

Safeguarding Policy (which includes Child Protection)

Approved by Governing Body

Approved on January 2018

SLT contact Headteacher

Revision due Annually



The Designated Safeguarding Lead (DSL) for safeguarding is Deborah Cavalier

The Deputy Designated Safeguarding Lead (DDSL) for safeguarding is Gus Fenn

The named Governor responsible for safeguarding is John Chambers

In their absence referrals should be made to the LA single point of access: 0345 603 7627

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 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk.

1. Rationale

- a. The school has a role in safeguarding, working in partnership with other children's services, and staff should always be mindful of local policies and procedures established by the Local Authority and heed National Guidelines. In particular: Keeping Children Safe in Education (DfE Sep 2016).
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- b. Everyone employed at the school and in RET has a responsibility in relation to safeguarding. In most cases this will be the referral of concerns to the designated members of staff responsible for safeguarding. In day to day contact with children at risk, we have the opportunity to note concerns and to meet with parents and other associated adults, where this is appropriate.
- c. Increasingly, schools are expected to work with, and support different agencies to enable the most appropriate form of intervention to take place. This policy aims to outline the role the school will have, the procedures that staff should follow and guidance on issues related to child protection generally. It is not exhaustive. All staff should place the needs and safety of the child at the centre of any decision they may need to take.

2. Aims

- a. to raise awareness of individual responsibilities in identifying and reporting possible cases of abuse
- b. to provide a systematic means of monitoring, recording and reporting of concerns and cases
- c. to provide guidance on recognising and reporting suspected child abuse

3. Responsibilities

- a. Deborah Cavalier is the designated person (DSL) for safeguarding. In her absence Gus Fenn, the deputy designated person (DDSL), should be approached.
 1. They are responsible for:
 - co-ordinating action within the school and liaising with Social Services and other agencies over cases of abuse and suspected abuse
 - acting as a source of advice within the school
 - ensuring that staff are familiar with the policy and procedures
 - referral of individual cases of suspected abuse
 - liaising with agencies about individual cases
 - organising annual training on safeguarding within school for all staff:
 - All staff must have read part 1 of the DfE guidance (1a above)
 - Staff working directly with children must also have read Appendix A
 - All staff should be aware of the Early Help process and understand their role in it
 2. Where verbal referrals are made to Social Services the referral should be confirmed in writing within 24 hours.
 3. Where there is uncertainty about making a full referral, advice can still be sought from social services without giving the child's details.

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4. The DSL or DDSL will report back to any member of staff raising a concern about a safeguarding issue, explaining what action has been taken.
 5. The DSL and DDSL will have their training updated every two years. In addition to this they will update their skills and knowledge at least annually through e-bulletins, meetings and other briefings.
- b. Teaching staff and associate staff
1. All staff are informed of the main points of this safeguarding policy. This forms part of staff induction training and annual update training.
 2. All staff need to be alert to the signs of abuse as detailed in this policy. They should report any concerns immediately, where possible to the designated member of staff or an assistant headteacher, in section 5. If in any doubt they should consult with the designated member of staff. If the allegation is made about the headteacher, then this should be reported to the chair of governors-
 3. Apply the procedures detailed below for responding to a suspected case remembering that:
 - you cannot promise confidentiality
 - information should only be shared with those who need to know
 - it is important to stay calm and reassuring
 - the needs and safety of the child must always come first
 - however unlikely an allegation sounds, you should assume the child is telling the truth until this is proved not to be the case
when in doubt - ask
- c. Deborah Cavalier is the designated teacher responsible for promoting the educational achievement of children who are looked after.
1. They will liaise with the local Virtual School Headteacher to discuss how funding can be best used to support the progress of looked after children and meet the needs identified in the child's personal education plan.
 2. They have appropriate training to carry out this role – agreed in consultation with and potentially provided by the local Virtual School.
4. **Guidance on recognising suspected abuse**
- Child abuse is a term used to describe ways in which children are harmed by someone often in a position of power. It may not be our responsibility to decide whether child abuse is occurring but we are required to act on any concerns and report it to the appropriate party. The health, safety and protection of a child is paramount.
- a. PHYSICAL ABUSE
1. Can include hitting, shaking, throwing, poisoning, burning, scalding, suffocating or causing any form of physical harm to a child.
 2. Possible signs include:
 - Unexplained injuries or burns
 - Refusal to discuss injuries
 - Improbable explanations of injuries
 - Untreated injuries or lingering illness
 - Admission of punishment which appears excessive
 - Shrinking from physical contact
 - Fear of returning home or parents being contacted
 - Fear of undressing
 - Fear of medical help
 - Aggression/ bullying
 - Over compliant behaviour

