



Child Protection & Safeguarding Policy - Barnhill

Child Protection Policy
Ratification Date: February 2018
Reviewed: Yearly
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Governor/Director Owner: Chair of Trust
Lead Staff Member Owner: Executive Headteacher

The Department for Education has published an updated version of the statutory guidance Keeping Children Safe in Education which revises and replaces the 2015 guidance. This came into force for schools on 5 September 2016.

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1. INTRODUCTION

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and optimising children’s life chances.

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school.

In particular this policy should be read in conjunction with the Safer Recruitment Policy, Behaviour for Learning Policy, Physical Intervention Policy and Anti-Bullying Policy

<p>Purpose of a Child Protection Policy</p>	<p>To inform staff, parents, volunteers and governors about the school’s responsibilities for safeguarding children.</p> <p>To enable everyone to have a clear understanding of how these responsibilities should be carried out.</p>
<p>Hillingdon Safeguarding Children Board Inter-Agency Child Protection and Safeguarding Children Procedures</p>	<p>Middlesex Learning Partnership follows the procedure established by the Hillingdon Safeguarding Children Board; a guide to procedure and practice for all agencies in Hillingdon working with children and their families.</p>
<p>School Staff and Volunteers</p>	<p>School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.</p> <p>All school staff and volunteers will receive safeguarding children training, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. Although it is mandatory that training is refreshed every three years, we have done it annually for the last two years, and propose to continue this practice.</p> <p>Temporary staff will be made aware of the safeguarding policies and procedures by the Designated Safeguarding Lead.</p>
<p>Mission Statement</p>	<p>Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.</p> <p>Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and wellbeing of a child.</p> <p>Ensure children know that there are adults in the school whom they can approach if they are worried.</p> <p>Ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary.</p>

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	<p>Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.</p> <p>Contribute to the five outcomes which are key to children’s wellbeing:</p> <ul style="list-style-type: none"> • Be healthy • Stay safe • Enjoy and achieve • Make a positive contribution • Achieve economic wellbeing <p>(See Appendix 1, Indicators of Harm)</p>
<p>Safer Recruitment</p>	<p>The governing body takes every precaution to prevent people who pose a risk of harm from working with children. This is achieved by:</p> <ul style="list-style-type: none"> • Adhering to the statutory responsibilities to check staff who work with children. In the case of a new appointment, the school follows the safer recruitment procedure required by government guidance. DBS checks on all staff, both teaching and non-teaching, temporary, supply or salaried trainees are in place and details are held on a single central record. • Taking proportionate decisions on whether to ask for any checks beyond what is required. • Ensuring that volunteers are appropriately supervised. <p>Please refer to Safer Recruitment Policy July 2016</p>

2. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance. This policy should be read in conjunction with the following statutory guidance issued by the DfE.

1. Keeping Children Safe in Education
2. The Children Act 1989
3. The Children Act 2004
4. Education Act 2002 (section 175)
5. Hillingdon Safeguarding Children Board Inter-Agency Child Protection and Safeguarding Children Procedures
6. Working Together to Safeguard Children (HM Government 2010)
7. Working Together to Safeguard Children 2015 and DfE advice "What to do if you are worried a child is being abused 2015 – Advice for practitioners
8. Keeping Children Safe in Education Part 1 (September 2016)
9. The Education (Pupil Information) (England) Regulations 2005
10. Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)
11. Disqualified under the Children Act 2006 updated June 2016
12. Prevent Duty
13. Child Sexual Exploitation (CSE) The definition of child sexual exploitation

Working Together to Safeguard Children (2010), updated July 2015, "Keeping Children Safe in Education", requires all schools to follow the procedures for protecting children from abuse which are established by the Hillingdon Safeguarding Children Board. A guide to inter-agency working to safeguard and promote the welfare of children (March 2010) and Munro's revised edition (April 2013).

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse – these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

Keeping Children Safe in Education (September 2016) Information for all schools and college staff:

- Schools and colleges and their staff are an important part of the wider safeguarding system for children. This system is described in statutory guidance Working together to safeguard children.
- 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.
- Schools should be aware of and follow the procedures established by the Hillingdon Safeguarding Children Board.
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions.
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of students, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse.
- A Designated Senior Lead should have responsibility for co-ordinating action within the school and liaising with other agencies.
- Staff with designated responsibility for child protection should receive appropriate training.
- It is a requirement that all staff read Part 1 of Keeping Children Safe in Education (September 2016)
- If a child is in immediate danger or is at risk of harm a referral should be made to Children's Social Care and/or the police immediately. Anybody can make a referral.
- What schools and college staff should do if they have concerns about another staff member

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

Please see Appendix 11 addressing:

- What school and college staff need to know
- What school and college staff should look out for
- What school and college staff should do if they have concerns about a child

3. THE DESIGNATED SENIOR LEAD

The Designated Senior Lead for Child Protection in this school is:

Name: **Carol Lamb (Barnhill)**

A Deputy DSL should be appointed to act in the absence/unavailability of the DSL.

The Deputy Designated Senior Lead for Child Protection in this school is:

Name: **Verna Barracks (Barnhill)**

It is the role of the Designated Senior Lead for Child Protection to:

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date.
- Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training at yearly intervals.
- Ensure that new staff receive a safeguarding children induction within 10 working days of commencement of their contract.
- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within 10 working days of their commencement of work.
- Ensure that the school operates within the legislative framework and recommended guidance.
- Ensure that all staff and volunteers are aware of the Middlesex Learning Partnership Trust Child Protection Policy/Keeping Children Safe in Education 2015; information for all staff and college staff/HSCB Inter-Agency Child Protection and Safeguarding Children Procedures.
- Ensure that the Headteacher is kept fully informed of any concerns.
- Develop effective working relationships with other agencies and services.
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Common Assessment Framework (Early help assessment/Inter-Agency referral) or refer to Children, Schools and Families Social Care.
- Liaise and work with Children's Services: Safeguarding and Specialist Services over suspected cases of child abuse.
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision.
- Submit reports to ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child.

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- Ensure that the school effectively monitors children about whom there are concerns, including notifying Children's Services: Safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan.
- Provide guidance to parents, children and staff about obtaining suitable support.
- Make parents aware of the safeguarding procedures used and how to access the Middlesex Learning Partnership Trust Child Protection Policy.
- Ensure that all staff not only read Part 1 but also 'understand' it and organise further training opportunities throughout the year. They will also receive updates via email, staff briefings, and e-bulletins throughout the year to provide them with relevant skills and knowledge to safeguard children effectively.

4. THE GOVERNING BODY

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. It is recommended that a nominated governor for child protection is appointed to take lead responsibility.

The nominated governor for child protection is:

Name: **Chair of Governors**

In particular the Governing Body must ensure:

- Child protection policy and procedures
- Safe recruitment procedures (see Safer Recruitment and Selection Policy/Procedures BPT 2015 document)
- Appointment of a DSL who is a senior member of the school leadership team
- Relevant safeguarding children training for school staff/volunteers is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- A member of the Governing Body (usually the Chair) is nominated to be responsible in the event of an allegation of abuse being made against the Headteacher
- Safeguarding policies and procedures are reviewed annually and information provided to the local authority about them and about how the above duties have been discharged

Looked After Children

The Governing Body must appoint a designated teacher to promote the educational achievement of children who are looked after and to ensure that this person has appropriate training.

5. SCHOOL PROCEDURES – STAFF RESPONSIBILITIES

If any member of staff is concerned about a child he or she must inform the Designated Senior Lead.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations (see Appendix 2).

The Designated Senior/Deputy Lead will decide whether the concerns should be referred to Children's Services: Safeguarding and Specialist Services. If it is decided to make a referral to Children's Services: Safeguarding and Specialist Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

If a student who is or has been the subject of a child protection plan changes school, the Designated Senior Lead will inform the social worker responsible for the case and transfer the appropriate records to the Designated Senior Lead at the receiving school, in a secure manner, and separate from the child's academic file.

The Designated Senior Lead is responsible for making the senior leadership team aware of trends in behaviour that may affect student welfare. If necessary, training will be arranged.

