



Date Agreed:

# Safeguarding and Child Protection Policy

Review Date: March 2019

Signed:

Chair: Alison Whittle

## Revision Record

Revision No.	Date Issued	Prepared By	Approved	Comments
1	March 2018	AM	Yes	

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## Binstead Primary School - Child Protection Policy

### **Policy Statement**

The Governing Body of Binstead Primary School recognise their moral and statutory responsibility to safeguard and promote the welfare of all children.

We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to.

We maintain an attitude of "it could happen here" where safeguarding is concerned.

The purpose of this policy is to provide staff, volunteers and governors with the framework they need in order to keep children safe and secure in school and to inform parents and guardians how we will safeguard their children whilst they are in our care.

Specific guidance is available to staff within the procedure documents.

### **Definitions**

Within this document:

The umbrella term '**Safeguarding**' is defined in the Children Act 2004 as protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the provision of safe and effective care; and work in a way that gives the best life chances and transition to adult hood. Our safeguarding practice applies to every child.

**Child Protection** is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

The term **Staff** applies to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity. This also includes parents and Governors.

**Child** refers to all young people who have not yet reached their 18 birthday. On the whole, this will apply to pupils of our school; however, the policy will extend to visiting children and students from other establishments

**Parent** refers to birth parents and other adults in a parenting role for example adoptive parents, step parents and foster carers.

**Abuse** could mean neglect, physical, emotional or sexual abuse or any combination of these. Parents, carers and other people can harm children either by direct acts and / or failure to provide proper care. Explanations of these are given within the procedure document.

### **Aims**

- To provide Staff with the framework to promote and safeguard the wellbeing of children and in doing so ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the school.
- To demonstrate our commitment to safeguarding children.

## Principles and Values

- Children have a right to feel secure and cannot learn effectively unless they do so.
- All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.
- All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm in accordance with the guidance.
- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.
- Whilst the school will work openly with parents as far as possible, the school reserves the right to contact Children's Social Care or the Police, without notifying parents if it considers this to be in the child's best interests.

## Leadership and Management

We recognise that staff anxiety around child protection can undermine good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process.

In this school any individual can contact the Designated Safeguarding Lead (DSL) if they have concerns about a young person.

**The DSL is Rebecca Chessell and the deputy DSLs are Stuart Harris and Angie Pay.** There is a nominated Safeguarding Governor, **Alison Whittle**, who will receive reports of allegations against the Head Teacher and act on the behalf of the Governing Body

As an employer we comply with the "Disqualification under the Childcare Act 2006" guidance issued in February 2015

## Training

All frontline staff in Education should be aware of the signs and symptoms of abuse and be able to respond appropriately. Training is provided to the whole school every three years with separate training to all new staff on appointment. The DSLs and the nominated Safeguarding Governor will attend initial training for their role and then refresh every two years to enable them to fulfil their role.

Any update in national or local guidance will be shared with all staff and the nominated Governor in briefings and then captured in the next whole school training.

## Referral

Following any concerns raised by staff, the DSL will assess the information and consider if significant harm has happened or there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached; or they are not clear if the threshold is met, then the DSL will contact children's social care. If the DSL or deputies is/are not available or there are immediate concerns, the staff member will refer directly to children's social care. Any staff member can make a referral. If anyone other than the designated safeguarding lead makes the referral they should inform the DSL as soon as possible. Generally the DSL will inform the parents prior to making a referral however there are situations where this may not be possible or appropriate.

***N.B. The exception to this process will be in those cases of known FGM where there is a mandatory requirement for the teacher to report directly to the police. In the event of a known case the teacher will also inform the DSL. (see Appendix 10 FGM).***

## Post Referral

If after a referral to children's social care the child's situation does not appear to be improving, the DSL (or the person who made the referral) should press for re-consideration to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

If early help is appropriate the DSL should support liaising with other agencies and setting up an inter-agency assessment as appropriate.

If early help and/or other support is not 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 doesn't appear to be improving.

## Confidentiality

- We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'working together' guidance.
- Information will only be shared with agencies who we have a statutory duty to share with or individuals within the school who 'need to know'.
- All staff are aware that they cannot promise a child to keep a disclosure confidential.

## As a school we will educate and encourage pupils to keep safe through:

- The content of the curriculum
- A school ethos which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

## Child Protection Files

Child Protection Files should be kept securely and separate to a pupil's main file. Where children leave the school, the DSL must ensure that their child protection file is transferred to the new school as soon as possible. This should be transferred separately from the main pupil file ensuring secure transit and confirmation of receipt should be obtained.

## Dealing with allegations against staff, governors or volunteers

If a concern is raised about the practice or behaviour of a member of staff this information will be recorded and passed to the head teacher **Rebecca Chessell**. The Local Authority Designated Officer (LADO) will be contacted and the relevant guidance will be followed.

If the allegation is against the head teacher, the person receiving the allegation will contact the LADO and the nominated governor, **Alison Whittle**, directly.

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the safeguarding regime at the school and that such concerns will be taken seriously by the senior leadership team.

Protected disclosure (whistle blowing) procedures are in place for such concerns to be raised. (See whistleblowing policy).

## Dealing with allegations against pupils

If a concern is raised that there is an allegation of a pupil abusing another pupil within the school, the 'dealing with allegations against pupils' guidance will be followed (**Appendix 6**)

### Legal context

Section 175 (maintained schools) or Section 157 (independent schools and academies) of the Education Act 2002 & 2011  
Children Act 2004 & 1989

### Guidance

IOW or 4LSCB

Working together to safeguard children 2015

Keeping Children Safe in Education 2018

[Disqualification under the Childcare Act 2006 \(2015\)](#)

### Annual review

As a school, we review this policy annually in line with DfE, IOWSCB guidance.