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- Running away
- Significant changes in behaviour
- Deterioration in work
- Unexplained pattern of absences

b. EMOTIONAL ABUSE

1. This is persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on a child's emotional development. It can include:

- conveying to a child that they are worthless or unloved
- placing inappropriate age-related expectations on children
- making children feel frightened or in danger on a frequent basis

2. Possible signs of emotional abuse include:

- Continual self-deprecation
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Self-harm or mutilation
- Compulsive stealing/ scrounging
- Drug/ solvent abuse
- 'Neurotic' behaviour — obsessive rocking, thumb-sucking
- Air of detachment 'don't care' attitude
- Social isolation
- Attention-seeking behaviour
- Eating problems
- Depression, withdrawal

c. SEXUAL ABUSE

1. Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. They can include non-contact activities such as involving children looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

2. Possible signs include:

- Bruises, scratches, burns or bite marks
- Scratches abrasions or persistent infection in the anal or genital regions
- Pregnancy
- Sexual awareness inappropriate to the child's age
- Frequent public masturbation
- Attempts to teach other children about sexual activity
- Refusing to stay with certain people or go to certain places
- Aggressiveness, anger, anxiety, tearfulness
- Withdrawal from friends
- Inappropriate drawings, writing or art work

d. NEGLECT

1. Neglect is also a form of abuse. It is the persistent failure to meet a child's basic physical and/or psychological needs and can affect the child's health and development. It might include failure to

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

2. Possible signs include:

- Constant hunger
- Poor personal hygiene
- Inappropriate clothing
- Frequent lateness or non-attendance
- Untreated medical problems
- Low self-esteem
- Poor social relationships
- Compulsive stealing or scrounging
- Constant tiredness

e. **BULLYING**

1. Bullying can be defined as using deliberately hurtful behaviour, usually over a period of time, where it is difficult for those bullied to defend themselves. The three main types of bullying are:

- physical
- verbal
- emotional

2. All incidents of bullying should be dealt with by the form tutor/subject teacher in the first instance, followed by the Head of Year/ Pastoral Assistant Headteacher as appropriate. A more detailed guide can be found in the school's Anti-bullying policy.

f. **SELF HARM**

1. If it comes to the attention of a teacher/member of staff that a child is self-harming, they should alert the designated teacher for safeguarding. Actions by the designated teacher might include:

- contacting parents
- contacting Child Adolescent Mental Health Services
- contacting Social Services if the child meets the referral criteria

g. **OTHER SPECIFIC SAFEGUARDING ISSUES**

1. If a member of staff has concerns that one of the following safeguarding issues could apply to a child they should alert the designated teacher for safeguarding who will have access to further information and guidance.

- Child sexual exploitation (CSE)

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. [Further information](#)

- Bullying including cyberbullying

Bullying is behaviour by an individual or group, usually repeated over time, that intentionally hurts another individual or group either physically or emotionally. Bullying can take many forms (for instance, cyber-bullying via text messages or the internet), and is often motivated by prejudice against particular groups, for example on grounds of race, religion, gender, sexual orientation, or because a child is adopted or has caring

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responsibilities. Cyber Bullying or 'virtual' bullying, can occur in or outside school. Cyber-bullying is a different form of bullying and can happen at all times of the day, with a potentially bigger audience online. [Further information](#)

- Domestic violence
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. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, emotional. [Further information](#)
- Drugs
[Further information](#)
- Fabricated or induced illness
There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:
 - Fabrication of signs and symptoms. This may include fabrication of past medical history;
 - Fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
 - Induction of illness by a variety of means.[Further information](#)
- Faith abuse
Abuse linked to belief, including belief in witchcraft or possession. [Further information](#)
- Female genital mutilation (FGM)
Female genital mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. [Further information](#)
Teachers must **personally** report to the police cases where they discover (either through disclosure by the victim or visual evidence) that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should also still consider and discuss any such case with the school's designated safeguarding lead and involve children's social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures.
- Forced marriage
A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. [Further information](#)
- Gangs and youth violence [Further information](#)
- Gender-based violence/violence against women and girls (VAWG) [Further information](#)
- 'Honour-based violence'

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So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubts staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV. If staff have a concern regarding a child that might be at risk of HBV they should activate local safeguarding procedures, using existing national and local protocols for multiagency liaison with police and children's social care. Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on teachers that requires a different approach (see previous section).

