

Safeguarding Procedure For Schools



HANDLING CONCERNS ABOUT THE WELFARE AND SAFETY OF CHILDREN AND YOUNG PEOPLE

1. 1. What Should Staff/Volunteers in Schools and Education Settings Do If They Have Concerns About A Child or Young Person?

Education professionals who are concerned about a child's welfare or who believe that a child is or may be at risk of abuse should pass any information to the Designated Child Protection Teacher (**DCPT**) in school; this should *always* occur as soon as possible and certainly within 24 hours (see Flowchart at Appendix 1):

The Designated Child Protection Teacher is : Kath Perry

The Back Up Person is: Andy Longworth

It is these senior colleagues who are responsible for taking action where the welfare or safety of children or young people is concerned. If staff are uncertain about whether their concerns are indeed 'child protection' then a discussion with their DCPT/line manager will assist in determining the most appropriate next course of action¹:

Staff should never:

- Do nothing/assume that another agency or professional will act or is acting.
- Attempt to resolve the matter themselves.

What should the DCPT consider right at the outset?

- Am I dealing with 'risk' or 'need'? (By definition, a child at risk is also a child in need. However, what is the *priority / level and immediacy* of risk / need?)
- Can the level of need identified be met:
 - In or by the school or by accessing universal services/without referral to Children's Services (formerly Social Services) or other statutory / targeted services
 - By working with the child, parents and colleagues?
- What resources are available to me / the school and what are their limitations?
- Is the level of need such that a referral needs to be made to Children's Services which requests that an assessment of need be undertaken? (**Section 17 Child in Need referral**)
- Is the level and/or likelihood of risk such that a child protection referral needs to be made (i.e. a child is suffering or is likely to suffer significant harm? (**Section 47 Child Protection referral**))
- What information is available to me: Child, Parents, Family & Environment?
- What information is inaccessible and, potentially, how significant might this be?
- Who do I/don't I need to speak to now and what do they need to know?
- Where can I access appropriate advice and/or support?

Lesley Davidson
18/20 St. Mary's Place
Bury
BL9 0DZ
Tel : 253 5884 07909 873 392
E-mail : L.Davidson@bury.gov.uk
Or

MASH Team (social care referrals) 253 5678

The safeguarding Unit 0161 253 5465

Mark Gay LADO 253 5342

- If I am not going to refer, then what action am I going to take? (e.g. CAF to other agency, time-limited monitoring plan, discussion with parents or other professionals, recording etc)

2. Feedback to Staff Who Report Concerns to the Designated Senior Person

Rules of confidentiality dictate that it may not always be possible or appropriate for the DCPT to feedback to staff who report concerns to them. Such information will be shared on a 'need to know' basis only and the Designated Senior Person will decide which information needs to be shared, when and with

whom. The primary purpose of confidentiality in this context is to safeguard and promote the child's welfare.

3. Thresholds for Referral to Children's Services

Where a Designated Teacher or line manager considers that a referral to Children's Services may be required, there are two thresholds for (and their criteria) and types of referral that need to be carefully considered:

(i) Is this a Child In Need?

Under section 17 (S.17 (10)) of the Children Act 1989, a child is in need if:

- (i) He is unlikely to achieve or maintain, or to have the opportunity to achieve or maintain, a reasonable standard of health or development, without the provision of services by a local authority;
- (ii) His health or development is likely to be impaired, or further impaired, without the provision of such services;
- (iii) He is disabled.

(ii) Is this a Child Protection Matter?

Under section 47(1) of the Children Act 1989, a local authority has a duty to make enquiries where they are informed that a child who lives or is found in their area:

- (a) is the subject of an Emergency Protection Order;
- (b) is in Police Protection; or where they have
- (c) **reasonable cause to suspect that a child is suffering or is likely to suffer significant harm.**

Therefore, it is the 'significant harm' threshold' that justifies statutory intervention into family life. A professional making a child protection referral under s.47 must therefore provide information which clearly outlines that a child is suffering or is likely to suffer significant harm.

The Designated Teacher will make judgements around 'significant harm', levels of 'need' and when to refer.

