



# Safeguarding Policy

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## **SAFEGUARDING POLICY**

### **Context**

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

Keeping Children Safe in Education (DfE 2016)

**The Trust’s safeguarding policy cannot be separated from the general ethos of each school, which should ensure that pupils are treated with respect and dignity, taught to treat each other with respect, feel safe, have a voice, and are listened to.**

## **1. INTRODUCTION**

1.1 Safeguarding is defined as –

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best life chances.

1.2 The Trust is committed to safeguarding and promoting the welfare of all its pupils. We believe that:

- All children have the right to be protected from harm
- Children need to be safe and to feel safe in school
- Children need support which matches their individual needs, including those who may have experienced abuse
- All children have the right to speak freely and voice their values and beliefs
- All children must be encouraged to respect each other’s values and support each other
- All children have the right to be supported to meet their emotional, and social needs as well as their educational needs – a happy healthy sociable child will achieve better educationally
- Schools can and do contribute to the prevention of abuse, victimisation, bullying, exploitation, radicalisation, extreme behaviours, discriminatory views and risk taking behaviours
- All staff and visitors have an important role to play in safeguarding children and protecting them from abuse.

**1.3** The Trust will fulfil its local and national responsibilities as laid out in the

following documents:-

- [The Children Act 2004](#)
- [Counter Terrorism and Security Act \(HMG, 2015\) -](#)
- [Disqualification under the Childcare Act \(2006\) \(DfE, 2015\)](#)
- [The Education Act 2002 s175 / s157](#)
- [Keeping Children Safe in Education: Statutory guidance for schools and colleges \(2016\)](#)
- [Multi-Agency Practice Guidelines: Female Genital Mutilation \(2015\)](#)
- [Mental Health and Behaviour in Schools: Departmental Advice \(DfE 2014\)](#)
- [The Prevent Duty \(2015\)](#)
- [What to do if You're Worried a Child is Being Abused \(2015\)](#)
- [Working Together to Safeguard Children \(2015\)](#)

## **2. AIMS**

### **2.1 This policy will contribute to safeguarding our pupils and promoting their welfare by:**

- Clarifying standards of behaviour for staff and pupils
- Contributing to the establishment of a safe, resilient and robust ethos in each school, built on mutual respect, and shared values
- Including appropriate work within the curriculum
- Encouraging pupil and parent participation
- Alerting staff to the signs and indicators that a child may be suffering from abuse or neglect
- Developing staff awareness of the types of abuse
- Developing staff awareness of the pupils' risks and vulnerabilities
- Addressing concerns at the earliest possible stage including signs of mental health
- Reducing the risk of pupil exposure to violence, radicalisation, extremism, exploitation, or victimisation

### **2.2 This policy will contribute to supporting our pupils by:**

- Identifying and protecting the most vulnerable pupils
- Identifying individual needs where possible
- Designing plans to meet those needs.

### **2.3 This policy will contribute to the protection of our pupils by:**

- Including appropriate work within the curriculum
- Implementing child protection policies and procedures
- Working in partnership with pupils, parents and agencies.

## **3. CORE OBJECTIVES**

### **3.1 These are the Trust's key principles of safeguarding:**

- To co-ordinate the work of each agency to safeguard and promote the welfare of children.

- To ensure the effectiveness of the work of each agency through collaboration
- As part of this, the Trust will:
- Develop child protection procedures and policies
- Ensure work around safeguarding is of a consistently high standard
- Arrange training for staff who work with children, parents and families
- Each Academy's DSL (DSL) is responsible for ensuring that appropriate safeguarding responses are in place for children who are absent from school or who go missing from education, particularly on repeated occasions.
- raise awareness generally about the need to protect children

3.2 In addition The Trust has identified the following key safeguarding messages for schools.

- Every child is entitled to a rich and comprehensive curriculum.
- Governance is corporate and decisions are collective: each school needs a link safeguarding governor.

