites which allow people to publish their own pictures, text and videos such as YouTube and blogging sites.

It would not be reasonable to expect or instruct employees not to use these sites which, if used with caution, should have no impact whatsoever on their role in school. Indeed, appropriate use of some sites may also have professional benefits.

It is naïve and outdated however to believe that use of such sites provides a completely private platform for personal communications. Even when utilised sensibly and with caution employees are vulnerable to their personal details being exposed to a wider audience than they might otherwise have intended. One example of this is when photographs and comments are published by others without the employees consent or knowledge which may portray the employee in a manner which is not conducive to their role in school.

Difficulties arise when staff utilise these sites and they do not have the knowledge or skills to ensure adequate security and privacy settings. In addition there are some cases when employees deliberately use these sites to communicate with and/or form inappropriate relationships with children and young people.

Specific Guidance

Employees who choose to make use of social networking site/media should be advised as follows:-

- That they familiarise themselves with the sites 'privacy settings' in order to ensure that information is not automatically shared with a wider audience than intended;

- That they do not conduct or portray themselves in a manner which may:-

    - bring the school into disrepute;
    - lead to valid parental complaints;
    - be deemed as derogatory towards the school and/or it's employees;
    - be deemed as derogatory towards pupils and/or parents and carers;
    - bring into question their appropriateness to work with children and young people.

- That they do not form on-line 'friendships' or enter into communication with *parents/carers and pupils as this could lead to professional relationships being compromised.

- On-line friendships and communication with former pupils should be strongly discouraged particularly if the pupils are under the age of 18 years.

    (*In some cases employees in schools/services are related to parents/carers and/or pupils or may have formed on-line friendships with them prior to them becoming parents/carers and/or pupils of the school/service. In these cases employees should be advised that the nature of such relationships has changed and that they need to be aware of the risks of continuing with this method of contact. They should be advised that such contact is contradictory to the Specific Guidance points above)

Safeguarding Issues

Communicating with both current and former pupils via social networking sites or via other non-school related mechanisms such as personal e-mails and text messaging can lead to employees being vulnerable to serious allegations concerning the safeguarding of children and young people.

The Department for Education document 'Guidance for Safer Working Practices for Adults Working with Children and Young people in Educational Settings (March 2009) states:-

12. Communication with Pupils *(including the Use of Technology)*

In order to make best use of the many educational and social benefits of new technologies, pupils need opportunities to use and explore the digital world, using multiple devices from multiple locations. It is now recognised that that e.safety risks are posed more by behaviours and values than the technology itself. Adults working in this area must therefore ensure that they establish safe and responsible online behaviours. This means working to local and national guidelines on acceptable user policies. These detail the way in which new and emerging technologies may and may not be used and identify the sanctions for misuse. Learning Platforms are now widely established and clear agreement by all parties about acceptable and responsible use is essential.

This means that schools/services should:
- have in place an Acceptable Use policy (AUP)
- continually self-review e.safety policies in the light of new and emerging technologies
- have a communication policy which specifies acceptable and permissible modes of communication

Communication between pupils and adults, by whatever method, should take place within clear and explicit professional boundaries. This includes the wider use of technology such as mobile phones text messaging, e-mails, digital cameras, videos, web-cams, websites and blogs. Adults should not share any personal information with a child or young person. They should not request, or respond to, any personal information from the child/young person, other than that which might be appropriate as part of their professional role. Adults should ensure that all communications are transparent and open to scrutiny.

Adults should also be circumspect in their communications with children so as to avoid any possible misinterpretation of their motives or any behaviour which could be construed as grooming. They should not give their personal contact details to pupils including e-mail, home or mobile telephone numbers, unless the need to do so is agreed with senior management and parents/carers. E-mail or text communications between an adult and a child young person outside agreed protocols may lead to disciplinary and/or criminal investigations. This also includes communications through internet based web sites.