4. MAKING JUDGEMENTS ABOUT 'SIGNIFICANT HARM'

There are no absolute criteria upon which to rely when judging what constitutes significant harm; sometimes a single traumatic event may constitute significant harm. More often, however, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development.

(a) Children Act Guidance and Definitions

Within the Children Act 1989, the following guidance is offered:

Significance is not defined within the Children Act although it is to be 'measured' in terms of:

- a child's health and development; and
- that which could reasonably be expected of a similar child.

‘Harm’ means ill treatment or the impairment of health or development;
‘Development’ means physical, intellectual, social, emotional or behavioural development;
‘Health’ means physical or mental health; and
‘Ill treatment’ includes sexual abuse and forms of treatment that are not physical, including for example, impairment suffered from seeing or hearing the ill treatment of another.

(b) To begin with, in order to understand and establish significant harm, it is necessary to consider:

- The child’s development within the context of their family and wider social environment;
- Any special needs and how they impact at all levels (child and family);
- The nature of any harm and its likely impact upon the child’s health and development;
- The adequacy of parental care.

(c) More specifically, how does the following contextual information shape your professional judgement about this situation?

- Age of child (developmental stage/needs, vulnerability, abilities)?
- The ‘act(s)’ described or referred to – what is being described? Possible criminal act/investigation required? (10 is the age of criminal responsibility – e.g. if the concern relates to the actions of one child against another)
- Severity of ill-treatment?
- Degree and extent of physical harm?
- Duration and frequency?
- Extent and degree of premeditation?
- Degree of threat or coercion?
- Immediate risk?
- Nature of risk and evidence of risk – when and how is the child at risk?
- Impact upon the child’s health and development?
- What am I being asked to do and what am I required to do in response to this information?

5. Common Assessment Framework (CAF) process

1. Identify a child/young person has an additional need.
2. Discuss identified need with the child/young person and/or their parent/carer.
3. During the discussion gain consent to complete the common assessment and share information. Any child aged 12 or over and is deemed competent can consent to their own CAF.
4. Check CAF index to ascertain if a common assessment has already been completed by e-mailing: Childwellbeing@bury.gcsx.gov.uk giving details of the

child/young person's name, address and date of birth. A response will be e-mailed back to you.

5. If a CAF already exists contact the person who undertook the assessment and inform them of your involvement.
6. If a CAF does not exist undertake the common assessment with the child/young person and/or their parent/carer.
7. Document the information from the assessment on the CAF form.
8. Agree next steps with the family and record these on the action plan of the CAF form.
9. There are 3 likely results from the assessment
 - a) assessment indicates no additional support is required
 - b) assessment indicates additional support is required from another single agency - liaise with this agency regarding provision of support
 - c) assessment indicates a multi-agency response is required – refer to Early Help Panel.

Should a TAC meeting be convened it cannot go ahead without the child (if age appropriate)/young person and/or their parent/carer being present.

10. The Lead Professional is appointed at the first TAC meeting. This is not necessarily the person who completed the CAF but usually the person who is most relevant to the action plan.
11. The CAF Action Plan and TAC plan should be reviewed regularly.
12. Copies of completed CAF and TAC documentation including reviews should be:
 - a) kept as part of your own child/young person in-house records
 - b) given to the child/young person or parent/carer
 - c) sent to CAF admin by e-mailing Childwellbeing@bury.gcsx.gov.uk.

CAF forms and CIN documentation along with further information on the CAF process and advice on completing common assessments can be obtained from www.bury.gov.uk and type 'CAF' in the search facility. If you have any queries in respect of CAF contact the Early Help Team at Children's Services.

(ii) How to Make A Child Protection/Section 47 Referral

If urgent telephone the **MASH Team 253 5678**; your referral information will be collated and forwarded to the team manager for consideration and action.

- You still need to complete a Referral form and should forward this as soon as possible - **within 48 hours – you should e mail to Childwellbeing@bury.gcsx.gov.uk**

- You **do not require the consent** of a parent or child/young person to make a child protection referral
- A parent should, **under most circumstances, be informed** by the referrer that a child protection referral is to be made. The criteria for not informing parents are:
 - (a) Because this would increase the risk of significant harm to a child(ren); or
 - (b) Because, in the referrer's professional opinion, to do so might impede an investigation that may need to be undertaken;
 - (c) Because there would be an undue delay caused by seeking consent which would not serve the child's best interests.