#### **4. EXPECTATIONS**

4.1 All staff and visitors will:

- Be familiar with this safeguarding policy
- Be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, contractors, volunteers etc.
- Be involved in the implementation of individual education programmes, integrated support plans, child in need plans and interagency child protection plans
- Be alert to signs and indicators of possible abuse (See Appendix One) for current definitions and indicators)
- Record concerns on a Safeguard log for the DSL or Deputy DSL to follow up
- Deal with a disclosure of abuse from a child in line with the guidance in Appendix Two - you must inform the DSL immediately, and provide a written account as soon as possible

4.2 All staff will receive basic level one training annually as well as updates .

All new staff will be inducted on CP procedures as part of their Induction process. Key staff will undertake level two and level three training that meets the requirements of NSCB, as agreed by the relevant bodies.

#### **5. THE Designated Safeguarding Lead (DSL)**

5.1 Each Academy's DSL is part of their senior leadership team. They have lead responsibility, management oversight and accountability for child protection and, alongside the Head Teacher, will be responsible for co-ordinating all child protection work.

The DSL will lead regular case monitoring reviews of vulnerable children. These reviews must be evidenced by minutes and recorded in case files. Information will be shared with relevant professionals as and when it occurs.

**5.3** When schools have concerns about a child, the DSL will decide what steps should be taken and should advise the Head Teacher. (where the head teacher is not the DSL)

**5.4** Child protection information will be dealt with in a confidential manner.

Staff will be informed of relevant details only on a 'need to know basis' when the DSL feels that knowing about a situation will improve their ability to deal with an individual child and / or family.

**5.5** Child protection records will be stored securely in a central place separate from academic records. Individual files will be kept for each child. Files will be kept for at least the period during which the child is attending the school, and beyond that in line with current data legislation and guidance.

**5.6** Access to these records by staff other than by the DSL will be restricted.

**5.7** Parents will be aware of information held on their children and kept up to date regarding any concerns or developments by the appropriate members of staff. General communications with parents will be in line with any home school policies and give due regard to which adults have parental responsibility.

**5.8** Staff should not disclose to a parent any information held on a child if this would put the child at risk of significant harm.

**5.9** If a pupil moves from Trust schools, child protection records will be forwarded on to the DSL at the new school, with due regard to their confidential nature. Direct contact between the two schools is necessary. We will record where and to whom the records have been passed and the date. It is recommended that we obtain a confirmation of receipt from the school we send such documentation to.

**5.10** If sending by post, pupil records will be sent by "Special/Recorded Delivery". For audit purposes a note of all pupil records transferred or received should be kept in either paper or electronic format. This will include the child's name, date of birth, where and to whom the records have been sent and the date sent and/or received.

**5.11** In the event of a pupil being permanently excluded and moving to a Pupil Referral Unit, child protection records will be forwarded on to the relevant organisation.

**5.12** When a DSL resigns their post or no longer has child protection responsibility, there should be a full face to face handover/exchange of information with the new post holder.

**5.13** In exceptional circumstances when a face to face handover is unfeasible, the Head Teacher will ensure that the new post holder is fully conversant with all procedures and case files.

**5.14** All DSLs in the MAT should have at least one fully trained Deputy DSL.

## **6. THE TRUST AND LOCAL GOVERNING BOARDS (LGBs)**

### **6.1 The LGB at each school is the accountable body for ensuring the safety of the school**

### **6.2 The Trust will ensure that:**

- The school has a safeguarding policy in accordance with the procedures of The Trust
- The school operates, “safer recruitment” procedures and ensures that appropriate checks are carried out on all new staff and relevant volunteers
- At least one senior member of the school’s leadership team acts as a DSL
- The DSL attends appropriate refresher training every two years
- The Head Teacher and all other staff who work with children undertake training at, at least, three yearly intervals
- Temporary staff and volunteers are made aware of the school’s arrangements for child protection and their responsibilities
- The school remedies any deficiencies or weaknesses brought to its attention without delay
- The school has procedures for dealing with allegations of abuse against staff/volunteers.