**Date Approved by Governing Body: March 2017**

**Next review date: September 2017**

**Date of whole school training July 2016**

## **Binstead Primary School - Roles and Responsibilities**

### **Staff responsibilities**

All Staff have a key role to play in identifying concerns early and in providing help for children. To achieve this they will:

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the school whom they can approach if they are worried about any problems.
- Plan opportunities within the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe.
- Attend training in order to be aware of and alert to the signs of abuse.
- Maintain an attitude of “it could happen here” with regards to safeguarding.
- Record their concerns if they are worried that a child is being abused and report these to the relevant person as soon as practical that day.
- Know what to do if a child tells that he/she is being abused or neglected.
- If the disclosure is an allegation against a member of staff, they will follow the allegations procedures (**Appendix 5**).
- Follow the procedures set out by IOWSCB and take account of guidance issued by the DfE.
- Support children in line with their child protection plan.
- Treat information with confidentiality but never promising to “keep a secret”.
- Notify DSL of any child on a Child Protection Plan who has unexplained absence.
- In the context of early help, staff will notify colleagues and/or parents of any concerns about their child(ren), and provide them with or signpost them to opportunities to change the situation.
- Liaise with other agencies that support pupils and provide early help.
- Ensure they know who the Designated Safeguarding Lead (DSL) and deputy DSLs are and know how to contact them.

### **Senior leadership team responsibilities (including DSL):**

- Contribute to inter-agency working in line with guidance (*Working together 2015*)
- Provide a co-ordinated offer of early help when additional needs of children are identified
- Working with children’s social care, support their assessment and planning processes including the schools attendance at conference and core group meetings.
- Carry out tasks delegated by the governing body such as training of staff; safer recruitment; maintaining a Single Central Register.
- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the school.
- Treat any information shared by staff or pupils with respect and follow procedures. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from DfE and IOWSCB.

- Provide copies of policies, including the Safeguarding and Child Protection Policy, Code of Conduct and a copy of part one of Keeping Children Safe in Education to all staff at induction.
- Ensure all staff understand the role of the DSL upon induction and thereafter and are aware of systems within school which support safeguarding.

### **Governing Body responsibilities**

- That the school has effective safeguarding policies & procedures including a child protection policy and a staff code of conduct.
- Ensure the school contributes to inter-agency working in line with statutory guidance.
- IOWSCB is informed annually about the discharge of duties via the safeguarding audit.
- Recruitment, selection and induction follows safer recruitment practice.
- Allegations against Staff are dealt with by the Head Teacher.
- A member of senior staff team is designated as designated safeguarding lead (DSL) and have this recorded in their job description.
- Staff have been trained appropriately and this is updated in line with guidance.
- Any safeguarding deficiencies or weaknesses are remedied without delay.
- They have identified a nominated governor (Chair of Governing Body) for allegations against Head Teacher.
- Ensure the Safeguarding and Child Protection policy is updated at least annually and available publicly via the school website.
- Ensure children are taught about safeguarding, including online, through regular teaching and learning opportunities.
- Ensure appropriate filters and monitoring systems are in place to safeguard pupils from potentially harmful and inappropriate online material.
- Provide opportunities for staff to contribute to and shape safeguarding arrangements and children protection policy.
- Ensure that all staff read, and understand and discharge their role and responsibilities as in at least Part One of Keeping Children Safe in Education.

### **DSL responsibilities**

The DSL must be a member of the school leadership team.

**In this school the DSL is Rebecca Chessell (Headteacher).**

**The deputy DSLs are Stuart Harris and Angie Pay**

In addition to the role of staff and senior leadership team the DSL will

- Assist the Governing Body in fulfilling their responsibilities set out in the Education Act 2002 & 2011
- Attend initial training for the role and refresh this every two years. This is by attending refresher training after the first two years and then demonstrating evidence of continuing professional development thereafter.
- Ensure every member of staff knows who the DSL is, is aware of the DSL role and has their contact details.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the DSL.
- Ensure that whole school training occurs regularly so that staff, governors and volunteers can fulfil their responsibilities.

- Ensure any members of staff joining the school outside of this training schedule receive an induction prior to commencement of their duties.
- Keep written records of child protection concerns securely and separately from the main pupil file and use these records to assess the likelihood of risk.
- Ensure that copies of safeguarding records are transferred accordingly (separate from pupil files) when a child transfers school.
- Ensure that where a pupil transfers school and is on a child protection plan or is a child looked after, the information is passed to the new school immediately and that the child's social worker is informed.
- Link with the IOWLSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

## Child Protection Procedures

### Overview

The following procedures apply to all staff working in the school and will be covered by training to enable staff to understand their role and responsibility.

The aim of our procedures is to provide a robust framework which enables staff to take appropriate action when they are worried a child is being abused.

The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interests between the child and an adult, the interests of the child must be paramount.

These procedures should be read in conjunction with the flow chart (**Appendix 2**).

### **If a member of staff suspects abuse or they have a disclosure of abuse made to them they must:**

1. Make an initial record of the information.
2. Report it to the DSL / Head teacher immediately.
3. The DSL or Head teacher will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DSL or Head teacher are not immediately available. (see point 8 below)
4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
  - Dates and times of their observations.
  - Dates and times of any discussions they were involved in.
  - Any injuries.
  - Explanations given by the child / adult.
  - What action was taken.
  - Any actual words or phrases used by the child.