As a person who works with children, staff have a duty to refer safeguarding concerns to the Designated Senior Lead for child protection. However if:

- Concerns are not taken seriously and organisation or
- Actions to safeguard the child is not taken by professionals and
- The child is considered to be at continuing risk of harm

then staff should speak to the DSL again in their school to press for reconsideration or **contact Hillingdon Children Services (including out of hours) 01895 556644 ext 2.**

If at any point there is a risk of immediate serious harm to a child a referral should be made to the children's social care immediately. **Anyone can make a referral.**

Local Safeguarding Children's Board <http://hillingtonlscb.org.uk/>

Multi-Agency Safeguarding Hub <https://www.hillingdon.gov.uk/mash>

6. WHEN TO BE CONCERNED

All staff and volunteers should be aware that the main categories of abuse are:

- Abuse
- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 1 for details.**

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside the home
- Act in a way that is inappropriate to his/her age and development (full account needs to be taken of different patterns of development and different ethnic groups)
- Display insufficient sense of “boundaries”, lack stranger awareness
- Appear wary of adults and display ‘frozen watchfulness’

Specific Safeguarding Issues

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example, NSPCC offers information for schools and colleges on the TES website and also on its own website www.nspcc.org.uk. Broad government guidance on the issues listed below is available 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
- Radicalisation
- Sexting
- Teenage relationship issues
- Trafficking

See Appendix 3 for details of which member(s) of team to contact

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7. DEALING WITH A DISCLOSURE

Safeguarding incidents could happen anywhere and staff should be alert to safeguard issues (see Appendix 1). If a child discloses that he or she has been abused in some way, the member of staff/volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- **Do not** promise confidentiality – it might be necessary to refer to Children’s Services: Safeguarding and Specialist Services
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify. **“Every child should be listened to, no matter how difficult they are to listen to.” (Laming report 2009)**
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Lead: Ms Lamb (DSL) or member of Child Protection Team (Ms Taylor, Ms Dixon, Ms Barracks (DDSL))

Making Children Aware

As part of developing a healthy lifestyle children should be taught:

- To recognise and manage risks in different situations and then decide how to behave appropriately
- To judge what kind of physical contact is acceptable and unacceptable
- To recognise when pressure from others (including people they know) threatens their personal safety and develop effective ways of resisting pressure, including knowing where and when to get help
- To use assertiveness techniques to resist unhelpful pressure

Children should feel valued, respected and able to discuss any concerns they have. The school provides helpful information including children’s helplines (NSPCC, ChildLine) to help to provide assurance that it is okay to talk.

Support

Dealing with a disclosure from a child and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Senior Lead.

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8. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tells the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – **instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.**
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

9. COMMUNICATION WITH PARENTS

Barnhill Community High will:

- Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.
- Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.
- Ensure the Child Protection Policy can be found on our website.

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10. RECORD KEEPING

When a child has made a disclosure, the member of staff/volunteer should:

- Make brief notes as soon as possible after the conversation. Use the school Record of Concern sheet wherever possible (pro forma available on the school website and in the staffroom) Appendix 2 (as previously referenced).
- Not destroy the original notes in case they are needed by a court.
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child.
- Draw a diagram to indicate the position of any injuries (see Appendix 4).
- Record statements and observations rather than interpretations or assumptions.

All records need to be given to the Designated Senior Lead or Deputy DSL promptly. No copies should be retained by the member of staff or volunteer.

The Designated Senior Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

11. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have, harmed a child.
- Possibly committed a criminal offence against/related to a child.
- Behaved towards a child or children in a way which indicates he/she would pose a risk of harm if they work regularly or closely with children.

This applies to any child the member of staff/volunteer has contact with within their personal, professional or community life.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. He/she should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words – including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the DSL/Headteacher (see Appendix 5).

If the concerns are about the Headteacher, then the Chair of Governors should be contacted. The contact details for the Chair of Governors are:

Barnhill Chair of Governors Contact Number: 020 8839 0600

In the absence of the Chair of Governors, the Vice Chair should be contacted.

Barnhill Vice-Chair of Governors Contact Number: 020 8839 0600

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The following definitions should be used when determining the outcome of allegation investigations:

- **Substantiated:** there is sufficient evidence to prove the allegation;
- **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive;
- **False:** there is sufficient evidence to disprove the allegation;
- **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

The DSL will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer (Andrea Nixon – C.P.O. education – 01895 277463, 07939 984173, Maggie Scarlett/school LADO). If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with section 4.1 of the Hillingdon Safeguarding Children Board Inter-Agency Child Protection and Safeguarding Children procedures.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The DSL should, as soon as possible, **following briefing** from the Local Authority Designated Officer, inform the subject of the allegation.

The school has a legal duty to make a referral to the DBS where an individual is removed from regulated activity.

For further information see:

Part four: Allegations of Abuse Made Against Teachers and Other Staff pages 40-50, KCSIE September 2016

12. LOOKED AFTER CHILDREN

Children may become 'looked after' as a result of abuse and/or neglect. Staff should have the skills, knowledge and understanding necessary to keep looked after children safe. Appropriate staff should have the information relating to the child's looked after status.

The LAC designated teacher should have information in relation to a child's looked after legal status:

- Voluntary arrangements with consent of parents
- Interim order
- Full care order
- Care arrangements
- Authority delegated to carer
- Details of social worker
- Details of Virtual School Head in relevant authority

13. MISSING CHILDREN

A child going missing from school should be dealt with as a safeguarding issue and the police/social services should be contacted.

The government recently consulted on plans to amend regulations from September 2016 to improve information sharing between schools and LAs to help identify children missing education and help protect them from potential harm. This section will be updated to reflect any changes that are made.

Refer to Annex A Update KCSIE September 2016

14. PRIVATE FOSTERING

Where schools and colleges have not been involved in making the arrangements but a member of staff or volunteer at a school or college becomes aware that a pupil may be in a private fostering arrangement, where a child under the age of 16 (or 18 if disabled) is provided with care and accommodation by someone to whom they are not related in that person's home, they should raise this in the first instance with the designated senior lead for child protection. The school or college should notify the local authority of the circumstances, and the local authority will check if the arrangement is suitable and safe for the child.

15. CHILDREN STAYING WITH HOST FAMILIES

Consideration should be given to The Children Act 1989 or the Safeguarding Vulnerable Groups Act 2006.

16. RADICALISATION AND EXTREMISM

Refer to Annex A Update KCSIE September 2016

Child Sexual Exploitation (CSE), **Female Genital Mutilation (FGM)** and **Preventing Radicalisation** are the key current areas of concern on a national level. If any member of staff would like to discuss any of these issues in more depth, they can talk to the Designated Safeguarding Lead or Deputy DSL or a member of the CP team.

The Counter-Terrorism and Security Act 2015 contains a duty on specified authorities to have due regard to the need to prevent people from being drawn into terrorism. This is also known as the Prevent duty.

In March 2015, Parliament approved guidance issued under section 29 of the act about how specified authorities are to comply with the Prevent duty. Specified authorities must have regard to this guidance when complying with the Prevent duty.

<https://www.gov.uk/government/publications/prevent-duty-guidance>

Key terms:

Extremism – vocal or active opposition to fundamental British values such as democracy, the rule of law and tolerance of different faiths and beliefs

Ideology – a set of beliefs

Terrorism – a violent action against people or property, designed to create fear and advance a political, religious or ideological cause

Radicalisation – the process by which a person comes to support extremism and terrorism

What is the Prevent strategy?

Prevent is a government strategy to stop people becoming terrorists or supporting terrorist or extremist causes. The Prevent strategy covers all types of terrorism and extremism, including the extreme right wing, violent Islamist groups and other causes.

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How does the Prevent strategy apply to schools?

From July 2015 all schools (as well as other organisations) have a duty to safeguard children from radicalisation and extremism. This means we have a responsibility to protect children from extremist and violent views the same way we protect them from drugs or gang violence.

Importantly, we can provide a safe place for students to discuss these issues so they better understand how to protect themselves.

What does this mean in practice?

Many of the things we already do in school to help children become positive, happy members of society also contribute to the Prevent strategy.

These include:

- Exploring other cultures and religions and promoting diversity
- Challenging prejudices and racist comments

- Developing critical thinking skills and a strong, positive self-identity
- Promoting the spiritual, moral, social and cultural development of students, as well as British values such as democracy

Hillingdon Lead as at December 2014: Fiona Gibbs (Stronger Communities & Prevent)

The aim is to safeguard vulnerable individuals against hate crime/extremism/violent crime/criminal damage. The main strategy is to provide early intervention to combat the alternative messages that young people may be exposed to.