### **6.3 The LGB will review its policies/procedures annually**

**6.4** Each school will have a link governor for Safeguarding who will be responsible for liaising with the Head Teacher and DSL over all matters regarding child protection issues.

The role is strategic rather than operational – they will not be involved in concerns about individual pupils.

**6.5** The nominated Governor will liaise with the Head Teacher and the DSL to produce an annual report for the LGB and the Trust.

**6.6** A member of the governing body (usually the Chair) is nominated to be responsible for liaising with the Trust authority and other partner agencies in the event of allegations of abuse being made against the Head Teacher.

**6.7** All Trust and LGB members will be required to undergo the required Safeguarding training and this will be recorded.

## **7. A SAFER SCHOOL CULTURE**

### **Safer Recruitment and Selection**

**7.1** The Trust pays full regard to ‘Keeping Children Safe in Education’ (DfE 2015 – updated Sept 2016). Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and undertaking appropriate checks through the Disclosure and Barring Service (DBS). All staff, students and volunteers will go through the DBS process; the only exception to this is students from secondary schools on work experience.

**7.2** All recruitment materials will include reference to the school's commitment to safeguarding and promoting the well-being of pupils and staff.

**7.3** Key staff will have undertaken NCSL Safer Recruitment training and be involved in all staff / volunteer recruitment processes and sit on the recruitment panel.

### **Staff support**

**7.4** We recognise the stressful and traumatic nature of child protection work. Each school will support staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support as appropriate.

**7.5** On occasions where it is evident that children's welfare is not paramount, professionals are encouraged to share their views and challenge decisions made, taking further action if needed.

## **8. OUR ROLE IN THE PREVENTION OF ABUSE**

**8.1** We will provide opportunities for pupils to develop skills, concepts, attitudes and knowledge that promote their safety and well-being.

The curriculum

**8.2** Relevant issues will be addressed through the curriculum.

## **9. SAFEGUARDING PUPILS WHO ARE VULNERABLE TO EXTREMISM**

Extremism is views and actions that promote:

- violence against others
- hatred towards others
- undermining the rights of others

The Trust is clear that extremism and radicalisation should be viewed as safeguarding concerns. We value freedom of speech and the expression of beliefs and both pupils and adults have the right to speak freely and voice their opinions. However we are clear that any manipulation or exploitation of the children in Trust schools through the normalisation of extreme views that could leave them vulnerable to radicalisation will be responded to by the use of our safeguarding procedures and the involvement of our partner agencies.

**9.1** Since the publication of the Prevent Strategy in 2010, there has been a raised awareness of the specific need to safeguard children, young people and families from extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

**9.2** The Trust values freedom of speech and the expression of beliefs /ideology as fundamental rights underpinning our society's values. Both pupils and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility

and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

**9.3** The Trust is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.

**9.4** Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in Appendix Four.

**9.5** The Trust seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White and Black Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements

## **10. SAFEGUARDING PUPILS WHO ARE VULNERABLE TO EXPLOITATION, FORCED**

### **MARRIAGE, FEMALE GENITAL MUTILATION, OR TRAFFICKING**

10.1 The Trust's safeguarding policy through the schools' values, ethos and behaviour policies ensure children and young people are given the support to respect themselves and others, stand up for themselves and protect each other.

10.2 Trust schools will keep up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation.

10.3 Our staff are supported to recognise warning signs and symptoms in relation to specific issues, include such issues in an age appropriate way in their curriculum,

10.4 Trust schools work with and engage our families and communities to talk about such issues,

10.5 Our staff are supported to talk to families about sensitive concerns in relation to their children and to find ways to address them together wherever possible.

10.6 Each DSL knows where to seek and get advice as necessary.

10.7 The Trust's schools will bring in experts and uses specialist material to support the work that we do.

10.8 Staff will receive training on FGM. Refer to Appendix 6 for further information.

## **11. WHAT WE DO WHEN WE ARE CONCERNED**

11.1 Where risk factors are present but there is no evidence of a particular risk then DSLs will advise on preventative work that can be done within schools to engage the pupil into mainstream activities and social groups. DSLs may also discuss concerns with the pupil's

family, sharing the school's concern about the young person's vulnerability and how the family and school can work together to reduce the risk.