This means that adults should:

- ensure that personal social networking sites are set at private and pupils are never listed as approved contacts
- never use or access social networking sites of pupils.
- not give their personal contact details to pupils, including their mobile telephone number
- only use equipment e.g. mobile phones, provided by school/service to communicate with children, making sure that parents have given

Internal e-mail systems should only be used in accordance with the school/service's policy.

permission for this form of communication to be used
- only make contact with children for professional reasons and in accordance with any school/service policy
- recognise that text messaging should only be used as part of an agreed protocol and when other forms of communication are not possible
not use internet or web-based communication channels to send personal messages to a child/young person

Recommendations

(i) That this document is shared with all staff who come into contact with children and young people, that it is retained in Staff Handbooks and that it is specifically referred to when inducting new members of staff into your school/service.

(ii) That appropriate links are made to this document with your school/services Acceptable Use Policy

(iii) That employees are encouraged to consider any guidance issued by their professional association/trade union concerning the use of social networking sites

(iv) That employees are informed that disciplinary action may be taken in relation to those members of staff who choose not to follow the Specific Guidance outlined above.

Keeping children safe in education

Statutory guidance for schools and colleges

July 2015

Part one: Safeguarding information for all staff

What school and college staff should know and do

1. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: 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.

2. Children includes everyone under the age of 18.

3. Where a child is suffering significant harm, or is likely to do so, action should be taken to protect that child.[2] Action should also be taken to promote the welfare of a child in need of additional support, even if they are not suffering harm or are at immediate risk.

The role of the school or college

4. Everyone who comes into contact with children and their families has a role to play in safeguarding children. School and college staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. Schools and colleges and their staff form part of the wider safeguarding system for children. This system is described in statutory guidance Working Together to Safeguard Children 2015. Schools and colleges should work with social care, the police, health services and other services to promote the welfare of children and protect them from harm.

5. Each school and college should have a designated safeguarding lead who will provide support to staff members to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.

The role of school and college staff

6. The *Teachers' Standards 2012* state that teachers, including headteachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.[4]

7. All school and college staff have a responsibility to provide a safe environment in which children can learn.

8. All school and college staff have a responsibility to identify children who may be in need of extra help or who are suffering, or are likely to suffer, significant harm. All staff then have a responsibility to take appropriate action, working with other services as needed.

9. In addition to working with the designated safeguarding lead staff members should be aware that they may be asked to support social workers to take decisions about individual children.

What school and college staff need to know

10. All staff members should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction. This includes: the school's or college's child protection policy; the school's or college's staff behaviour policy (sometimes called a code of conduct); and the role of the designated safeguarding lead.

11. All staff members should also receive appropriate child protection training which is regularly updated.

What school and college staff should look out for

12. All school and college staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection.

13. Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

14. There are various expert sources of advice on the signs of abuse and neglect. Each area's Local Safeguarding Children Board (LSCB) should be able to advise on useful material, including training options. One good source of advice is provided on the NSPCC website. Types of abuse and neglect, and examples of specific safeguarding issues, are described in paragraphs 24-29 of this guidance. [5]

15. Knowing what to look for is vital to the early identification of abuse and neglect. If staff members are unsure they should always speak to the designated safeguarding lead. In exceptional circumstances, such as in emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to children's social care.

[5] Department for Education training materials on neglect.

What school and college staff should do if they have concerns about a child

16. If staff members have concerns about a child they should raise these with the school's or college's designated safeguarding lead. The safeguarding lead will usually decide whether to make a referral to children's social care, but it is important to note that any staff member can refer their concerns to children's social care directly. Where a child and family would benefit from coordinated support from more

than one agency (for example education, health, housing, police) there should be an inter-agency assessment. These assessments should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989. The early help assessment should be undertaken by a lead professional who could be a teacher, special educational needs coordinator, General Practitioner (GP), family support worker, and/or health visitor.

17. **If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.**

18. **Staff should be aware of the new reporting requirements with regards to known cases of female genital mutilation (FGM).**

19. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes: failing to act on and refer the early signs of abuse and neglect, poor record keeping, failing to listen to the views of the child, failing to re-assess concerns when situations do not improve, sharing information too slowly and a lack of challenge to those who appear not to be taking action.[6]

20. The Department for Education has produced advice What to do if you are worried a child is being abused 2015- Advice for practitioners to help practitioners identify child abuse and neglect and take appropriate action in response.