FAQs:

How does Prevent relate to British values?

Schools have been required to promote British values since 2014 and this will continue to be part of our response to the Prevent strategy.

British values include democracy, the rule of law, individual liberty and mutual respect, and tolerance of different faiths and beliefs.

Isn't my child too young to learn about extremism?

The Prevent strategy is not just about discussing extremism itself, it is also about teaching children values such as tolerance and mutual respect. The school will make sure any discussions are suitable for the age and maturity of the children involved.

Is extremism really a risk in our area?

Extremism can take many forms, including political, religious and misogynistic extremism. Some of these may be a bigger problem in our area than others.

We will give students the skills to protect them from any extremist views they may encounter, now or later in their lives.

http://www.preventforschools.org/?category_id=38

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Prevent uses a range of measures to challenge extremism including:

- Supporting people who are at risk of being drawn into terrorist or extremist activity through the Channel process, see that 'What is Channel' section below to find out more about this
- Working with and supporting community groups and social enterprise projects who provide services and support to vulnerable people
- Working with faith groups and institutions to assist them in providing support and guidance to people who may be vulnerable; and
- Supporting local schools, local industry and partner agencies through engagement, advice and training

<http://www.ltai.info/what-is-prevent>

If a member of staff in the school has a concern about a particular pupil they should follow the school's designated safeguarding procedures, including discussing with the school's Designated Safeguarding Lead and, where deemed necessary, with children's social care. Where appropriate the Designated Safeguarding Lead will make a referral to the Channel programme which focusses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation.

17. USE OF REASONABLE FORCE

We have regard to the non-statutory advice on the Use of Reasonable Force July 2013.

The term 'reasonable force' covers the broad range of actions used by most teachers at some point in their career that involves a degree of physical contact with pupils.

Force is usually used either to control or restrain. This can range from guiding a pupil to safety by the arm through to more extreme circumstances such as breaking up a fight or where a student needs to be restrained to prevent violence or injury.

'Reasonable in the circumstances' means using no more force than is needed.

As mentioned above, schools generally use force to control pupils and to restrain them. Control means either passive physical contact, such as standing between pupils or blocking a pupil's path, or active physical contact such as leading a pupil by the arm out of a classroom.

Restraint means to hold back physically or to bring a pupil under control. It is typically used in more extreme circumstances, for example when two pupils are fighting and refuse to separate without physical intervention.

School staff should always try to avoid acting in a way that might cause injury, but in extreme cases it may not always be possible to avoid injuring the pupil.

18. PEER ON PEER ABUSE

Staff should recognise that children are capable of abusing their peers. Governing bodies and proprietors should ensure that their child protection policy includes procedures to minimise the risk of peer on peer abuse and set out how allegations of peer on peer abuse will be investigated and dealt with. The policy should reflect the different forms of peer on peer abuse can take, make clear that abuse is abuse and should never be tolerated or pass off as 'banter' or 'part of growing up'. It should be clear as to how victims of peer on per abuse will be supported.

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APPENDIX 1 – INDICATORS OF HARM

All school and college staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

A. 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. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

B. PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, FGM (see detailed guidance in Appendix 7) 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.

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example, the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechial haemorrhages (pinpoint blood spots under the skin), commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture. There are grounds for concern if:

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

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding/eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non-organic failure to thrive – a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self-esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

- Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area.
- Scalds that have a line indicating immersion or poured liquid.
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation.
- Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks.

Scars

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

Emotional/behaviour presentation

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

Female Genital Mutilation (FGM) – See Appendix 7 and Annex A KCSIE September 2016

Specific Indicators:

- Inadequate certification
- Signs of discomfort or pain

Indicators in the parent

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties, may (or may not) be associated with this form of abuse
- Parent/carer has convictions for violent crimes

Indicators in the family/environment

- Marginalised or isolate by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement

C. 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 involve seeing or hearing the ill-treatment of another. 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 of a child, though it may occur alone.

Indicators in the child

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' – difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

- Lack of support from family or social network
- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement

D. 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, 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.

Indicators in the child

Physical presentation

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

Development

General delay, especially speech and language delay
Inadequate social skills and poor socialisation

Emotional/behavioural presentation

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

Indicators in the parent

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

Indicators in the family/environment

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

E. 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.

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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.

Indicators in the child

Physical presentation

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger child where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

- Makes a disclosure
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm – eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention/concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

Indicators in the parents

- Comments made by the parent/carer about the child
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent is a sex offender

Indicators in the family/environment

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence

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- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement
- Family member is a sex offender

F. CHILD SEXUAL EXPLOITATION

Keeping Children Safe in Education 2016 explicitly mentions sexual exploitation. 'Although inter agency working and information sharing are vital in identifying and tackling all forms of abuse, it is clear they are especially important to identify and present child sexual exploitation.'

Child sexual exploitation is a form of child sexual abuse. Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).

The definition of child sexual exploitation is as follows:

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Please refer to "Child Sexual Exploitation" (February 2017)

G. BULLYING

Safeguarding can involve a range of potential issues such as:

- Bullying, including cyberbullying (by text messaging, via social networking sites, or other internet based means) and prejudice-based bullying
- Racist and homophobic or transphobic

(Refer to BCH Anti-Bullying Policy 2014)

H. EQUAL OPPORTUNITIES AND PROMOTING RACE EQUALITY

With regards to the statutory Code of Practice on the duty to promote Race Equality, we aim to tackle racial discrimination and to promote equality of opportunities and good race relations within and across all areas of school.

We aim to meet people's individual needs regardless of their race, colour, ethnic or national origins, gender, sexual orientation, disability or religious beliefs (Refer to BCH EOP Policy).

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I. TRAFFICKING

The Child Exploitation and Online Protection (CEOP) Report Strategic Threat Assessment: Child Trafficking in the UK (2010) *Safeguarding children who may have been trafficked* guidance emphasises that schools that are concerned that a child has been trafficked should follow normal child protection procedures and contact children's social care without delay.

They may show several signs of distress, injury or abuse, or none. They may be withdrawn and secretive or angry and volatile. They may also:

- Be unwilling to discuss their home situation
- Seem unclear of the background of their carers, or their relationship to them
- Live at an address with a number of unrelated children and adults
- Not be registered with a doctor or dentist
- Have no money but have a mobile phone
- Appear malnourished
- Appear excessively tired
- Have a pattern of regular moves both in the UK and abroad
- Develop sexually transmitted infections or become pregnant.

J. DISABILITY DISCRIMINATION

Disability Discrimination Act 2005

The general duty of the Disability Discrimination Act (DDA) 2005 states that in carrying out our functions we should have due regard to the need to:

- Eliminate unlawful disability discrimination
- Eliminate disability related harassment
- Promote equality of opportunity between disabled people and others
- Promote positive attitudes towards disabled people
- Encourage participation by disabled people in public life, and in education in particular
- Take steps to take account of disabled people's disabilities even where that involves treating disabled people more favourably than others

Refer to the BCH Special Education and Disability Equality Policy, outlining how the school will fulfil this duty, including specific targets.

K. FABRICATED OR INDUCED ILLNESS

A confusing and complex phenomenon. Safeguarding children in whom illness is Fabricated and Induced (DCSF 2008) acknowledges that Fabricated or Induced Illness is a relatively rare form of child abuse, occurring where a parent or carer:

- Fabricated signs and symptoms, including the fabrication of past medical history
- Falsifies hospital charts and records, letters and documents
- Falsifies specimens of bodily fluids
- Induces illness by a variety of means

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Where the school is concerned that a child has been a victim of FII the normal child protection procedures should be followed and children's social care should be contacted without delay.

L. FORCED MARRIAGE

The Forced Marriage – Civil Protection Act (2007) forms part of the Family Law Act (1996) and makes provision for protecting children and young people from being forced into marriage without their free and full consent.

The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage (Forced Marriage Unit, 2008)

A student who fears that they are likely to be forced into a marriage may disclose to a member of staff. Where this has been disclosed, the normal child protection procedures should be followed and children's social care should be contacted without delay.