11.2 Depending on the level of concern and what is agreed with parents and the young person (as far as possible) –

- The DSL may decide to notify the Triage Service of the decision so that a strategic overview can be maintained and any themes or common factors can be recognised
- The school will review the situation after taking appropriate action to address the concerns.

11.3 The DSL will also offer and undertake an early help assessment and/or make a referral to children's social care.

11.4 When concerns about a pupil are significant and meet the additional needs/complex need criteria, they will be referred to the Triage service. This includes concerns about a child/young person who is affected by the behaviour of a parent or other adult in their household.

## **12. INVOLVING PARENTS / CARERS**

**12.1** In general, each school will discuss any child protection concerns with parents / carers before approaching other agencies, and will seek their consent to making a referral to another agency. Appropriate staff will approach parents / carers after consultation with the DSL. However there may

be occasions when the school will contact another agency before informing parents/carers because it considers that contacting them may increase the risk of significant harm to the child.

**12.2** Parents / carers will be informed about our safeguarding policy through the Trust schools prospectus, website and newsletters.

### **13. MULTI-AGENCY WORK**

**13.1** We work in partnership with other agencies in the best interests of the children. The schools will, where necessary, liaise with the school nurse and doctor, and make referrals to children's social care through the relevant system. Referrals should be made by the DSL to the Triage service. Where a child already has a safeguarding social worker, the request for service should go immediately to the social worker involved, or in their absence to their team manager.

**13.2** We will co-operate with any child protection enquiries conducted by children's social care and schools will ensure representation at inter-agency meetings, such as integrated support plan meetings initial and review child protection conferences, CiN meetings, CLA meetings and core group meetings.

**13.3** We will provide reports as required for these meetings. If the school is unable to attend, a written report will be sent. The report will, wherever possible, be shared with parents / carers at least 24 hours prior to the meeting.

**13.4** Where a pupil is subject to an inter-agency child protection plan, CiN plan or other, the school will contribute to the preparation, implementation and review of these plans as appropriate.

### **14. OUR ROLE IN SUPPORTING CHILDREN**

**14.1** We will offer appropriate support to individual children who have experienced abuse or who have abused others.

**14.2** An individual support plan will be devised, implemented and reviewed regularly for these children. This plan will detail areas of support, who will be involved, and the child's wishes and feelings. A written outline of the individual support plan will be kept in the child's child protection record.

**14.3** Children who abuse others will be responded to in a way that meets their needs as well as protecting others within the school community through a multi-agency risk assessment. We will ensure that the needs of children and young people who abuse others will be considered separately from the needs of their victims.

**14.4** We will ensure the school works in partnership with parents / carers and other agencies as appropriate.

### **15. RESPONDING TO AN ALLEGATION ABOUT A MEMBER OF STAFF**

**15.1** This procedure should be used in any case in which it is alleged that a member of staff, governor, visiting professional or volunteer has:

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

**15.2** It is acknowledged that there is the potential for staff in school to abuse children.

**15.3** All staff working within our organisation must report any potential safeguarding concerns about an individual's behaviour towards children and young people immediately. Allegations or concerns about colleagues and visitors must be reported direct to the Head Teacher unless the concern relates to Head Teacher. If the concern relates to the Head Teacher, it must be reported immediately to the Chair of the LGB and the Local Authority Designated Officer in children's social care, who will liaise with the Chair of the LGB and they will decide on any action required. Refer to Appendix 3.

**15.4** Historical abuse allegations need to be reported to the Police.

## **16. CHILDREN WITH ADDITIONAL NEEDS**

**16.1** The Trust recognises that while all children have a right to be safe, some children may be more vulnerable to abuse, for example those with a disability or special educational need, those living with domestic violence or drug / alcohol abusing parents.