6 Brandon et al- Learning from Serious Case Reviews (SCRs) 2011

What school and college staff should do if they have concerns about another staff member

21. If staff members have concerns about another staff member then this should be referred to the headteacher or principal. Where there are concerns about the headteacher or principal this should be referred to the chair of governors, chair of the management committee or proprietor of an independent school as appropriate. Full details can be found in Part 4 of this guidance.

What school or college staff should do if they have concerns about safeguarding practices within the school or college

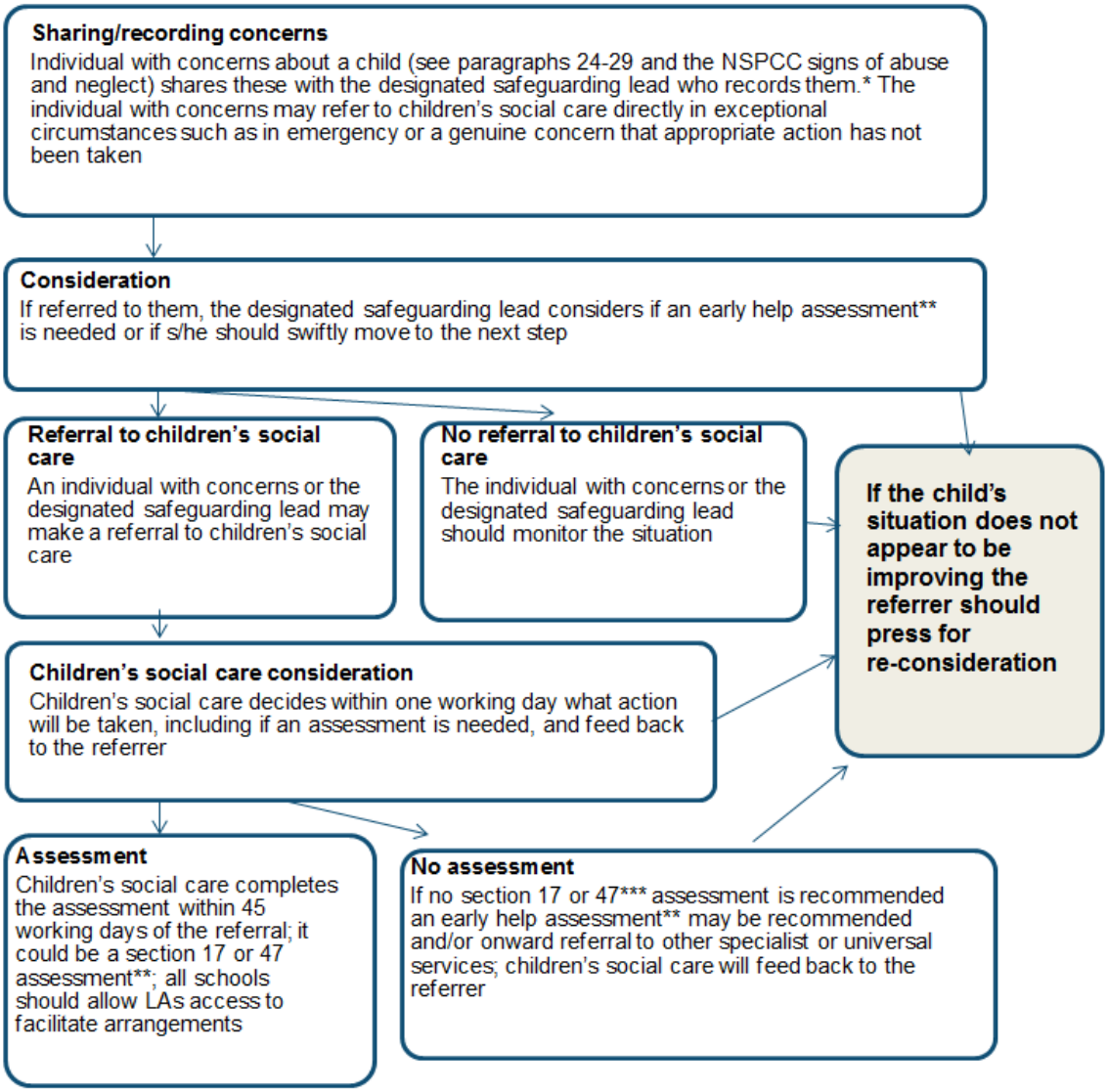
22. Staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or college's safeguarding regime. Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school or college's management team.