M. VIOLENCE AGAINST WOMEN AND GIRLS

On 25 November 2010, to mark the International Day for the Elimination of **Violence Against Women**, the coalition government launched a paper outlining their ambition that *no woman should have to live in fear of violence. No man should grow up in a home where violence is an everyday occurrence.*

The paper sets out the government ambition that by 2015 *to have increased awareness of violence against women and girls that begins at birth and continues for life.*

The government has used the United Nations Declaration (1993) on the elimination of violence against women to guide the work of all government departments: *Any act of gender-based violence that results in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.*

<https://www.gov.uk/government/publications/call-to-end-violence-against-women-and-girls>

APPENDIX 2

RECORD OF CONCERN

Student's Name:			
Student's DOB:			
Male/Female:	Ethnic Origin:	Disability Y/N:	Religion:
Date and time of concern:			
Your account of concern: (what was said, observed, reported and by whom)			
Additional information: (your opinion, context of concern, disclosure)			
Your response: (what did you do/say following the concern)			
Your name:			
Your signature:			
Your position in school:			
Date and time of this recording:			
Action and response of DSL/Headteacher			
Name: Date:			

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Safeguarding Issues: who to contact in Barnhill Community High

APPENDIX 3

Issue	Definition/Signs	Actions school can take	Sources of Information	Lead
Child sexual exploitation (CSE)	<p>CSE is a form of child abuse which involves children receiving something in exchange for sexual activity. Signs include:</p> <ul style="list-style-type: none"> • Going missing/coming home late • Regularly missing school • Appearing with unexplained gifts • Associating with other young people involved in exploitation • Having older friends • Displaying inappropriate sexualised behaviour 	<p>Where there is a concern about CSE, the safeguarding lead should initiate local safeguarding procedures, including referral to the local authority (LA's) children's social care and the police.</p> <p>Staff should remember that:</p> <ul style="list-style-type: none"> • A child under the age of 13 is not legally capable of consenting to sex or any other type of sexual touching • Sexual activity with a child under 16 is an offence • Non-consensual sex is rape whatever the age of the victim 	<p>Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation, DfE, February 2017 (see pages 1-2)</p>	Child Protection Team
Bullying including cyber bullying	<p>Behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally.</p> <p>Bullying can take many forms (for example, cyber bullying via text messages or the internet), and is often motivated by prejudice against particular groups.</p>	<p>Every school must have measures in place to prevent all forms of bullying.</p> <p>Schools can deal with bullying effectively by:</p> <ul style="list-style-type: none"> • Involving parents and students • Implementing disciplinary actions • Providing effective staff training • Making it easier for students to report bullying 	<p>Preventing and tackling bullying: advice for headteachers, staff and governing bodies, DfE (see pages 4, 8 and 9)</p> <p>Cyber bullying: advice for headteachers and school staff, DfE</p>	Key Stage Team

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Issue	Definition/Signs	Actions school can take	Sources of Information	Lead
Domestic violence	<p>Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.</p> <p>It can involve, but is not limited to:</p> <ul style="list-style-type: none"> • Psychological abuse • Physical abuse • Sexual abuse • Financial abuse • Emotional abuse 	<p>The safeguarding lead should discuss disclosures of domestic violence with children's social care, which will be able to advise whether a referral should be made.</p> <p>If there is a risk of immediate serious harm to a child, a referral should be made to children's social care immediately.</p> <p>Schools can:</p> <ul style="list-style-type: none"> • Display relevant helpline stickers, leaflets and posters around school • Display posters and leaflets during parents' evenings and open days • Publicise support services that are available in school and in the local community 	<p>Domestic violence and abuse, GOV.UK</p> <p>Domestic violence: protocol for schools, Leicestershire County Council (see pages 6-7)</p>	Child Protection Team
Drugs	<p>'Drugs' includes alcohol, tobacco, illegal drugs, medicines, new psychoactive substances ("legal highs") and volatile substances</p>	<p>Students affected by their own or other's drug misuse should have early access to support through the school and other local services. School can:</p> <ul style="list-style-type: none"> • Develop a drugs policy in consultation with the whole school community • Have a designated senior member of staff with responsibility for drug related issues • Establish relationships with children's services, health services and voluntary organisations 	<p>DfE and ACPO drug advice for schools, DfE (see pages 3-4)</p>	Key Stage Team

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Issue	Definition/Signs	Actions school can take	Sources of Information	Lead
Fabricated or induced illness	<p>A rare form of child abuse, which may include parents or carers fabricating signs and symptoms of illness, falsifying medical records, letters or documents, or inducing illness.</p> <p>Signs:</p> <ul style="list-style-type: none"> • Frequent and unexplained absences from school, particularly from PE lessons • Regular absences for medical appointments • Repeated claims by parent(s) that a child is unwell and that he/she requires medical attention for vague symptoms which teacher/s early years staff have not themselves noticed (for example, headaches, tummy aches, dizzy spells) 	<p>Schools should act in accordance with procedures set down by their Local Safeguarding Children Board (LSCB) and refrain from conducting their own enquiries.</p> <p>If there is a risk of immediate serious harm to a child, a referral should be made to children's social care immediately.</p>	<p>Safeguarding children in whom illness is fabricated or induced, Department of Health (DoH), DfE, Home Office (see pages 3, 31 and 32)</p>	Key Stage Team
Faith abuse	<p>Certain kinds of child abuse linked to faith or belief.</p> <p>These include belief in witchcraft, spirit possession, demons or the devil and use of fear of the supernatural to make children comply with being trafficked for domestic slavery or sexual exploitation.</p>	<p>Standard child safeguarding procedures apply in all cases where abuse or neglect is suspected, including those that may be linked to particular belief systems.</p> <p>If there is a risk of immediate serious harm to a child, a referral should be made to children's social care immediately.</p>	<p>National action plan to tackle child abuse linked to faith or belief, DfE (see pages 2-4)</p>	Child Protection Team

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Issue	Definition/Signs	Actions school can take	Sources of Information	Lead
Female genital mutilation (FGM)	<p>Also known as 'female circumcision'.</p> <p>FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.</p> <p>Risk factors include:</p> <ul style="list-style-type: none"> • Coming from a community that is less integrated into British society • Being withdrawn from personal, social and health education <p>Indicators of imminent risk include:</p> <ul style="list-style-type: none"> • Parents stating that they or a relative will take the child out of the country for a prolonged period • A girl talking about a long holiday to a country where FGM is prevalent • Parents seeking to withdraw their children from learning about FGM 	<p>Staff should be alert to the signs of potential abuse, particularly during the summer holidays.</p> <p>Schools can:</p> <ul style="list-style-type: none"> • Circulate and display materials about FGM • Display relevant information (for example, details of the NSPCC's Helpline and ChildLine services, Careline, National Domestic Violence Helpline and appropriate black and minority ethnic women's groups) • Ensure that a private telephone is made available should students need to seek advice from the above organisations or other relevant groups discreetly • Inform colleagues/raise awareness of the issues around FGM – as well as including appropriate training in continuing professional development • Ensuring that the designated safeguarding lead is well versed in the issues around FGM • Make materials such as books and DVDs available • Introducing FGM into the school curriculum in relevant cases, such as personal, social and health education (PSHE), citizenship, religious knowledge, drama, history and sociology 	<p>Multi-agency practice guidelines: FGM, Home Office, DfE (see pages 8, 16, 17 and 42)</p>	Child Protection Team

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Issue	Definition/Signs	Actions school can take	Sources of Information	Lead
Forced marriage	<p>A forced marriage is where one or both people do not (for in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used.</p> <p>Signs include:</p> <ul style="list-style-type: none"> • Absence and persistent absence • Request for extended leave of absence and failure to return from visits to country of origin • Fear about forthcoming school holidays • Surveillance by siblings or cousins at school • Decline in behaviour, engagement, performance or punctuality • Not being allowed to attend extra-curricular activities • Prevented from going on to further/higher education 	<p>There may be occasions when immediate emergency action is necessary to prevent a child from being forced to marry or abducted, for instance, police protection or emergency protection orders.</p> <p>If there is a risk of immediate serious harm to a child, a referral should be made to children’s social care immediately.</p> <p>LSCBs may offer schools training or briefing on forced marriage, and advice on what to do if staff members have concerns about a child.</p>	<p>The right to choose: multi-agency statutory guidance, Foreign and Commonwealth Office (FCO) (see pages 15 and 24)</p>	<p>Child Protection Team</p>