**16.2** When the school is considering excluding, either fixed term or permanently, a vulnerable pupil and / or a pupil who is the subject of a child protection plan or where there is an existing child protection file, a multi-agency risk-assessment meeting will be called prior to making the decision to exclude. In the event of a one-off serious incident resulting in an immediate decision to exclude, the risk assessment must be completed prior to convening a meeting of the LGB.

## **17 PRIVATE FOSTERING**

17.1 Each school makes sure that privately fostered children are properly and safely cared for. Local Authorities are under a legal duty to ensure the welfare of a privately fostered child is being promoted and safeguarded. They are, therefore required to undertake assessments of proposed or actual private fostering arrangements. As such, the Local Authority are always informed when the school are notified about such an arrangement or become aware of, or suspect, one. A private fostering arrangement is one that is made privately (that is to say without the involvement of a Local Authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more. Private foster carers may be from the extended family, such as a cousin or great aunt. However, a person who is a relative under the Children Act 1989 i.e. a grandparent, brother, sister, uncle or aunt (whether of full blood, half blood or by marriage) or step-parent will not be a private foster carer. A private foster carer may be a friend of the family, the parent of a friend of the child, or someone previously unknown to the child's family who is willing to privately foster a child.

## **APPENDIX 1**

### **DEFINITIONS AND INDICATORS OF ABUSE**

**The trust recognises that children are also vulnerable to physical, sexual and emotional**

**abuse by their peers or siblings. This is most likely to include, but not limited to: bullying (including cyber bullying), gender based violence/sexual assaults and sexting. Abuse perpetrated by children can be just as harmful as that perpetrated by an adult, so it is important to remember the impact on the victim of the abuse as well as to focus on the support for the child or young person exhibiting the harmful behaviour. Such abuse will always be taken as seriously as abuse perpetrated by an adult and the same NSCB Threshold Guidance will apply in respect of any child who is suffering or likely to suffer significant harm; staff must never tolerate or dismiss concerns relating to peer on peer abuse.**

## **1. 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 maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

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

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger
- Stealing, scavenging and/or hoarding food
- Frequent tiredness or listlessness
- Frequently dirty or unkempt
- Often poorly or inappropriately clad for the weather
- Poor school attendance or often late for school
- Poor concentration
- Affection or attention seeking behaviour
- Illnesses or injuries that are left untreated
- Failure to achieve developmental milestones, for example growth, weight
- Failure to develop intellectually or socially
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings
- The child is regularly not collected or received from school
- The child is left at home alone or with inappropriate carers

## **2. PHYSICAL ABUSE**

Physical abuse 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. It may also involve the practice of Female Genital Mutilation (FGM); this is a practice common in some cultural groups.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape
- Bruises that carry an imprint, such as a hand or a belt
- Bite marks
- Round burn marks
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks
- An injury that is not consistent with the account given
- Changing or different accounts of how an injury occurred
- Bald patches
- Symptoms of drug or alcohol intoxication or poisoning
- Unaccountable covering of limbs, even in hot weather
- Fear of going home or parents being contacted
- Fear of medical help
- Fear of changing for PE
- Inexplicable fear of adults or over-compliance
- Violence or aggression towards others including bullying
- Isolation from peers.

### **3. 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 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.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge
- Anal or vaginal discharge, soreness or scratching
- Reluctance to go home
- Inability to concentrate, tiredness
- Refusal to communicate
- Thrush, persistent complaints of stomach disorders or pains
- Eating disorders, for example anorexia nervosa and bulimia
- Attention seeking behaviour, self-mutilation, substance abuse
- Aggressive behaviour including sexual harassment or molestation
- Unusual compliance
- Regressive behaviour, enuresis, soiling
- Frequent or open masturbation, touching others inappropriately
- Depression, withdrawal, isolation from peer group
- Reluctance to undress for PE or swimming
- Bruises or scratches in the genital area.