23. Where a staff member feels unable to raise the issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them.[7]

[7] Advice on whistleblowing

Action when a child has suffered or is likely to suffer harm

This diagram illustrates what action should be taken and who should take it where there are concerns about a child. If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. **Anybody can make a referral.**



*In cases which also involve an allegation of abuse against the staff member, see part four of this guidance which explains action the school or college should take in respect of the staff member.

** Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These assessments should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989. The early help assessment should be undertaken by a lead professional who could be a teacher, special

educational needs coordinator, General Practitioner (GP), family support worker, and/or health visitor.

** Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns local authority services must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989, see Chapter 1 of Working Together to Safeguard Children 2015 for more information.

Types of abuse and neglect

24. **Abuse**: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

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

26. **Emotional abuse**: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

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

28. **Neglect**: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Specific safeguarding issues

29. Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example information for schools and colleges can be found on the TES website and NSPCC website. Schools and colleges can also access broad government guidance on the issues listed below via the GOV.UK website:

    • child sexual exploitation (CSE)

    • bullying including cyberbullying

    • domestic violence

    • drugs

    • fabricated or induced illness

    • faith abuse

    • female genital mutilation (FGM)

    • forced marriage

    • gangs and youth violence

    • gender-based violence/violence against women and girls (VAWG)

    • mental health

    • private fostering

    • preventing radicalisation

    • sexting

    • teenage relationship abuse

    • trafficking

Further information on a Child Missing from Education

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. 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 education in their area.

A child going missing from education is a potential indicator of abuse or neglect. School and college staff should follow the school's or college'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 future. Schools should put in place appropriate safeguarding policies, procedures and responses for children who go missing from education, particularly on repeat occasions. It is essential that all 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 and forced marriage.

The law requires all schools to have an admission register and, with the exception of schools where all pupils are boarders, an attendance register. All pupils must be placed on both registers.

All schools must inform their local authority9 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. home education;
• 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 the school after ceasing to be of compulsory school age;
• 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 the school at the end of that period; or,
• have been permanently excluded.

The local authority must be notified when a school is to delete a pupil from its register under the above circumstances. This should be done as soon as the grounds for deletion are met, but no later than deleting the pupil's name from the register. It is essential that schools comply with this duty, so that local authorities can, as part of their duty to identify children of compulsory school age who are missing education, follow up with any child who might be in danger of not receiving an education and who might be at risk of abuse or neglect.

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 (or in default of such agreement, at intervals determined by the Secretary of State)

Further information on Child Sexual Exploitation

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Further information on Female Genital Mutilation

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

Indicators

There is a range of potential indicators that a girl may be at risk of FGM. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 16-17 of the Multi-Agency Practice Guidelines , and Chapter 9 of those Guidelines (pp42-44) focuses on the role of schools and colleges.
Section 5C of the Female Genital Mutilation Act 2003 (as inserted by section 75 of the Serious Crime Act 2015) gives the Government powers to issue statutory guidance on FGM to relevant persons. Once the government issues any statutory multi-agency guidance this will apply to schools and colleges

Actions

If staff have a concern they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. When mandatory reporting commences in October 2015 these procedures will remain when dealing with concerns regarding the potential for FGM to take place. Where a teacher discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there will be a statutory duty upon that individual to report it to the police.

Mandatory Reporting Duty

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) will place a statutory duty upon **teachers11, along with social workers and healthcare professionals, to report to the police** where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies.
The Mandatory reporting duty will commence in October 2015. Once introduced, teachers must report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should still consider and discuss any such case with the school's designated safeguarding lead and involve children's social care as appropriate

Further information on Preventing Radicalisation

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 forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.
Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism12. 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.