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Reviewed: Yearly
Next Ratification: February 2019
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Issue	Definition/Signs	Actions school can take	Sources of Information	Lead
Gangs and youth violence	<p>Gangs are defined as a relatively durable, predominantly street-based group of young people who:</p> <ul style="list-style-type: none"> • See themselves (and are seen by others) as a discernible group • Engage in criminal activity and violence • Lay claim over territory • Have some form of identifiable structural feature • Are in conflict with other similar gangs 	<p>Schools that are affected by gang and youth violence should work with local police and 'community safety partners' when developing an approach.</p> <p>Effective approaches include:</p> <ul style="list-style-type: none"> • Mentoring programmes • Bullying prevention (for example, anti-bullying programmes) • Improving social skills • Involving parents • Cognitive Behavioural Therapy (CBT) 	<p>Addressing youth violence and gangs: practical advice for schools and colleges, Home Office (see pages 8 and 18-20)</p>	Learning Mentors
Gender-based violence/ Violence against women and girls	<p>Violence against women and girls (VAWG) is a term that covers a number of offences including domestic violence, sexual assault, forced marriage and FGM.</p>	<p>Schools should educate children about healthy relationships and consent so that children recognise abuse and know they can seek help.</p> <p>If there is a risk of immediate serious harm to a child, a referral should be made to children's social care immediately.</p>	<p>Ending violence against women and girls, Home Office</p>	Child Protection Team

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Issue	Definition/Signs	Actions school can take	Sources of Information	Lead
Mental health	<p>Our aim is to support children and young people and their families to help reduce the social and other determinants of mental ill health across all ages, and the inequalities that can both cause and be the result of mental health problems including, for example, social isolation.</p> <p>To ensure referral for earlier diagnosis and intervention where this is required and that when young people become ill, ensure, where possible, that recovery takes place in the most appropriate setting and enables them to regain their wellbeing and independence.</p> <p>School-based risk factors include:</p> <ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships 	<p>If there is a risk of immediate serious harm to a child, including self-harm, a referral should be made to children’s social care immediately.</p> <p>Schools can support students’ mental health by:</p> <ul style="list-style-type: none"> • Establishing a culture that values all students, allows them to feel a sense of belonging and enables them to talk about problems in a non-stigmatising way • CPD for staff that informs them about the early signs of mental health problems and what to do if they have concerns • Working with other agencies to provide interventions for students 	<p>Mental health and behaviour in schools, DfE (see pages 9-11)</p>	<p>Key Stage Team</p>

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<p>Private fostering</p>	<p>Private fostering arrangements are arrangements made without the involvement of the LA for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative. Privately fostered children are a potentially vulnerable group.</p> <p>Schools should look out for:</p> <ul style="list-style-type: none"> • A child being collected from school by someone new on a regular basis • A child mentioning that they are staying somewhere else or that his/her parents have gone away • Something unusual in the child's file 	<p>Staff should notify the school's safeguarding lead where they become aware of private fostering arrangements.</p> <p>The safeguarding lead should speak to the family of the child involved to check that they are aware of their duty to inform the LA.</p>	<p>Replacement Children Act 1989: guidance on private fostering, DfE (see page 5)</p> <p>Private fostering guidance for schools and other educational settings, Norfolk County Council</p>	<p style="text-align: center;">Child Protection Team</p>
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Issue	Definition/Signs	Actions school can take	Sources of Information	Lead
Radicalisation	<p>Indicators that an individual is engaged in an extremist group, ideology or cause, include:</p> <ul style="list-style-type: none"> • Spending increasing time in the company of other suspected extremists • Changing their style of dress or personal appearance in accord with the group • Loss of interest in other friends and activities not associated with the extremist ideology, group or cause • Possession of material or symbols associated with an extremist cause (for example, the swastika for far right groups) 	<p>Schools can:</p> <ul style="list-style-type: none"> • Create explicit value statements that are inclusive of all students • Review curriculum, pupil participation and safeguarding processes • Develop critical personal thinking skills • Implement social and emotional aspects of learning • Explore and promote diversity and shared values between and within communities • Challenge Islamophobia, anti-Semitism and other prejudices • Support those at risk of being isolated • Build ties with all local communities, seeking opportunities for linking with other schools • Use 'safe to learn' anti-bullying strategies to minimise hate and prejudice-based bullying • Use restorative approaches to repair harm caused 	<p>Channel: protecting vulnerable people from being drawn into terrorism, Home Office (see page 12)</p> <p>FAQs, Prevent</p>	Key Stage Team

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Issue	Definition/Signs	Actions school can take	Sources of Information	Lead
Sexting	<p>Images or videos of a sexual or indecent nature that are:</p> <ul style="list-style-type: none"> • Of children (anyone under the age of 18), or • Generated by children <p>It is against the law to take, make, share or possess such images.</p>	<p>Sexting disclosures should follow normal safeguarding protocols.</p> <p>Schools are advised to have a policy detailing what action will be taken. Staff, parents and students should be made aware of the policy.</p> <p>Staff should:</p> <ul style="list-style-type: none"> • Confiscate and secure the device(s) involved • Inform the safeguarding lead/senior management team before searching a device (searches should be conducted by the headteacher or other authorised person of the same sex) • Record the incident • Consider whether to inform the police, where illegal images are found 	<p>'Sexting' in schools: advice and support around self generated images, Kirklees Council (see pages 6-9 and 16)</p>	<p>Key Stage Team</p>

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Issue	Definition/Signs	Actions school can take	Sources of Information	Lead
Teenage relationship abuse	<p>Teenage relationship abuse consists of the same patterns of coercive and controlling behaviour as domestic abuse.</p> <p>These patterns might include sexual abuse, physical abuse, financial abuse, emotional abuse or psychological abuse.</p> <p>Signs include:</p> <ul style="list-style-type: none"> • Physical signs of injury/illness • Truancy • Falling grades • Isolation from family and friends • Frequent texts and calls from boyfriend/girlfriend • Depression • Self-harm 	<p>If there is a risk of immediate serious harm to a child, a referral should be made to children's social care immediately.</p> <p>Schools can:</p> <ul style="list-style-type: none"> • Inform all staff members about the child protection procedures and how they relate to teenage relationship abuse • Display information about local support services, including school counsellors or peer mentors • Deliver age-appropriate lessons on teenage relationship abuse • Ensure staff receive training on violence against women and girls, including awareness of teenage relationship abuse • Promote gender equality and respectful relationships throughout school • Ensure that school policies outline procedures for responding to teenage relationship abuse 	<p>Teenage relationship abuse: a teacher's guide to violence and abuse in teenage relationships, Home Office</p> <p>Expect respect: a toolkit for addressing teenage relationship abuse in Key Stages 3, 4 and 5, Home Office</p>	Child Protection Team