Fear of jeopardising a hard won relationship with parents because of a need to refer is **not** sufficient justification for not telling them that you need to refer. To the contrary, this lack of openness will do little to foster ongoing trust, particularly as the source of referrals will be disclosed to parents except in a limited number of circumstances. If you feel that your own or another adult's immediate safety would be placed at risk by informing parents then you should seek advice and/or make this clear on the referral form and in any telephone contact with Children's Social Care

6. CSC Responses to Referrals and Timescales

In response to a referral, CSC may decide to:

- Provide advice to the referrer and/or child/family;
- Refer on to another agency who can provide services;
- Convene a Strategy Meeting (within five working days);
- Provide support services under Section 17;
- Undertake an Initial Assessment (completed within seven working days);
- Convene an Initial Child Protection Conference (within 15 working days of a Strategy discussion/meeting)
- Undertake a Core Assessment (completed within 35 working days);
- Accommodate the child under Section 20 (with parental consent);
- Make an application to court for an Order;
- Take no further action.

7. Feedback from Children's Social Care

CSC have 24 hours within which to make a decision about a course of action in response to a referral. If you do not receive any (same day) verbal feedback following an urgent child protection referral, and where this places school / a child(ren) in a vulnerable position, you should ask to speak to a Duty Social Worker, the relevant Team Leader or the Lead Officer For Safeguarding Schools (0161 253 5454)

8 Record Keeping/Information sharing

Good record keeping is essential in recording Safeguarding concerns. The use of chronologies can highlight patterns of concern/harm in particular in cases of neglect or emotional abuse.

The review of such records is a vital role for the designated person a system should be established and recorded that says all records have been reviewed and if any further action has been taken.

Child protection files should always be stored separately to the general school files and stored confidentially (only certain staff should have access).

All school staff are bound by a confidentiality agreement if safeguarding files are accessed inappropriately this could lead to a disciplinary matter.

Appendix 4 of this document is the Government guidelines on information sharing. Record keeping is vital in this area and reasons why information has been shared should be recorded as well as when it has not.

9 SPECIFIC SAFEGUARDING ISSUES

9.1 School staff members need to be aware of specific safeguarding issues and be alert to any risks.

9.2 The government website, [GOV.UK](https://www.gov.uk), has broad government guidance on a variety of issues. The following is not a comprehensive list and staff members should search the GOV.UK website and the *Bury Safeguarding Procedures* for advice on other issues.

- 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 and the Prevent duty
- sexting
- teenage relationship abuse
- trafficking
- breast ironing

9.3 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 is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Teachers and school staff are more likely to see victims on a regular basis than almost any other professional. They will notice recurrent or prolonged absences and significant changes in behaviour. The use of the ‘chronology’ in the Bury Local Safeguarding Children’s Board Chronology guidance – will enable these patterns to be identified. They are key to identifying children at risk and raise concerns at an early stage, to potentially halt the grooming process before sexual exploitation has begun. Teachers will highlight concerns about missing children as they may be at risk of child sexual exploitation.

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

As much as possible it is important that the young person is involved in decisions that are made about them.

Link to LSCB Child Sexual Exploitation procedures;
<http://www.safeguardingburychildren.org> Procedures & useful documents

Link to DfE ‘What to do if you suspect a child is being sexually abused’: This should be read in conjunction with statutory guidance
<https://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited>

Link to DfE Statutory Guidance outlining how organisations and individuals should work together to protect young people from sexual exploitation.
<https://www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance>

9.4 Further information on Female Genital Mutilation

Female Genital Mutilation (FGM): 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. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children’s social care.