As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

Prevent

From 1 July 2015 specified authorities, including all schools as defined in the summary of this guidance, are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 ("the CTSA 2015"), in the exercise of their functions, to have "due regard must have regard to statutory guidance issued under section 29 of the CTSA 2015 ("the Prevent guidance"). Paragraphs 57-76 of the Prevent guidance are concerned specifically with schools (but also cover childcare). It is anticipated that the duty will come into force for sixth form colleges and FE colleges early in the autumn. 13 to the need to prevent people from being drawn into

terrorism". This duty is known as the Prevent duty. It applies to a wide range of public-facing bodies. Bodies to which the duty applies
The statutory Prevent guidance summarises the requirements on schools in terms of four general themes: risk assessment, working in partnership, staff training and IT policies.

• Schools are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. 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. Schools and colleges 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 colleges to have distinct policies on implementing the Prevent duty.

• The Prevent duty builds on existing local partnership arrangements. For example, governing bodies and proprietors of all schools should ensure that their safeguarding arrangements take into account the policies and procedures of Local Safeguarding Children Boards (LSCBs).

• The Prevent 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 extremist ideas. Individual schools are best placed to assess the training needs of staff in the light of their assessment of the risk to pupils at the school of being drawn into terrorism. 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.

• Schools must 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. It is also important that schools teach pupils about online safety more generally.

The Department for Education has also published advice for schools on the Prevent duty. The advice is intended to complement the Prevent guidance and signposts other sources of advice and support.

Channel

School staff should understand when it is appropriate to make a referral to the Channel programme.15 Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. 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.
Section 36 of the CTSA 2015 places a duty on local authorities to ensure Channel panels are in place. The panel must be chaired by the local authority and include the police for the relevant local authority area. Following a referral the panel will assess

the extent to which identified individuals are vulnerable to being drawn into terrorism, and, where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals. Section 38 of the CTSA 2015 requires partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in providing information about a referred individual. Schools and colleges which are required to have regard to Keeping Children Safe in Education are listed in the CTSA 2015 as partners required to cooperate with local Channel panels

Referrals to Children's Social Care (CSC)

In our school we recognise that safeguarding is everyone's responsibility. The process in our school is that where staff have concerns about a child's welfare, they report it to the DSL and record the concerns on the Reporting Concerns to the DSL pro forma. You will use your own judgement as to the urgency of this. There will be some instances where there is significant risk to the child and the matter is reported immediately to the DSL and then written up later and certainly within 24 hours. There will be other lower level concerns that a documented and reported to the DSL on the same day. The DSL then makes an informed decision using the Lancashire Continuum of Need as to what action is taken. The DSL may also ring the Safeguarding in Education Team for advice. The DSL may decide that threshold is met and therefore rings CSC and or the police immediately.

Where the DSL or the backup DSL are not in school/available then the concern must be reported to the next most senior member of staff and move down the school hierarchy. In the rare cases where there is no DSL, backup or senior member of staff and the is an immediate safeguarding issue that places that child/ren at risk of significant harm or where a disclosure of significant harm has been made then it is the individual member of staff's responsibility to report it.

Thresholds/Continuum of Need

Contact numbers:

Safeguarding in Education team (for advice)

Monday to Friday 8.45 to 17.00 **01772 531196**

Children's Social Care

Monday to Friday 8.00 to 18.00 **0300 1236720**

Outside of those hours Emergency Duty Team (EDT**) 0300 1236721/2**

Police

Anytime **101/999**

Information for referrals

To make a referral to Children's Social Care you will need basic information

- Child's name
- Child DoB
- Child's address
- Name of parent/s
- Address of parents
- Parents contact number/s
- Child's GP
- The detail of the concern that has led to you making the decision that this is a referral to CSC

You will need the same information for the police

If you do not have all the information then you still make the call and give as much as you have.

Following a verbal referral, you will need to inform the DSL as soon as possible and you will need to follow up in writing on the CSC referral form with 2 working days that is available on the Schools Safeguarding page on the portal under the "useful documents" section.

Once completed this is then emailed securely to cypreferrals@lancashire.gov.uk