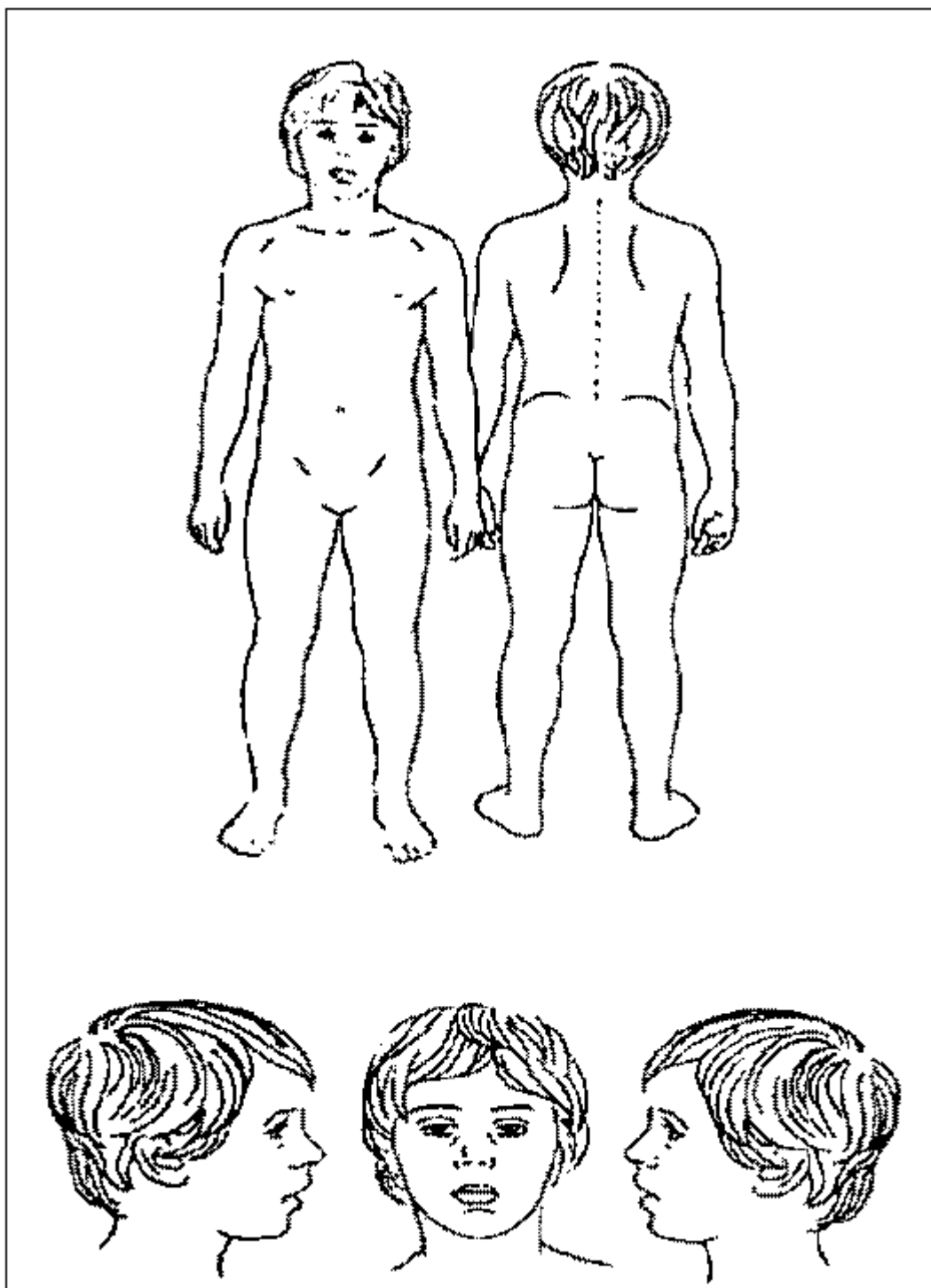
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Lead Staff Member Owner: Executive Headteacher

Issue	Definition/Signs	Actions school can take	Sources of Information	Lead
Trafficking	<p>Any child transported for exploitative reasons is considered to be a trafficking victim.</p> <p>Exploitation includes prostitution or other sexual exploitation, forced labour or services, slavery or servitude.</p> <p>Signs include:</p> <ul style="list-style-type: none"> • A history with missing links and unexplained moves • Signs of physical or sexual abuse 	<p>Schools should contact the local authority's children's social care where they are concerned that a child may have been trafficked.</p> <p>LSCBs may offer schools training or briefing on child trafficking, and advice on what to do if children go missing from the school roll.</p>	<p>Safeguarding children who may have been trafficked: practice guidance, DfE, Home Office (see pages 13, 19 and 20)</p>	Child Protection Team

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APPENDIX 4

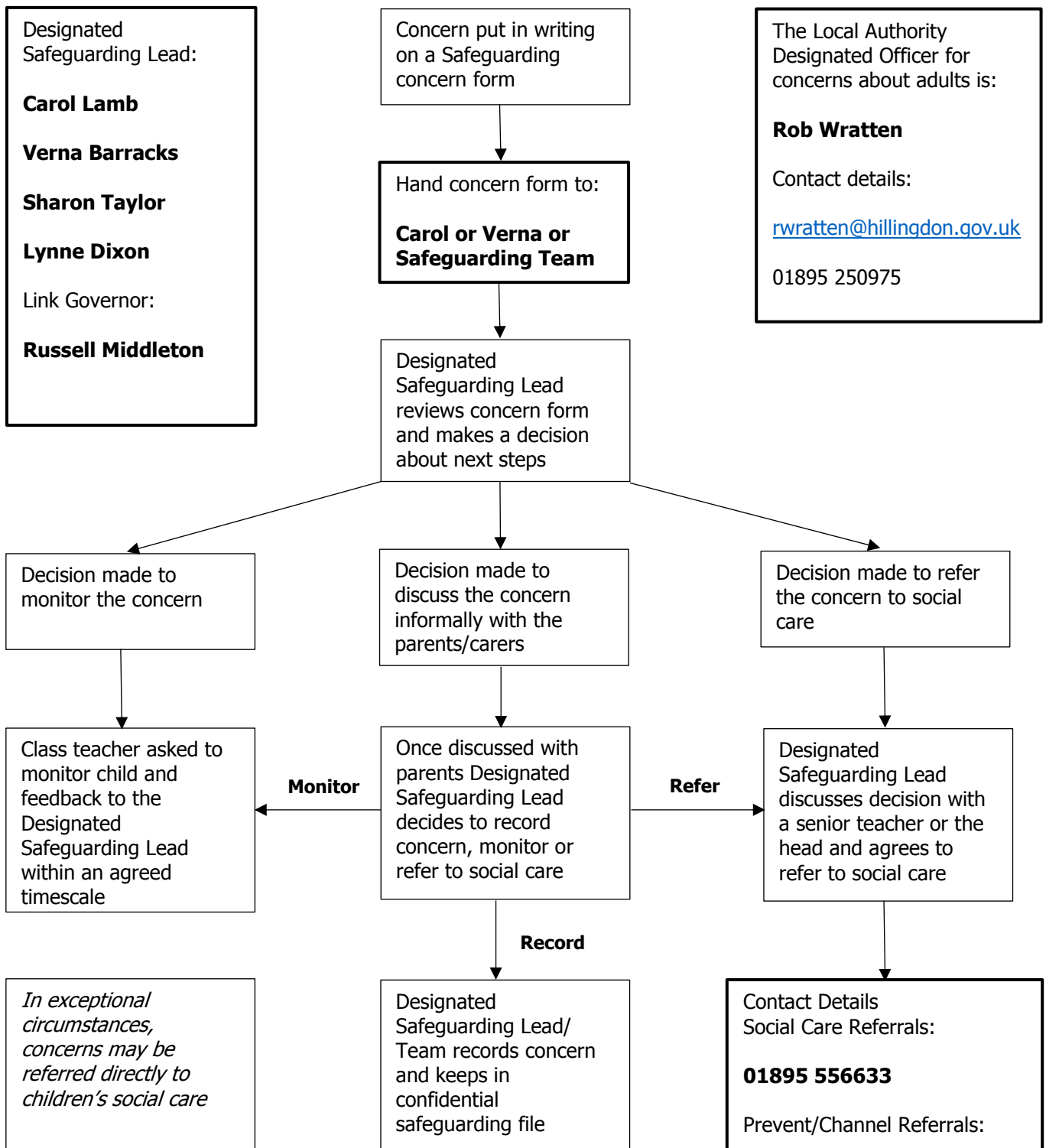
BODY MAP



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APPENDIX 5

BARNHILL COMMUNITY HIGH SCHOOL



Designated Safeguarding Lead:
Carol Lamb
Verna Barracks
Sharon Taylor
Lynne Dixon
 Link Governor:
Russell Middleton

Concern put in writing on a Safeguarding concern form

Hand concern form to:
Carol or Verna or Safeguarding Team

Designated Safeguarding Lead reviews concern form and makes a decision about next steps

The Local Authority Designated Officer for concerns about adults is:
Rob Wratten
 Contact details:
rwratten@hillington.gov.uk
 01895 250975

Decision made to monitor the concern

Decision made to discuss the concern informally with the parents/carers

Decision made to refer the concern to social care

Class teacher asked to monitor child and feedback to the Designated Safeguarding Lead within an agreed timescale

Once discussed with parents Designated Safeguarding Lead decides to record concern, monitor or refer to social care

Designated Safeguarding Lead discusses decision with a senior teacher or the head and agrees to refer to social care

In exceptional circumstances, concerns may be referred directly to children's social care

Designated Safeguarding Lead/ Team records concern and keeps in confidential safeguarding file

Contact Details Social Care Referrals:
01895 556633
 Prevent/Channel Referrals:
 Fiona Gibbs
 Fiona.Gibbs@hillington.gov.uk

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APPENDIX 6 Child Protection Checklist

1. GOVERNORS	DETAILS	WORKING TOWARDS	REVIEW DATE
Has your governing body appointed a governor with responsibility for child protection?			
Who would act as a deputy?			
Do all governors and staff know who the nominated governor is?			
Has the Child Protection Lead for Education (Andrea Nixon 01895 277463) been notified of any changes to this post?			
Has the nominated governor and deputy received child protection training, provided through the Governor Support Service?			
Are mechanisms in place to review responsibilities and training?			