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 referred to below.
The DFE Multi-Agency Practice Guidelines, chapter 9 (page 42)

Guidelines for school, colleges and universities sets out how staff can make a difference; 'Girls who are threatened with, or who have undergone FGM may withdraw from education, restricting their educational and personal development. They may feel unable to go against the wishes of their parents and consequently may suffer emotionally. Staff may become aware of a student because she appears anxious, depressed and emotionally withdrawn. They may be presented with a sudden decline in her performance, aspirations or motivation. There may be occasions when a student comes to school or college but then absents herself from lessons, possibly spending prolonged periods in the bathroom.

Students who fear they may be at risk of FGM can often come to the attention of, or turn to, a teacher, lecturer or other member of staff before seeking help from the police or social services. Sometimes the student's friends report it to staff. Teachers, lecturers and other members of staff are in an ideal position to identify and respond to a victim's needs at an early stage'

Link to LSCB FGM procedures;
<http://www.safeguardingburrychildren.org> Procedures & useful documents

Link to DFE multi agency practice guidelines for female-genital-mutilation (June 2014)
<https://www.gov.uk/government/publications/female-genital-mutilation-guidelines>

9.5 Further information on Preventing Radicalisation

Introduction:

Prevent Duty Guidance was published by the government under Section 26 of the 2015 Counter Terrorism and Security Act. It places a duty on "specified authorities" to have "due regard to the need to prevent people from being drawn into terrorism". These authorities include schools, registered childcare providers and further education colleges.

Prevent is about safeguarding. It is about the need to provide a counter narrative against radicalisation in order to identify vulnerable young people who might be at risk.

Prevent operates in a "pre-criminal" space by offering help and support to individuals at risk. It aims to help those who work with young people to spot those at risk and then have them referred to the Channel panel. This is made up of police, council, education and college representatives and it will draw up a discrete and tailored plan to help challenge that young person's extremist views.

It is not about them and us or scape-goating a particular community.

What is expected of schools.

Below is a summary of the Prevent duty guidance that has recently been issued by the Home Office as it relates to schools. The full guidance is available at the following internet address:

<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>
www.gov.uk/Prevent_Duty_Guidance_England_Wales.pdf

The Department for education has published The Prevent duty Departmental advice for schools and childcare providers at:

All publicly-funded schools in England are required by law to teach a broad and balanced curriculum which promotes the spiritual, moral, cultural, mental and physical development of

pupils and prepares them for the opportunities, responsibilities and experiences of life. They must also promote community cohesion.

Risk assessment

Specified authorities are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology.

Specified authorities will need to demonstrate that they are protecting children and young people from being drawn into terrorism by having robust safeguarding policies in place to identify children at risk, and intervening as appropriate.

Working in partnership

Governing bodies should ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board (LSCB).

Staff workforce development

Specified authorities should make sure that staff have training that gives them the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism and are shared by terrorist groups.

They should know where and how to refer children and young people for further help. Prevent awareness training will be a key part of this.

IT policies

Specified authorities will be expected to ensure children are safe from terrorist and extremist material when accessing the internet in school, including by establishing appropriate levels of filtering.

Monitoring and enforcement

Ofsted inspects the specified authorities in England

When assessing the effectiveness of schools, Ofsted inspectors already have regard to the school's approach to keeping pupils safe from the dangers of radicalisation and extremism, and what is done when it is suspected that pupils are vulnerable to these

They will look at good practice in the following areas:

1. **Risk assessment** – Have robust safeguarding policies in place in place to identify children at risk, and intervening as appropriate
2. **Assessment and action planning** via compliance auditing, links to the borough Local Profile, referral pathways (in-school activities, Multi-agency Safeguarding Hub, Local Safeguarding Children Board, Channel), policies and practices – action planning to mitigate risk, curriculum development (formal and informal), inter-borough collaboration, cross border working
3. **Working in Partnership** – Governing Bodies ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board (LSCB) and have active engagement with Local Authority led Prevent Steering Group and Channel Panel processes
 - Who, how, direction of travel, strategic governance links (BASH, Community Safety Partnership, Prevent Steering Group), engagement with external partners
4. **Staff workforce development** – Demonstrate that appropriate training and development has been undertaken by principals, governors, leaders and staff and appropriate members of staff to have the ability to challenge all forms of extremist ideas and know how and where to refer children and young people for further help
 - Prevent packages, Prevent Cloud, Prevent Briefings, NCALT Channel module (certified online learning tool)