- **Mental health**

Mental health is a level of psychological well-being, or an absence of a mental disorder; it is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment. At least one in four people will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any one time. One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood. [Further information](#)
- **Peer-on-peer abuse**
 - One in five girls in England suffered physical violence from their boyfriend
 - More than four in ten teenage school girls aged between 13 and 17 in England have experienced sexual coercion.
 - The rates of violence were higher for girls in England than in other countries.
 - Nearly half-48% of girls reported instances of emotional and online abuse from their partners.
 - Over a third of young boys in England admitted watching porn and held negative attitudes towards women
 - (University of Bristol and University of Central Lancashire, 2015)
 - Two thirds (65.9%) of contact sexual abuse experienced by children up to age-17 was perpetrated by someone under-18 (Radford et al 2011)
 - ¼ Barnardo's service users was sexually exploited by their peers (2011)
 - Almost a third of 16-18-year-old girls say they've been subjected to unwanted sexual touching in UK schools (EVAW 2010)
- **Private fostering**

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity). [Further information](#)
- **Radicalisation** – see appendix 1
- **Sexting**

Sexting is when a young person takes an indecent image of them self and sends this to their friends or boy / girlfriends via mobile phones. The problem is that once taken and sent, the sender has lost control of these images and these images could end up anywhere. They could be seen by a child's future employers, their friends or even by paedophiles. [Further information](#)

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- Teenage relationship abuse
Preventing teenagers from becoming victims and perpetrators of abusive relationships.
[Further information](#)

- Trafficking
“Trafficking of persons” shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation or the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. [Further information](#)

5. Guidance on dealing with suspected abuse

- a. All staff should refer concerns to the designated member of staff as soon as possible. In the meantime, they should:
 1. Listen to the pupil, keeping calm and offering reassurance
 2. Observe visible bruises, but should not ask a child to remove or adjust their clothing to observe them
 3. If a disclosure is made the child should lead the discussion. Do not press for details by asking questions “What did they do next?”
 4. Listen — don’t investigate using questions such as “is there anything else you’d like to tell me?”
 5. Accept what the pupil says without challenge — reassure them that they are doing the right thing and that you recognise how hard it is for them
 6. Don’t lay blame or criticise either the child or the perpetrator
 7. Don’t promise confidentiality — explain that they have done the right thing and who you will need to tell and why

6. Procedures for monitoring, recording and reporting (Teaching and Associate Staff)

- a. At the time :
 1. Brief notes at the time or immediately after will help you to complete an information sheet when you are able. This will enable the critical information kept by the designated member of staff to be completed.
 2. You should note:
 - Date and time of disclosure/incident observed
 - Place and context of disclosure or concern
 - Facts you need to report
- b. The designated member of staff will
 1. Complete a yellow safeguarding form.
 2. In the case of there being bruises or observed injuries the ‘Body Map’ (found on the reverse of the yellow form) will also be completed.
 3. Remember to keep to factual information and not assumption or interpretation. Use the child’s own language to quote rather than translating into your own terms. Be aware that these sheets may be used at a later date to support a referral to an external agency.
 4. Follow-up the referral using the yellow safeguarding form as a basis for consideration before action.
 5. Make additional records of discussions and any investigation that takes place.
 6. Make a decision whether to continue to monitor the situation or take the referral further. This decision should be communicated to the individual making the initial referral.

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7. Where a child is referred to Social Services a referral form should be completed and sent within 24 hours.
8. Recorded information from Social Service meetings and other reports are stored in a separate secure cabinet. Any documents for inclusion in this folder should be given directly to the Designated member of staff/Deputy Designated member of staff/Headteacher.
9. If the member of staff raising a concern is unhappy about the action taken, s/he should express this in writing to the DDSL, copied to the Headteacher and chair of governors.

7. Other considerations

a. Allegations against staff

1. This is an extremely difficult and sensitive area to address. Any allegation against a member of staff should be reported to Deborah Cavalier (DSL) or in their absence to Gus Fenn (DDSL).
2. The LA Designated Officer (LADO) should be contacted immediately with any concern, by the designated person.
3. If the complaint is about the DSL, DDSL or Headteacher then the CEO of RET and the Local Authority Designated Officer (LADO) should be contacted immediately: 0333 013 9797

b. Inter-agency liaison / Social Service meetings

1. At times school staff will be called to participate in meetings organised and chaired by Social Services.
2. These might be:
 - Strategy discussions
 - A child protection review conference
 - Family group conferences - for children in need, in a range of circumstances where a plan is required for the child's future welfare
 - Professionals' meetings — in which representative professionals from different agencies are asked to meet to discuss children and their families with a view to providing support or making recommendations in terms of next stages of involvement
 - Core group meetings — meeting in which a 'core' group of professionals associated with the family are asked to meet to review the progress of actions decided at case conferences and register reviews

3. At these meetings, representatives from the school should be ready to report providing information about

- attendance and punctuality
- academic achievement
- the child's behaviour and attitude
- relationships with peer group and social skills generally
- child's appearance and readiness for school
- contact with parents/ carers
- any specific incidents that need reporting

4. Prior to the meeting, class teachers and other adults working closely with the child should be asked for their comments. Following the meeting feedback should be given and staff brought up-to-date with any actions that are needed.

c. The Child Protection Register

1. Children placed on the register will require additional support and monitoring. The social service department will inform a school receiving a child on the register and accompanying records should follow from the child's previous school.