The records must be signed and dated by the author.

### **Following a report of concerns from a member of staff, the DSL must:**

1. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to Children's Social Care.
2. Normally the school should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to Children's Social Care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. The child's views should also be taken into account.
3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm they must contact Children's Services via the Professionals line on 0300 300 0901 or 0300 300 0117 and make a clear statement of:

- the known facts
- any suspicions or allegations
- whether or not there has been any contact with the child's family

If the DSL feels unsure about whether a referral is necessary, they can phone Children's Services to discuss concerns.

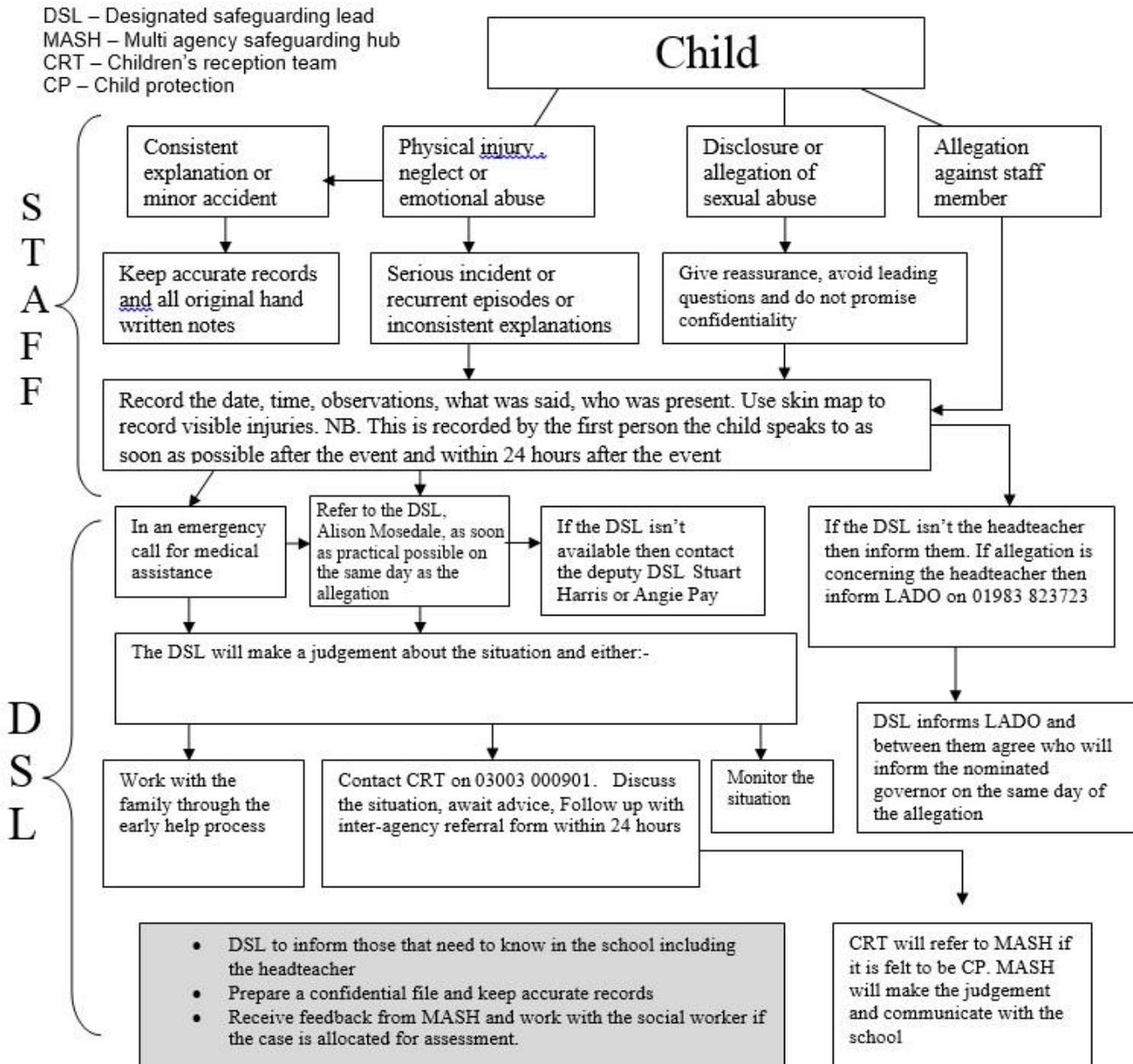
4. If there is not a risk of significant harm, then the DSL will either actively monitor the situation or consider the Early Help process.
5. The DSL must confirm any referrals in writing to Children's Services, within 24 hours, including the actions that have been taken. The written referral should be made using the inter-agency referral form [\[link\]](#) which will provide Children's Services with the supplementary information required about the child and family's circumstances.
6. If a child is in immediate danger and urgent protective action is required, the police should be called. The DSL should also notify Children's Services of the occurrence and what action has been taken.
7. Where there are doubts or reservations about involving the child's family, the DSL should clarify with Children's Services or the police whether, the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation.
8. When a pupil is in need of *urgent* medical attention and there is suspicion of abuse the DSL or Head Teacher will call an ambulance to ensure the child attends the Accident and Emergency Unit at the nearest hospital, having first notified children's services. The DSL should seek advice about what action children's services will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.