#### **4. SEXUAL EXPLOITATION**

Child sexual exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to children’s social care. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity)
- Entering and/or leaving vehicles driven by unknown adult
- Possessing unexplained amounts of money, expensive clothes or other items
- Frequenting areas known for risky activities
- Being groomed or abused via the Internet and mobile technology
- Having unexplained contact with hotels, taxi companies or fast food outlets.

#### **5. EMOTIONAL ABUSE**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children 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 also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying), 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 Children who have suffered FGM will often have associated emotional issues and need appropriate support.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist)

- The child consistently describes him/herself in very negative ways – as stupid
- Over-reaction to mistakes
- Delayed physical, mental or emotional development
- Sudden speech or sensory disorders
- Inappropriate emotional responses, fantasies
- Neurotic behaviour: rocking, banging head, regression, tics and twitches
- Self-harming, drug or solvent abuse
- Fear of parents being contacted
- Running away
- Compulsive stealing
- Appetite disorders - anorexia nervosa, bulimia
- Soiling, smearing faeces, enuresis
- Where children stop communication suddenly (known as “traumatic mutism”).

## **6. RESPONSES FROM PARENTS**

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

- Delay in seeking treatment that is obviously needed
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development
- Reluctance to give information or failure to mention other known relevant injuries
- Frequent presentation of minor injuries
- A persistently negative attitude towards the child
- Unrealistic expectations or constant complaints about the child
- Alcohol misuse or other drug/substance misuse
- Parents request removal of the child from home
- Violence between adults in the household.

## **7. DISABLED CHILDREN**

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment. for example callipers, sleep Truists, inappropriate splinting
- Misappropriation of a child's finances
- Inappropriate invasive procedures.

## **APPENDIX 2**

### **DEALING WITH A DISCLOSURE OF ABUSE**

**When a child tells me about abuse s/he has suffered, what must I remember?**

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what s/he has told you. It is essential to record all you have heard.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.

NB It is not education staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

#### **Immediately afterwards:**

#### ***You must not deal with this yourself.***

Clear indications or disclosure of abuse must be reported to children's social care without delay, by the Head Teacher or the DSL. Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child/young person who has been abused can be traumatic for the adults involved. Support for you will be available from your DSL or Head Teacher.

### **APPENDIX 3**

#### **ALLEGATIONS ABOUT A MEMBER OF STAFF OR THE LGB OR VOLUNTEER**

1. Inappropriate behaviour by staff/volunteers could take the following forms:
  - **Physical**

For example the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling.

- **Emotional**

For example intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality.

- **Sexual**

For example sexualised behaviour towards pupils, sexual harassment, sexual assault and rape.

- **Neglect**

For example failing to act to protect a child or children, failing to seek medical attention or failure to carry out an appropriate risk assessment.

2. If a child makes an allegation about a member of staff, governor, visitor or volunteer the Head Teacher should be informed immediately. The Head Teacher should carry out an urgent initial consideration in order to establish whether there is substance to the allegation. The Head Teacher should not carry out the investigation him/herself or interview pupils.
3. The Head Teacher must exercise, and be accountable for, their professional judgement on the action to be taken, as follows –
  - If the actions of the member of staff, and the consequences of the actions, raise credible child protection concerns the Head Teacher will notify the Local Authority Designated Officer (LADO) Team. The LADO Team will advise about action to be taken and may initiate internal referrals within children's social care to address the needs of children likely to have been affected.
  - If the actions of the member of staff, and the consequences of the actions, do not raise credible child protection concerns, but do raise other issues in relation to the conduct of the member of staff or the pupil(s), these should be addressed through the school's own internal procedures.
  - If the Head Teacher decides that the allegation is without foundation and no further formal action is necessary, all those involved should be informed of this conclusion, and the reasons for the decision should be recorded on the child protection file.
4. Where an allegation has been made against the Head Teacher, then the Chair of the LAB takes on the role of liaising with the LADO team in determining the appropriate way forward

## APPENDIX 4

### INDICATORS OF VULNERABILITY TO RADICALISATION

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

2. Extremism is defined by the Government in the **Prevent Strategy** as: Vocal or active opposition to fundamental British values (**Preparing pupils for life in Modern Britain**), including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