5. **IT policies** - Keeping children safe from terrorist and extremist material when accessing the internet in school, establishing appropriate levels of filtering

Appendix 1: Useful Contacts

Referrals

MASH Team 0161 253 5678
 Out of Hours / Emergency Duty Team (EDT) 0161 253 6606

Schools Safeguarding

Leslie Davidson 0161 253 5884
 (Schools Safeguarding Lead for schools)

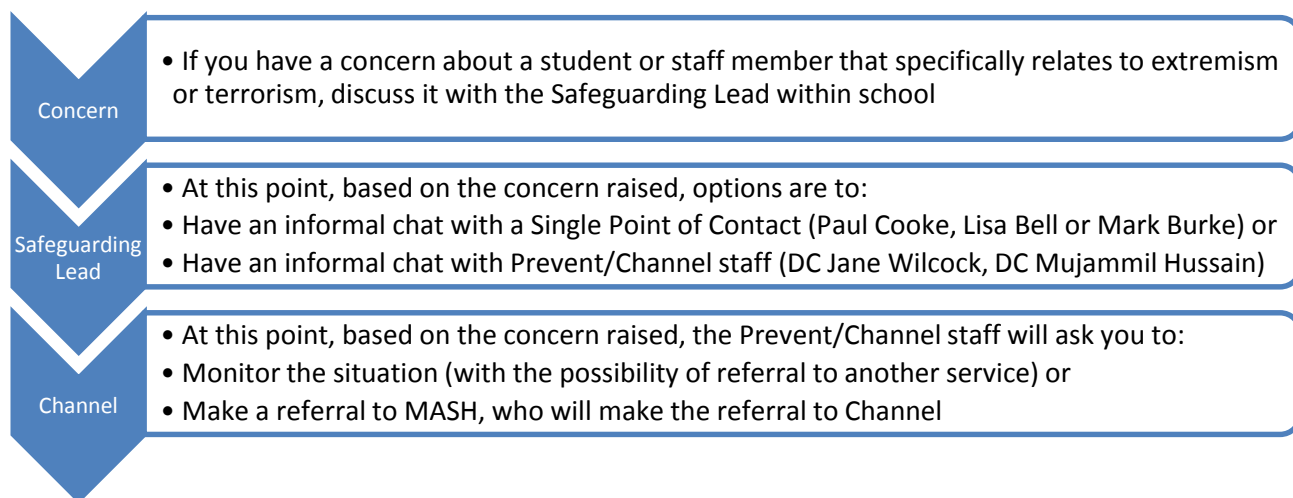
Allegations about professionals

Mark Gay
 (Local Authority Designated Officers)
 0161 253 5342

PRACTICAL APPLICATION IN THE WORKPLACE

If you have a concern

As in any situation, if you judge that there is an imminent danger - call 999
 In other circumstances, the process below should be followed:



Bury Contacts

Paul Cooke - Head of Strategic Planning and Management Service – 0161 253 5674
 Lisa Bell – Team Manager Multi-Agency Safeguarding Hub (MASH) – 0161 253 5362
 Mark Burke – Community Cohesion Officer – 0161 253 5588
 GMP Prevent Team – 0161 856 6345/ 6362

9.6 Self-harm and suicidal behaviour

Definition - Self harm, self mutilation, eating disorders, suicide threats and gestures by a child must always be taken seriously and may be indicative of a serious mental or emotional disturbance.

Refer to the Bury Child Protection and Safeguarding Procedures for guidance on recognition, reporting and a child presenting at school.

RECOGNITION – WHAT TO LOOK FOR

Staff members should refer to the detailed information about the categories of abuse and risk indicators at <http://www.safeguardingburychildren.org>

In an abusive relationship, the child may:

- appear frightened of their parent(s)
- act in a way that is inappropriate to their age and development, although full account needs to be taken of different patterns of development and different ethnic groups

In an abusive relationship, the parent or carer may:

- persistently avoid child health services and treatment of the child's illnesses
- have unrealistic expectations of the child
- frequently complain about or to the child and fail to provide attention or praise
- be absent
- be misusing substances
- persistently refuse to allow access on home visits by professionals
- be involved in domestic violence and abuse
- be socially isolated

Serious case reviews have found that parental substance misuse, domestic abuse and mental health problems, sometimes referred to as the 'toxic trio', if they coexist in a family could mean significant risks to children. Problems can be compounded by poverty, frequent house moves or eviction.