### **Children with Special Educational Needs and Disabilities:**

Children with SEND can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

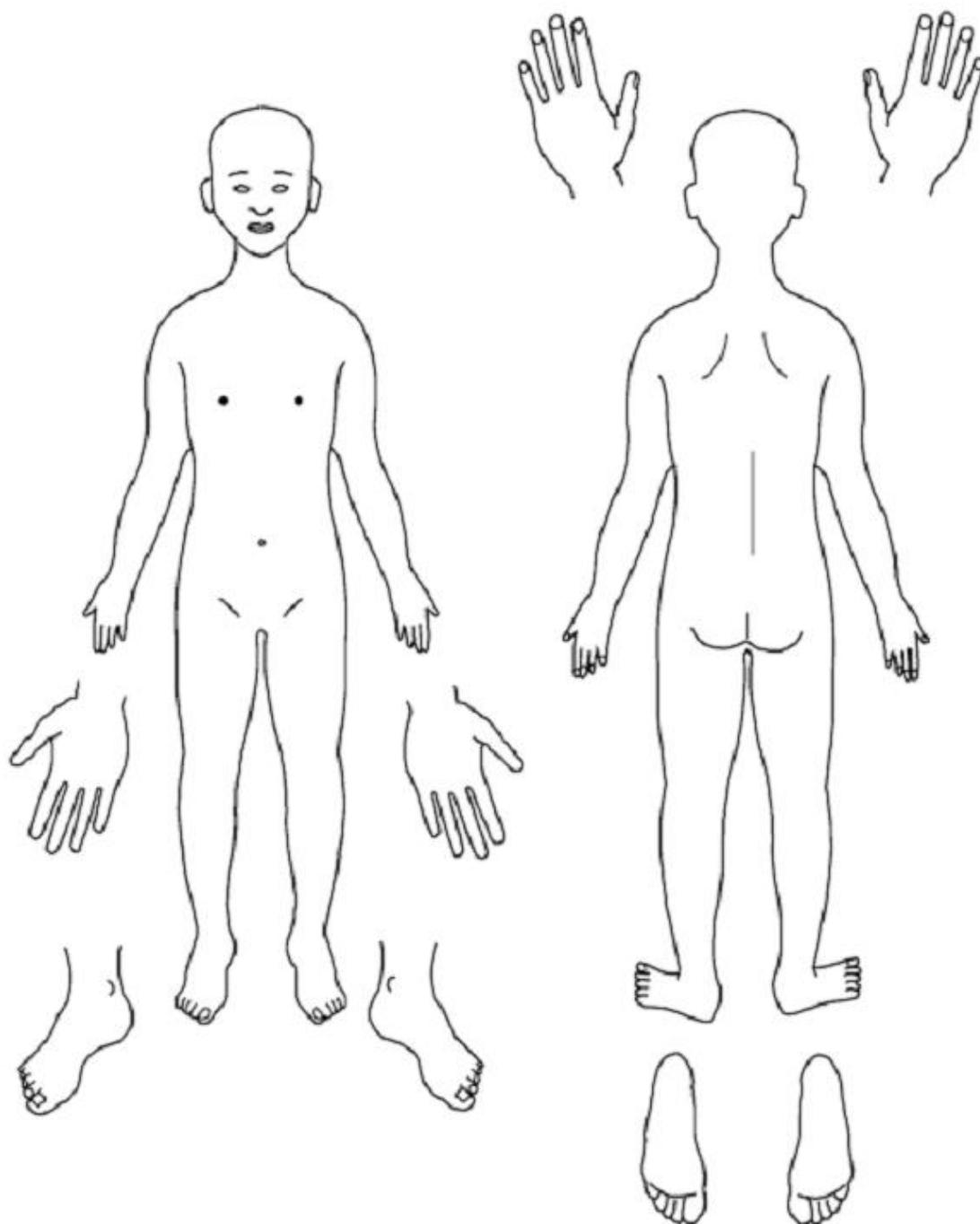
- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- the potential for children with SEND being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- communication barriers and difficulties in overcoming these barriers

**Flowchart for child protection procedures**





Skin map



Name of Child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of recording: \_\_\_\_\_

Name of completer: \_\_\_\_\_

1



Any additional information:

## **Appendix 4**

### **Dealing with Disclosures**

#### **All staff should:**

A member of staff who is approached by a child should listen positively and try to reassure them. They cannot promise complete confidentiality and should explain that they may need to pass information to other professionals to help keep the child or other children safe. The degree of confidentiality should always be governed by the need to protect the child.

Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference.

All staff should know who the DSL is and who to approach if the DSL is unavailable. Ultimately, all staff have the right to make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, e.g. they are the only adult on the school premises at the time and have concerns about sending a child home.

#### **Guiding principles, the seven R's**

##### **Receive**

- Listen to what is being said, without displaying shock or disbelief.
- Accept what is said and take it seriously.
- Make a note of what has been said as soon as practicable.

##### **Reassure**

- Reassure the pupil, but only so far as is honest and reliable.
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential.'
- Do reassure e.g. you could say: "I believe you", "I am glad you came to me", "I am sorry this has happened", "We are going to do something together to get help."

##### **Respond**

- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details.
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court.
- Do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible.
- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff.

##### **Report**

- Share concerns with the designated safeguarding lead as soon as possible
- If you are not able to contact your designated safeguarding lead, and the child is at risk of immediate harm, contact the children's services department directly

- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration.

### **Record**

- If possible make some very brief notes at the time, and write them up as soon as possible.
- Keep your original notes on file.
- Record the date, time, place, persons present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words.
- Complete a body map to indicate the position of any noticeable bruising.
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'.

### **Remember**

- Support the child: listen, reassure, and be available.
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues.
- Get some support for yourself if you need it.