3. Extremism is defined by the Crown Prosecution Service as:

*‘ The demonstration of unacceptable behaviour by using any means or medium to express views which:*

- *Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;*
- *Seek to provoke others to terrorist acts*

- *Encourage other serious criminal activity or seek to provoke others to serious criminal acts*

- *Foster hatred which might lead to inter-community violence in the UK. ‘*

4. There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

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

6. Indicators of vulnerability include:

- Identity Crisis – the pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society

- Personal Crisis – the pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging

- Personal Circumstances – migration; local community tensions; and events affecting the pupil’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy

- Unmet Aspirations – the pupil may have perceptions of injustice; a feeling of failure; rejection of civic life

- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration

- Special Educational Need – pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

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

8. More critical risk factors could include:

- Being in contact with extremist recruiters
- Accessing violent extremist websites, especially those with a social networking element
- Possessing or accessing violent extremist literature
- Using extremist narratives and a global ideology to explain personal disadvantage
- Justifying the use of violence to solve societal issues
- Joining or seeking to join extremist organisations
- Significant changes to appearance and / or behaviour
- Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

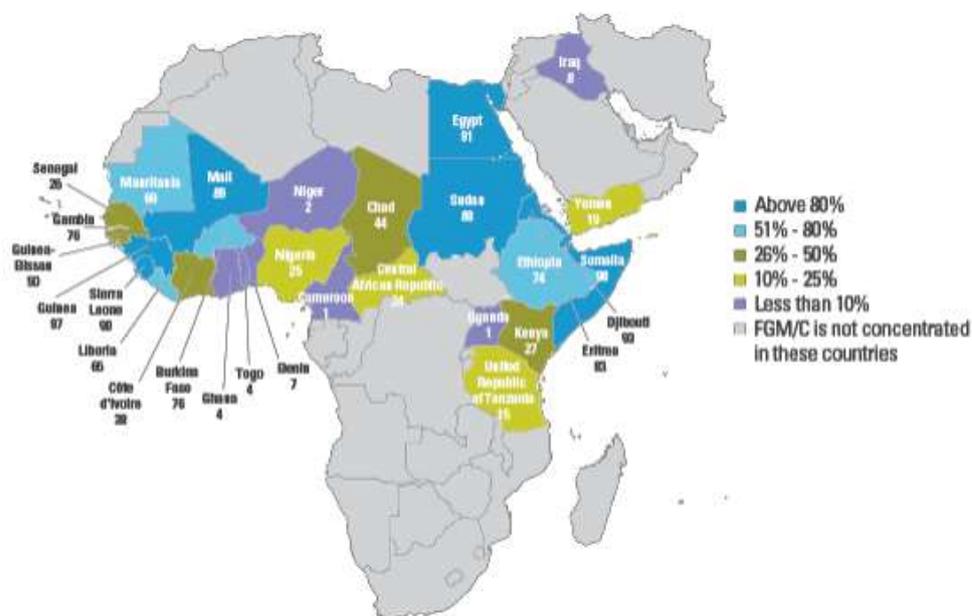
## APPENDIX 5

### KEY POINTS ABOUT FEMALE GENITAL MUTILATION

Female genital mutilation is classified into four major types:

- Type 1 – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are “the lips” that surround the vagina).
- Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- Type 4 – Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Prevalence of FGM:



## Prevalence of FGM

Signs a child may be at risk:

- Child has family in a country with a high rate of prevalence of FGM Child says they are going on a holiday to one of the 'risk' countries
- Parent asks the school for time off for their child to go on holiday

Signs FGM may have occurred:

- Child appears reluctant to talk about their holiday Child becomes withdrawn.
- There is a change in behaviour
- Child tries to avoid doing P.E Parent/Carer asks for child to be excused from P.E
- Child takes frequent trips to the toilet Child is not as active as they used to be.

## APPENDIX 6

### Safeguarding Flowchart