10. Continuum of need and response

10.1 The working definition of the continuum of need and response model within this document is

'The point at which agencies respond when additional unmet needs are identified'.

10.2 The Bury model is illustrated overleaf via the windscreen model. The model represents all the children and young people who live in Bury, their different level of needs and interventions.

10.3 Children may enter any band at any age or stage of development and may move between bands as their circumstances and needs change.

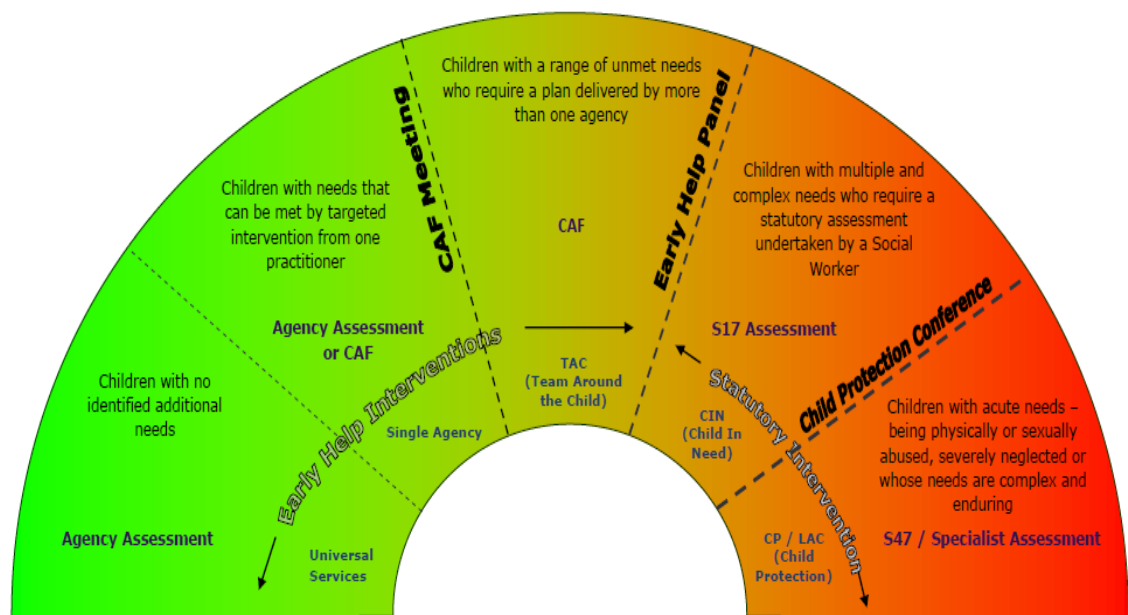
- **Level 1** represents children with no identified additional needs. Their needs are met through universal services.
- **Level 2** represents children with additional needs that can be met by targeted support by a single agency or practitioner.
- **Level 3** represents children with additional needs that can be met by targeted support by a multi-agency support package (Team Around the Child, TAC).
- **Level 4** represents children with significant needs that persist and have not been met by targeted support (Child in Need, CIN).

- **Level 5** represents children with complex and enduring needs at the highest level of vulnerability that will be met by multi-agency support from specialist services led by Social Care (Safeguarding/Looked after Children).