### **Review (lead by DSL)**

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

### **What happens next?**

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff must be informed by the DSL what has happened following the report being made. If they do not receive this information they must be proactive in seeking it out.

If they have concerns that the disclosure has not been acted upon appropriately they must inform the safeguarding governor of the school and/or may ultimately contact the Children's Services Department.

Receiving a disclosure can be upsetting for the member of staff and schools must have a procedure for supporting them after the disclosure. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately.

In some cases additional counselling might be needed and they must be encouraged to recognise that disclosures can have an impact on their own emotions.

**Allegations against Staff , governors or school volunteers**

**Procedure**

This procedure should be used in all cases in which it is alleged a member of staff or volunteer in a school has:

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

In dealing with allegations or concerns against an adult in the school:

- Report any concerns about the conduct of any member of staff or volunteer to the Head teacher or their deputy as soon as possible.
- If an allegation is made against the Head teacher, the concerns need to be raised with the LADO or nominated governor as soon as possible.
- Once an allegation has been received by the head or nominated governor they will contact the Local Authority Designated Officer on 01983 823723
- Inform the parents of the allegation unless there is a good reason not to

In liaison with the LADO, the school will determine how to proceed and if necessary the LADO will refer the matter to children's social care and/or the police.

If the matter is investigated internally, the LADO will advise the school to seek guidance from their personnel/HR provider in following procedures set out in 'Keeping Children Safe in Education' (2018) and the IOWSCB procedures.

DfE guidance Keeping Children Safe in Education (2018) says that ‘governing bodies should ensure that there are procedures in place to handle allegations against other children’. The guidance also states the importance of minimising the risks of peer-on- peer abuse. In most instances, the conduct of students towards each other will be covered by the school’s behaviour policy. Some allegations may be of such a serious nature that they may raise safeguarding concerns. These allegations are most likely to include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is also likely that incidents dealt with under this policy will involve older students and their behaviour towards younger students or those who are vulnerable.

### **The safeguarding implications of sexual activity between young people**

The intervention of child protection agencies in situations involving sexual activity between children can require difficult professional judgments. Some situations are statutorily clear – for example, a child under the age of 13 cannot consent to sexual activity. But it will not necessarily be appropriate to initiate safeguarding procedures where sexual activity involving children and young people below the age of legal consent (16 years) comes to notice. In our society generally the age at which children become sexually active has steadily dropped. It is important to distinguish between consensual sexual activity between children of a similar age (where at least one is below the age of consent), and sexual activity involving a power imbalance, or some form of coercion or exploitation. It may also be difficult to be sure that what has or has been alleged to have taken place definitely does have a sexual component.

As usual, important decisions should be made on a case by case basis, on the basis of an assessment of the children’s best interests. Referral under safeguarding arrangements may be necessary, guided by an assessment of the extent to which a child is suffering, or is likely to suffer, significant harm. Key specific considerations will include:

The age, maturity and understanding of the children;

Any disability or special needs of the children;

Their social and family circumstance;

Any evidence in the behaviour or presentation of the children that might suggest they have been harmed;

Any evidence of pressure to engage in sexual activity;

Any indication of sexual exploitation;

There are also contextual factors. Gender, sexuality, race and levels of sexual knowledge can all be used to exert power. A sexual predator may sometimes be a woman or girl and the victim a boy

<sup>1</sup> Taken from The safeguarding implications of events leading to the closure of Stanbridge Earls School – A Serious Case Review (2015)

## **Policy:-**

At Binstead primary we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other students.

We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's behaviour policy.

## **Prevention**

As a school we will minimise the risk of allegations against other pupils by:-

- Providing a developmentally appropriate PSHE syllabus which develops students understanding of acceptable behaviour and keeping themselves safe
- Having systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued
- Delivering targeted work on assertiveness and keeping safe to those pupils identified as being at risk
- Developing robust risk assessments & providing targeted work for pupils identified as being a potential risk to other pupils.

## **Allegations against other pupils which are safeguarding issues**

Occasionally, allegations may be made against students by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that, to be considered a safeguarding allegation against a pupil, some of the following features will be found.

If the allegation: -

- Is made against an older pupil and refers to their behaviour towards a younger pupil or a more vulnerable pupil
- Is of a serious nature, possibly including a criminal offence
- Raises risk factors for other pupils in the school
- Indicates that other pupils may have been affected by this student
- Indicates that young people outside the school may be affected by this student

Examples of safeguarding issues against a student could include:

### **Physical Abuse**

- Violence, particularly pre-planned
- Forcing others to use drugs or alcohol

### **Emotional Abuse**

- Blackmail or extortion
- Threats and intimidation

### **Sexual Abuse**

- Indecent exposure, indecent touching or serious sexual assaults
- Forcing others to watch pornography or take part in sexting

### **Sexual Exploitation**

- Encouraging other children to engage in inappropriate sexual behaviour (For example - having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight)
- Photographing or videoing other children performing indecent acts

## **Procedure:-**

- When an allegation is made by a pupil against another student, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the designated safeguarding lead (DSL) should be informed
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances
- The DSL should contact children's services (children's reception team – CRT) via Hants Direct to discuss the case
- The DSL will follow through the outcomes of the discussion and make a referral where appropriate
- If the allegation indicates that a potential criminal offence has taken place, CRT will refer the case to the multi-agency safeguarding hub where the police will become involved
- Parents, of both the student being complained about and the alleged victim, should be informed and kept updated on the progress of the referral
- The DSL will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils' files
- It may be appropriate to suspend the pupil being complained about for a period of time according to the school's behaviour policy and procedures
- Where neither social services nor the police accept the complaint, a thorough school investigation should take place into the matter using the school's usual disciplinary procedures
- In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan
- The plan should be monitored and a date set for a follow-up evaluation with everyone concerned

## Appendix 7

### Briefing Sheet for Temporary and Supply Staff

#### **For supply staff and those on short contracts in Binstead Primary School**

While working in Binstead Primary School, you have a duty of care towards the children/pupils/students here. This means that at all times you should act in a way that is consistent with their safety and welfare.