To be completed by DSL/DDSL and nominated Governor to enable completion of Annual Safeguarding Report

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2. DESIGNATED TEACHER	DETAILS	WORKING TOWARDS	REVIEW DATE
Has the school appointed a Designated Senior Lead for child protection? If so, please provide name.			
Who would act as a deputy?			
Do all staff, teaching and non-teaching, and governors know who the Designated Senior Lead is?			
Has the Child Protection Lead for Education (Andrea Nixon 01895 277463) been notified of any changes to this post?			
Have the DSL and DSSL been trained in their role, introduction to safeguarding e-module; Working Together to Safeguard Children?			
Are the school staff, teaching and non-teaching, trained in child protection, e-learning module every three years; Introduction to Safeguarding?			
Have staff received awareness training on domestic violence?			
Does the DSL provide an annual report to the governing body regarding safeguarding? (template attached)			

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3. POLICY AND PROCEDURE	DETAILS	WORKING TOWARDS	REVIEW DATE
Does the school have a child protection policy in line with the Local Safeguarding Child Board (LSCB) policy?			
Are staff, teaching and non-teaching, able to access this policy either manually or via the school website?			
Do staff, teaching and non-teaching, receive a safeguarding reminder from the DSL/DDSL at the start of each school year?			
Is the Child Protection Procedure part of the staff induction programme (teaching and non-teaching)?			
Does the policy contain the contact details for the child protection lead in education and the Referral & Assessment Team (RAT) duty number?			
Have all staff signed to say that they have received a copy of 'Keeping Children Safe in Education 2015'? Has this been incorporated into a yearly reminder to staff?			
Does the school have procedures to manage allegations or concerns made about staff by parents, children and other staff members?			
Are all staff aware of the school's policy on whistle blowing?			
Have all staff received a copy of the child protection policies and Keeping Children Safe in Education 2015?			
Does the school have a key holder policy and include a register of who accesses the school after hours including the school holidays?			
Does the school have an e-safety policy for staff and pupils including an acceptable use policy for staff and pupils? (information on e-safety can be found at www.hillingdon.gov.uk/lscb)			

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4. CURRICULUM	DETAILS	WORKING TOWARDS	REVIEW DATE
Are the child protection issues addressed through the curriculum?			
Do they include the following areas:			
Safe environment			
Protective behaviours			
Personal safety			
Bullying/peers and staff			
Racial Awareness			
E-safety			
Domestic violence awareness			

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5. RECRUITMENT & SELECTION	DETAILS	WORKING TOWARDS	REVIEW DATE
Does the school follow recruitment and selection procedures which ensure all necessary measures are taken to ensure the suitability of staff who have access to children?			
Have members of the governing body and designated staff received safer recruitment training?			
Does the school follow the same procedure when recruiting volunteers?			
Does the school only use the services of teaching supply agencies which hold the DfE quality mark?			
Does the school follow the advice and procedures located in the Hillingdon Safer Recruitment Pack?			

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APPENDIX 7

Understanding the issue around Female Genital Mutilation (FGM)

Serious crime Act (2015) requiring health and Social care professionals and teachers to report known cases of FGM in under 18 year olds to the police from October 31st 2015.

Definition

FGM involves procedures that include the partial or total removal of the external female genital organ for cultural or other non-therapeutic reasons. (World Health Organisation, 2007) The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life is a form of physical abuse.

Types of FGM

FGM has been classified by the World Health Organisation into four types.

There are four types of FGM; however all of these FGM acts are illegal in the UK. The Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child.

UK legislation

In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003 (this offence captures mutilation of a female's labia majora, labia minora or clitoris), and in Scotland it is illegal under the Prohibition of Female Genital Mutilation (Scotland) Act 2005. Where this has been disclosed, the normal child protection procedures should be followed and the Police should be informed, as of 31st October 2015.

Professional learning requirements

Raising awareness about the socio-cultural, ethico-legal, sexual health and clinical care implications involved in FGM is essential. Education and training need to be provided for all health and social care professionals who may work with affected woman and girls and with their families. It is also important to consider the issues of ethnicity, custom, culture and religion in a sensitive manner. It is recommended that FGM should be part of all staff training on safeguarding.

Consequences of FGM

Many men and woman in practising communities can be unaware of the relationship between FGM and its harmful health and welfare consequences as set out below, in particular the longer term complications affecting sexual intercourse and childbirth.

Short term implications for a girl's health and welfare

The short term consequences following a girl undergoing FGM can include:

- Severe pain
- Emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by loving parents, extended family and friends)
- Haemorrhage

If a teacher or other member of staff suspects that a student has been removed from, or prevented from, attending an education as a result of FGM, a referral should be made to DSL, Headteacher or the Local Authority Adult or Children's Social Care and the Police.

Staff may consider speaking to the student's friend to gather information – although they should not make clear that FGM is suspected as this may get back to the family who may hasten any plans to perform the procedure.

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Counselling

All girls or women who have undergone FGM will be offered counselling to address how things will be different for her afterwards.

We aim to create an 'open environment' where students feel comfortable and safe to discuss the problems they are facing – an environment where FGM can be discussed openly, and support and counselling are provided routinely. Students need to know that they will be listened to and their concerns taken seriously.

Keeping Children Safe in Education: statutory guidance for school and colleges (September 2016)

Staff requiring further information should read their copy of the above document and see the designated safeguarding lead or a member of the CP team. Where this has been disclosed, the normal child protection procedures should be followed and children's social care should be contacted without delay.

SUPPORT FOR VULNERABLE STUDENTS

The school believes that it has an important role in mitigating against the harm that children can experience because of exposure to forms of abuse e.g. by including programmes such as PSHE.

We are committed to working with other agencies to support our most vulnerable students. We recognise we can contribute to this by contributing to the CAF process, attending Child Protection Conferences, Core Groups and Child Care meetings.

This school will undertake to regularly review the emotional wellbeing of its pupils.

PART TWO: SAFER RECRUITMENT TRAINING

Names of those who have undertaken Safer Recruitment Training

Name	Designation	Date

PART THREE: ADDITIONAL TRAINING UNDERTAKEN BY DESIGNATED SENIOR LEAD OR DEPUTY DESIGNATED SENIOR LEAD

Additional Training Undertaken by Designated Senior Lead/Deputy Designated Senior Lead

Title	Date Undertaken

PART FOUR: INDUCTION OF NEW STAFF

Induction of new staff and governors in Safeguarding Policy and Procedures

Staff	Number who have received Safeguarding Induction	Number still to receive Safeguarding Induction	Number who have received Initial Training	Number still to receive Initial Training
Teachers				
Governors				
Support Staff				

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Policies and other documents relating to Safeguarding Children

Policies and/or procedures for Safeguarding	Written/ Reviewed	Next Review Date
Anti-bullying		
Safeguarding		
Drugs and substance misuse		
Equal Opportunities		
First Aid (<i>including management of medical conditions, intimate care</i>)		
Health and Safety (<i>including school security</i>)		
Management of allegations against staff		
PSHE curriculum		

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APPENDIX 9



HILLINGDON
LONDON

Allegations Against Those Who Work With Children - Reporting Form

This form must be returned to: **Maggie Scarlett**, Local Authority Designated Officer (LADO)