Link to LSCB procedures Thresholds for Intervention

<http://www.safeguardingburychildren.org>

Bury Model

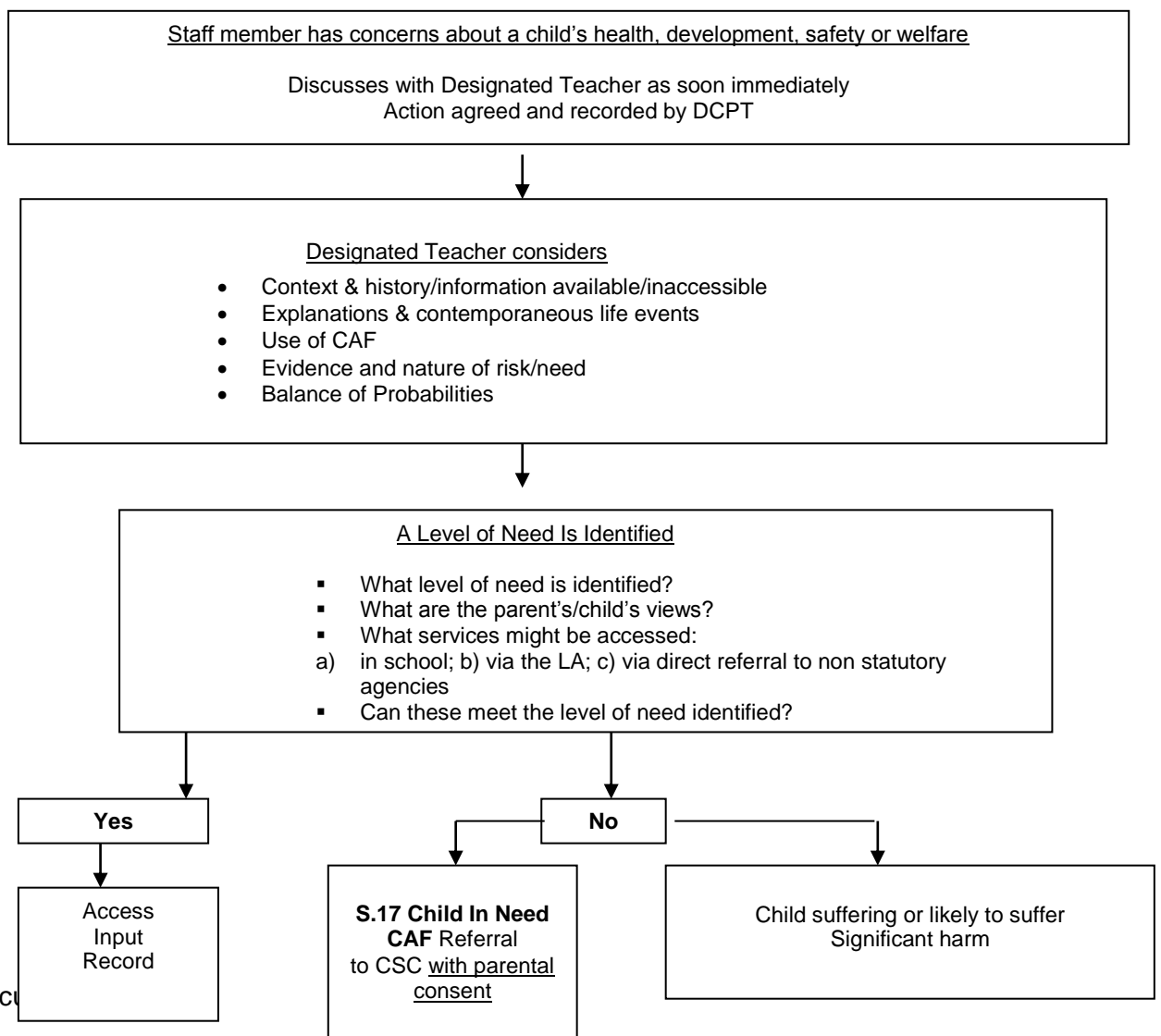


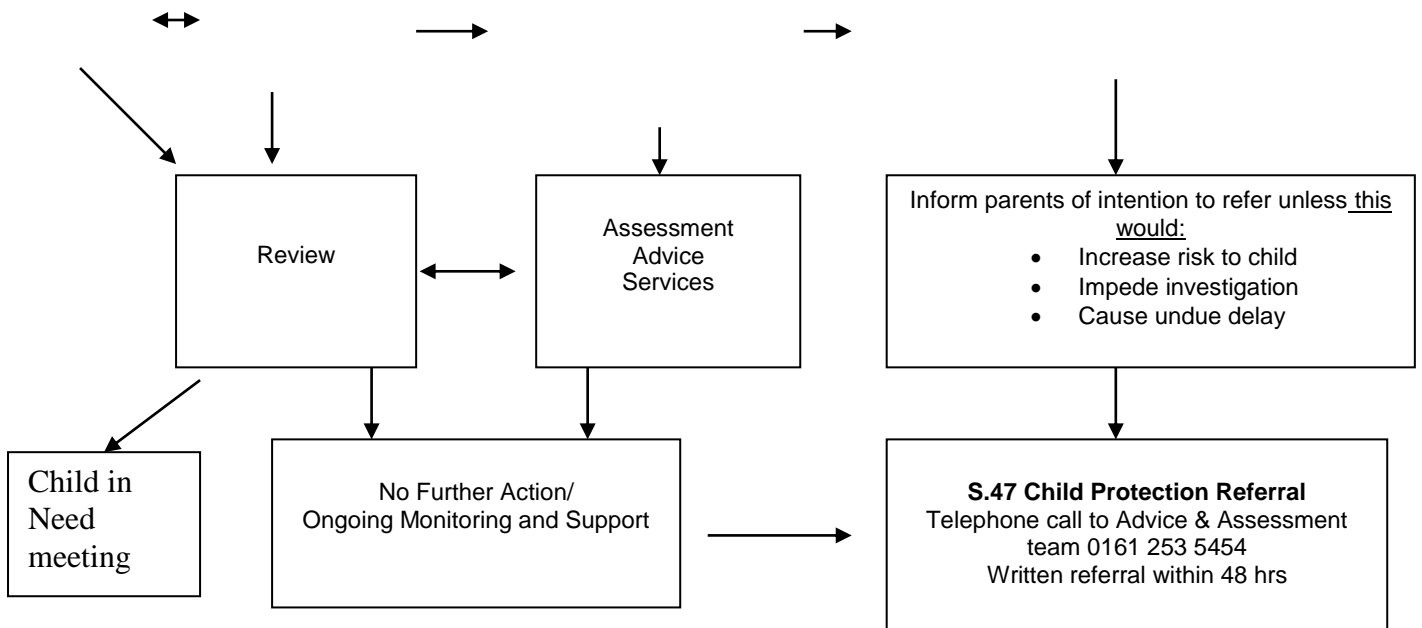
Appendix 2: Risk Assessment ‘Checklist’

- Does/could the suspected harm meet the BSCB definitions of abuse?
- Are there cultural, linguistic or disability issues?
- I am wrongly attributing something to impairment?
- Does the chronology indicate any possible patterns which could/do impact upon the level of risk?
- Are any injuries or incidents acute, cumulative, episodic?
- Did any injuries result from spontaneous action, neglect, or intent?
- Explanations consistent with injuries/behaviour?
- Severity and duration of any harm?
- Effects upon the child’s health/development?
- Immediate/longer term effects?
- Likelihood of recurrence?
- Child’s reaction?
- Child’s perception of the harm?

- Child's needs wishes and feelings?
- Parent's/carer's attitudes/response to concerns?
- How willing are they to cooperate?
- What does the child mean to the family?
- What role does the child play?
- Possible effects of intervention?
- Protective factors and strengths of/for child (i.e. resilience/vulnerability);
- Familial strengths and weaknesses?
- Possibilities?
- Probabilities?
- When and how is the child at risk?
- How imminent is any likely risk?
- How grave are the possible consequences?
- How safe is this child?
- What are the risk assessment options?
- What are the risk management options?
- What is the interim plan?

Appendix 3: Taking Action Flowchart





The Designated Child Protection Teacher in School is: Mrs K.A.Perry - Head teacher. The DSL in her absence is Mr. A. Longworth.

Appendix 4

Seven golden rules for information sharing

- 1. Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
- 2. Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- 3. Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
- 4. Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- 5. Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- 6. Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- 7. Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

This policy will be ratified by the Governing Body in November 2015

Signed: G. Prosser Chair of Governors Date: 15.11.2015

POLICY REVIEW

This policy will be reviewed on or before the following date: November 2016

Reviewed : 22.9.2016

Reviewed: October 2016