In addition, if at any time you have a concern about a child or young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school Designated Safeguarding Lead (DSL), who is **Rebecca Chessell** and can be found in then Head teachers office. **Stuart Harris** and **Angie Pay**, who are deputy DSLs, can be found via the school office.

This is not an exhaustive list but you may have become concerned as a result of:

- observing a physical injury, which you think may have been non-accidental.
- observing something in the appearance of a child or young person which suggests they are not being sufficiently well cared for.
- observing behavior that leads you to be concerned about a child or young person.
- a child or young person telling you that they have been subjected to some form of abuse.

In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to the DSL. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

If a child talks to you about abuse, you should follow these guidelines:

- Rather than directly questioning the child, just listen and be supportive.
- Never stop a child who is freely recalling significant events, but don't push the child to tell you more than they wish.
- Make it clear that you may need to pass on information to staff in other agencies who may be able to help – do not promise confidentiality. You are obliged to share any information relating to abuse or neglect.
- Write an account of the conversation immediately, as close to verbatim as possible. (using the words and terms used by the child). Put the date and timings on it, and mention anyone else who was present. Then sign it, and give your record to the DSL, who should contact children's services if appropriate. This is recorded on our **BLUE** cause for Concern forms. You can find one of these in the school office.

The school has a policy on safeguarding children and young people which you can find, together with the local procedures to be followed by all staff, in the school office

**Remember, if you have a concern, discuss it with the DSL.**

**What is child abuse?**

The following definitions are taken from *Working together to safeguard children* HM Government (2015). In addition to these definitions, it should be understood that children can also be abused by honour based violence, forced marriage or female genital mutilation

**What is abuse and neglect?**

Abuse and neglect are forms 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 a stranger. They may be abused by an adult or adults, or another child or children.

**Physical abuse**

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

**Emotional abuse**

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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including 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, although it may occur alone.

**Sexual abuse**

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

**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)
- ensure access to appropriate medical care or treatment

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

## **Indicators of abuse**

### **Neglect**

#### **The nature of neglect**

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors.

Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans.

#### **Neglect can include parents or carers failing to:**

- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment.

#### **NSPCC research has highlighted the following examples of the neglect of children under 12:**

- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (*what to do if you are worried a child is being abused 2015*) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the designated person/child protection co-ordinator.

#### **Indicators of neglect**

**The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.**

#### **Physical indicators of neglect**

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly

- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated

### **Behavioural indicators of neglect**

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

### **Emotional abuse**

#### **The nature of emotional abuse**

Most harm is produced in *low warmth, high criticism* homes, not from single incidents.

Emotional abuse is difficult to define, identify/recognise and/or prove.

Emotional abuse is chronic and cumulative and has a long-term impact.

All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.

Children can be harmed by witnessing someone harming another person – as in domestic violence.

It is sometimes possible to spot emotionally abusive behavior from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

#### **Indicators of emotional abuse**

##### **Developmental issues**

- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes.

##### **Behaviour**

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

## **Social issues**

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

## **Emotional responses**

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations (“I deserve this”)
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

## **Physical abuse**

### **The nature of physical abuse**

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the *soft* areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

A body map (**Appendix 3**) can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

### **Indicators of physical abuse / factors that should increase concern**

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or *tide marks*
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

**In the social context of the school, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:**

- the explanation given does not match the injury
- the explanation uses words or phrases that do not match the vocabulary of the child (adults words)
- no explanation is forthcoming
- the child (or the parent/carer) is secretive or evasive

- the injury is accompanied by allegations of abuse or assault

**You should be concerned if the child or young person:**

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.

**Sexual abuse**

**The nature of sexual abuse**

Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, people working with the child in school, faith settings, clubs or activities. Children can also be subject to child sexual exploitation.

**Characteristics of child sexual abuse:**

- it is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic
- grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent
- grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

**Indicators of sexual abuse**

**Physical observations**

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases
- Unexpected pregnancy, especially in very young girls
- Soreness in genital area, anus or mouth and other medical problems such as chronic itching
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

**Behavioural observations**

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour, Onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust

- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

## **Brook sexual behaviours traffic light tool**

### **Behaviours: age 0 to 5**

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

#### **What is a green behaviour?**

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability. They are reflective of natural curiosity, experimentation, consensual activities and positive choices

#### **What can you do?**

Green behaviours provide opportunities to give positive feedback and additional information.

#### **Green behaviours**

- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies,
- doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

#### **What is an amber behaviour?**

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.

#### **What can you do?**

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

#### **Amber behaviours**

- preoccupation with adult sexual behaviour
- pulling other children's pants down/skirts up/trousers down against their will
- talking about sex using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV/online

#### **What is a red behaviour?**

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

#### **What can you do?**

Red behaviours indicate a need for immediate intervention and action.

#### **Red behaviours**

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

This is intended to be used as a guide only. Please refer to the guidance tool at <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool> for further information

Print date: 01/10/2015 - Brook has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. As information and knowledge is constantly changing, readers are strongly advised to use this information for up to one month from print date. Brook accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.

Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

## Behaviours: age 5 to 9 and 9 to 13

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

### What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, consensual activities and positive choices

### What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

### Green behaviours 5-9

- feeling and touching own genitals
- curiosity about other children's genitals
- curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships
- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body

### Green behaviours 9-13

- solitary masturbation
- use of sexual language including swear and slang words
- having girl/boyfriends who are of the same, opposite or any gender
- interest in popular culture, e.g. fashion, music, media, online games, chatting online
- need for privacy

This is intended to be used as a guide only. Please refer to the guidance tool at <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool> for further information

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Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

- consensual kissing, hugging, holding hands with peers

### What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.

### What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

### Amber behaviours 5-9

- questions about sexual activity which persist or are repeated frequently, despite an answer having been given
- sexual bullying face to face or through texts or online messaging
- engaging in mutual masturbation
- persistent sexual images and ideas in talk, play and art
- use of adult slang language to discuss sex

### Amber behaviours 9-13

- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- exhibitionism, e.g. flashing or mooning
- giving out contact details online
- viewing pornographic material
- worrying about being pregnant or having STIs

### What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be

excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

### What can you do?

Red behaviours indicate a need for immediate intervention and action.

### Red behaviours 5-9

- frequent masturbation in front of others
- sexual behaviour engaging significantly younger or less able children
- forcing other children to take part in
- sexual activities
- simulation of oral or penetrative sex
- sourcing pornographic material online

### Red behaviours 9-13

- exposing genitals or masturbating in public
- distributing naked or sexually provocative images of self or others
- sexually explicit talk with younger children
- sexual harassment
- arranging to meet with an online acquaintance in secret
- genital injury to self or others
- forcing other children of same age, younger or less able to take part in sexual activities
- sexual activity e.g. oral sex or intercourse
- presence of sexually transmitted infection (STI)
- evidence of pregnancy

## **Female genital mutilation (FGM)**

All school staff must be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. If staff members are worried about someone who is at risk of FGM or who has been a victim of FGM, they must share this information with social care or the police.

There are a range of potential indicators that a child may be at risk of FGM. While individually they may not indicate risk, if two or more indicators are present this could signal a risk to the child.

Victims of FGM are most likely to come from communities that are known to adopt this practice. It is important to note that the child may not yet be aware of the practice or that it may be conducted on them, so it is important for staff to be sensitive when approaching the subject.

The following indicators are taken from government guidelines regarding FGM:

### **Indicators that may show a heightened risk of FGM include:**

- The position of the family and their level of integration into UK society.
- Any girl with a mother or sister who has been subjected to FGM.
- Any girl withdrawn from Personal, Social and Health Education (PSHE).

### **Indicators that may show FGM could take place soon**

- The risk of FGM increases when a female family elder is visiting from a country of origin.
- A girl may confide that she is to have a 'special procedure' or a ceremony to 'become a woman'.
- A girl may request help from a teacher if she is aware or suspects that she is at immediate risk.
- A girl, or her family member, may talk about a long holiday to her country of origin or another country where the practice is prevalent.

It is important that staff look for signs that FGM has already taken place so that help can be offered, enquiries can be made to protect others, and criminal investigations can begin. Indicators that FGM may have already taken place include:

- Difficulty walking, sitting or standing.
- Spending longer than normal in the bathroom or toilet.
- Spending long periods of time away from a classroom during the day with bladder or menstrual problems.
- Prolonged or repeated absences from school followed by withdrawal or depression.
- Reluctance to undergo normal medical examinations.
- Asking for help, but not being explicit about the problem due to embarrassment or fear.

If a member of school staff has a concern, they should activate local safeguarding procedures.

As of October 2015, Section 75 of the Serious Crime Act places a statutory duty upon teachers to report to the police any discovery, whether through disclosure by the victim or visual evidence, of FGM on a girl under 18. Teachers failing to report such cases will face disciplinary action.

Teachers will not examine pupils, and so it is rare that they will see any visual evidence, but they must report to the police where an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should also consider and discuss any such case with the school's designated safeguarding lead and involve children's social care as appropriate.

## **Child Sexual Exploitation (CSE)**

CSE involves exploitative situations, contexts and relationships where a child may receive something, such as food, gifts or in some cases simply affection, as a result of engaging in sexual activities. CSE can take many forms but the perpetrator will always hold some kind of power over the

victim. It is important to note that some young people who are being sexually abused do not exhibit any external signs of abuse.

The school has adopted the following procedure for handling cases of CSE, as outlined by the DfE:

### **Step one – Identifying cases**

School staff members are aware of and look for the key indicators of CSE, these are as follows:

- Going missing for periods of time or regularly going home late#
- Regularly missing school
- Appearing with unexplained gifts and new possessions
- Associating with other young people involved in exploitation
- Having older boyfriends or girlfriends
- Undergoing mood swings or drastic changes in emotional wellbeing
- Displaying inappropriate sexualised behaviour

### **Step two – Referring cases**

Where CSE, or the risk of it, is suspected, staff will discuss the case with the dedicated member of staff for child protection. If after discussion a concern still remains, local safeguarding procedures will be triggered, including referral to the LA.

### **Step three – Support**

The LA and all other necessary authorities will then handle the matter to conclusion. The school will cooperate as needed.

## **Appendix 12**

### **Preventing radicalisation**

Protecting children from the risk of radicalisation is part of the school's wider safeguarding duties. We will actively assess the risk of children being drawn into terrorism. Staff will be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Staff will use their professional judgement to identify children who may be at risk of radicalisation and act appropriately – which may include making a referral to the Channel programme. The school will work with the LSCB as appropriate.