45/07 Civic Centre, High Street, Uxbridge, Middlesex, UB8 1UW

Fax 01895 250 873 or E-mail mscarlett@hillingdon.gov.uk

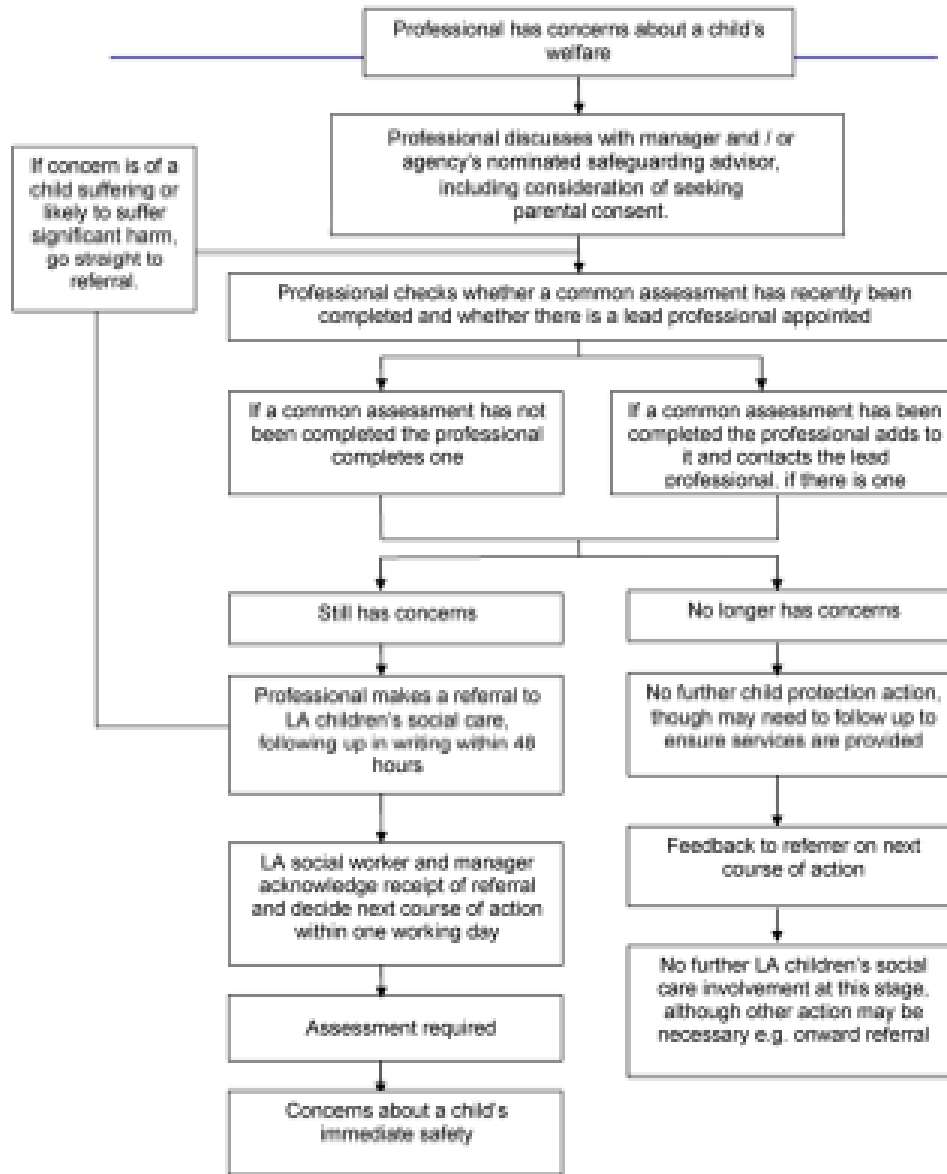
Date of notification to LADO	
Referred by (name & Agency) and contact number	
Name of Child/Young Person	
Date of Birth	
Name of adult	
Date of birth	
Home address of adult	
Occupational Group(e.g. health visitor, teaching assistant etc.)	
School/Agency/Organisation	
Nature of allegation: 1. Physical abuse 2. Sexual Abuse 3. Neglect 4. Emotional abuse 5. On-line/internet abuse	
Detail of alleged incident (include location, predisposing factors, injuries sustained, potential witnesses)	
To be completed by LADO	Signed referrer.....
Is a strategy meeting required If yes, proposed date	
If no, on what basis decision not to hold a strategy was reached	
Signed LADO	



INVESTOR IN PEOPLE

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London Child Protection Procedures
Quick referral flowchart



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APPENDIX 11

What school and college staff need to know

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 should include:

- The child protection policy;
- The staff behaviour policy (sometimes called a code of conduct); and
- The role of the designated safeguarding lead.

Copies of policies and a copy of Part one of this document (Keeping Children Safe in Education) should be provided to staff at induction.

All staff members should receive appropriate safeguarding and child protection training which is regularly updated. In addition all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

All staff should be aware of the early help process, and understand their role in it. This includes identifying emerging problems, liaising with the designated safeguarding lead, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment.

All staff should be aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989 that may follow a referral, along with the role they might be expected to play in such assessments.

All staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality whilst at the same time liaising with relevant professionals such as the designated safeguarding lead and children's social care. Staff should never promise a child that they will not tell anyone about an allegation, as this may ultimately not be in the best interests of the child.

What school and college staff should look out for

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

Departmental advice [What to do if you are worried a child is being abused - Advice for practitioners](#) provides more information on understanding and identifying abuse and neglect. Examples of potential signs of abuse and neglect are highlighted throughout this advice and will be particularly helpful for school and college staff. The [NSPCC](#) website also provides useful additional information on types of abuse and what to look out for.

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 **best** interests of the child.

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.

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

If staff members have any **concerns** about a child (as opposed to a child being in immediate danger) they will need to decide what action to take. Where possible, there should be a conversation with the designated safeguarding lead to agree a course of action, although any staff member can make a referral to children's social care. Other options could include referral to specialist services or early help services and should be made in accordance with the referral threshold set by the Local Safeguarding Children Board.

If anyone other than the designated safeguarding lead makes the referral, they should inform the designated safeguarding lead as soon as possible. The local authority should make a decision within one working day of a referral being made about what course of action they are taking and should let the referrer know the outcome. Staff should follow up on a referral should that information not be forthcoming. The online tool Reporting child abuse to your local council directs staff to their local children's social care contact number.

If, after a referral, the child's situation does not appear to be improving, the designated safeguarding lead (or the person who made the referral) should press for reconsideration to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

If early help is appropriate, the designated safeguarding lead should support the staff member in liaising with other agencies and setting up an inter-agency assessment as appropriate.

If early help or other support is appropriate, the case should be kept under constant review and consideration given to a referral to children's social care if the child's situation does not appear to be improving.

If a **teacher**, in the course of their work in the profession, discovers that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18, the **teacher** must report this to the police.

What school and college staff should do if a child is in danger or at risk of harm

If a child is in immediate danger or is at risk of harm, a referral should be made to children's social care and/or the police immediately. Anyone can make a referral. Where referrals are not made by the designated safeguarding lead, the designated safeguarding lead should be informed as soon as possible that a referral has been made. Reporting child abuse to your local council directs staff to their local children's social care contact number

Record Keeping

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements, staff should discuss with the designated safeguarding lead.

Why is all of this important?

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 where situations do not improve; sharing information too slowly; and a lack of challenge to those who appear not to be taking action.

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

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. In the event of allegations of abuse being made against the Headteacher, where the Headteacher is also the sole proprietor of an independent school, allegations should be report directly to the designated officer(s) at the local authority. Staff may consider discussing any concerns with the school's designated safeguarding lead and make any referral via them.

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

All 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 and know that such concerns will be taken seriously by the senior leadership team.

Appropriate whistleblowing procedures, which are suitably referenced in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school or college's senior leadership team.

Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being address, other whistleblowing channels may be open to them:

- General guidance can be found at – Advice on whistleblowing
- The [NSPCC whistleblowing helpline](#) is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call 0800 028 0285 – line is available from 8am to 8pm, Monday to Friday and email help@nspcc.org.uk

APPENDIX 12

Specific Safeguarding Issues – Departmental Guidance and Advice Documents

Bullying including cyberbullying

Children missing education

Child missing from home or care

Child sexual exploitation (CSE)

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)

Hate

Mental health

Missing children and adults

Private fostering

Preventing radicalisation

Relationship abuse

Sexting

Trafficking

(All headings to have electronic links – still to be inserted)

Child Protection Policy
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Lead Staff Member Owner: Executive Headteacher