### **Training**

The school's designated safeguarding lead will undertake Prevent awareness training to be able to provide advice and support to other staff on how to protect children against the risk of radicalisation. The designated safeguarding lead will hold formal training sessions with all members of staff to ensure they are aware of the risk indicators and their duties regarding preventing radicalisation.

### **Risk indicators**

Indicators of an identity crisis:

- Distancing themselves from their cultural/religious heritage
- Uncomfortable with their place in society

Indicators of a personal crisis:

- Family tensions
- A sense of isolation
- Low self-esteem
- Disassociation from existing friendship groups
- Searching for answers to questions about identity, faith and belonging

Indicators of vulnerability through personal circumstances:

- Migration
- Local community tensions
- Events affecting their country or region of origin
- Alienation from UK values
- A sense of grievance triggered by personal experience of racism or discrimination

Indicators of vulnerability through unmet aspirations:

- Perceptions of injustice
- Feelings of failure
- Rejection of civic life

Indicators of vulnerability through criminality:

- Experiences of dealing with the police
- Involvement with criminal groups

### **Making a judgement**

When making a judgement, staff will ask themselves the following questions:

- Does the child have access to extremist influences?

- Does the child access the internet for the purposes of extremist activities (e.g. using closed network groups, accessing or distributing extremist material, contacting covertly using Skype, etc.)?
- Is there a reason to believe that the child has been, or is likely to be, involved with extremist organisations?
- Is the child known to have possessed or is actively seeking extremist literature/other media likely to incite racial or religious hatred?
- Does the child sympathise with or support illegal/illicit groups?
- Does the child support groups with links to extremist activity?
- Has the child encountered peer, social, family or faith group rejection?
- Is there evidence of extremist ideological, political or religious influence on the child?
- Have international events in areas of conflict and civil unrest had a noticeable impact on the child?
- Has there been a significant shift in the child's outward appearance that suggests a new social, political or religious influence?
- Has the child come into conflict with family over religious beliefs, lifestyle or dress choices?
- Does the child vocally support terrorist attacks; either verbally or in their written work?
- Has the child witnessed or been the victim of racial or religious hate crime?
- Is there a pattern of regular or extended travel within the UK?
- Has the child travelled for extended periods of time to international locations?
- Has the child employed any methods to disguise their identity?
- Does the child have experience of poverty, disadvantage, discrimination or social exclusion?
- Does the child display a lack of affinity or understanding for others?
- Is the child the victim of social isolation?
- Does the child demonstrate a simplistic or flawed understanding of religion or politics?
- Is the child a foreign national, refugee or awaiting a decision on their/their family' immigration status?
- Does the child have insecure, conflicted or absent family relationships?
- Has the child experienced any trauma in their lives, particularly trauma associated with war or sectarian conflict?
- Is there evidence that a significant adult or other person in the child's life has extremist views or sympathies?

Critical indicators include where the child is:

- In contact with extremist recruiters.
- Articulating support for extremist causes or leaders.
- Accessing extremist websites.
- Possessing extremist literature.
- Using extremist narratives and a global ideology to explain personal disadvantage.
- Justifying the use of violence to solve societal issues.
- Joining extremist organisations.
- Making significant changes to their appearance and/or behaviour.

Any member of staff who identifies such concerns, as a result of observed behaviour or reports of conversations, must report these to the designated safeguarding lead. The designated safeguarding lead will consider whether a situation may be so serious that an emergency response is required. In this situation, a 999 call will be made. However, concerns are most likely to require a police investigation as part of Channel, in the first instance.

## **ICT policy**

The school will ensure that suitable filtering systems are in place to prevent children accessing terrorist and extremist material.

## **Extremist speakers**

The school's Lettings Policy prevents speakers who may promote extremist views from using school premises.

## **Building children's resilience**

The school will:

- Provide a safe environment for debating controversial issues.
- Promote fundamental British values, alongside pupils' spiritual, moral, social and cultural development.
- Allow pupils time to explore sensitive and controversial issues.
- Provide pupils with the knowledge and skills to understand and manage potentially difficult situations, recognise risk, make safe choices and recognise where pressure from others threatens their personal safety and wellbeing.
- Equip pupils to explore political and social issues critically, weigh evidence, debate, and make reasoned arguments.
- Teach pupils about how democracy, government and law making/enforcement occurs
- Teach pupils about mutual respect and understanding for the diverse national, regional, religious and ethnic identities of the UK.

## **Resources**

The school will utilise the following resources:

- The LSCB
- Local police (contacted via 101 for non-emergencies)
- The DfE's dedicated helpline (020 7340 7264)

## Appendix 13

### Useful Contacts

Key Personnel	Name (s)	Telephone No.
DSL	Rebecca Chessell	01983 562341
Deputy DSL(s)	Stuart Harris Angie Pay	01983 562341
Safeguarding Governor / Chair of Governors	Alison Whittle	01983 562341
School's named 'Prevent' Lead	Rebecca Chessell Headteacher	01983 562341
Childrens Referral Team	Hants Direct	0300 300 0901
Out of Hours Social Care	Hants Direct	0300 300 0117
Police		101 or in emergencies 999
Local Authority Designated Officers (LADOs)/Safeguarding advisors	Paul Barnard (LADO) and team	01983 823723
School Nurse	Dawn Cunnington	01983 821388
Early Help Hub Manager	Carly Bain	01983 823171
Education Welfare Officer	Claire Downer	01983 821000 Ext 8412