Safeguarding Policy (which includes Child Protection)

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2. Where children are on the child protection register and leave one school for another the designated member of staff must inform the receiving school and the key worker at the social services department. If the child leaves the school with no receiving school, details should be passed to the Principal EWO.

d. Confidentiality

1. Education staff have a professional responsibility to share relevant information about the protection of children with the investigative agencies. Members of staff should not promise confidentiality but can let the child know that only those who need to know will be informed and that that will be for the child's own sake.
2. Time should be taken to reassure the child and confirm that information given will be treated sensitively. Reassurance should be given and the adult involved should listen sympathetically and non-judgementally.
3. Staff should be careful and ensure that information is only given to the appropriate person. All staff should be kept aware of issues relating to confidentiality and the status of information they may hold.
4. Members of staff, other than the designated member and those involved closely, should only have enough details in order to help them to act sensitively and appropriately to a pupil. Sensitive information regarding pastoral issues and for children on the child protection register is kept separately in a secure area.
5. Discretion should be used when talking about the personal, and changing circumstances of children e.g. when a child goes into care. Care is particularly necessary after attending child protection meetings. Information received should be treated sensitively and discretion will be needed as issues emerge on a formal and informal basis.

e. Supporting children at risk

1. For children at risk, school may be the one stable place from which they can expect security and reassurance. It is not only being alert to potential abuse but providing the support to help children through difficult times. Providing them with the coping skills that can help avoid situations arising and deal with the emotional difficulties afterwards if they do.

f. Children with SEND

1. Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges.
2. 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;
 - children with SEN and disabilities can be disproportionately impacted by things like
 - bullying- without outwardly showing any signs; and
 - communication barriers and difficulties in overcoming these barriers.

g. The pastoral education plan

1. Children who are 'looked after' should have their own pastoral education programme which will be drawn up in discussion with Social Services, the Virtual School Headteacher, foster parents and the child themselves.

h. Support in school — pastoral care

1. All form tutors and subject teacher are responsible, in conjunction with other school staff, for the pastoral needs of the children in their care. This includes maintaining opportunities for children to share their concerns as appropriate. The school's curriculum includes PSHE lessons during which

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children may be presented with issues for discussion. In addition, form time can be used to raise issues spontaneously that are particularly relevant to the class at that time.

2. Care should always be taken in regard to the discussion of sensitive issues and advice should be sought where there are concerns.
- i. Support in school — the curriculum
 1. Within the school curriculum there will also be opportunities to discuss issues which some children might find sensitive and disturbing. Care should be taken particularly in relation to discussion about families and their make-up. Assumptions about members of families and the presence of both parents should be avoided both in discussion and the presentation of materials. During health and safety discussions and sex education staff should be alert to the fact that some children will have very different experiences and may find content 'sensitive' within their own histories.
- j. Physical contact with pupils
 1. Some form of physical contact with pupils by teachers is inevitable. In some cases it is necessary for reassurance. However, all teachers should be aware of issues related to touching and the way in which this might be misconstrued. This relates particularly to any sensitive areas of the body.
 2. In the event of physical restraint being used it is important that only the minimum amount is used in order to prevent the pupil from causing injury to themselves, others or property. Following such an intervention a report should be completed as soon as possible.
- k. Working with parents
 1. It is important that the school has an established approach to working with parents. Parents and students need for privacy should be respected. Attitudes to and contact with parents should be non-judgemental in order to obtain the most conducive working relationship. The priority is the needs of the child and effective liaison is crucial for this.
 2. It should be recognised that families from different backgrounds and cultures will have different approaches to child-rearing. These differences should be acknowledged and respected provided they do not place the child at risk as defined earlier in the document.

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Appendix 1 – PREVENT

1. **Introduction**

- a. The school has a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of its functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty.
- b. The school will have regard to the statutory guidance; in particular to paragraphs 57-76.

2. **Overview**

- a. It is essential that staff are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified. Protecting children from the risk of radicalisation is part of our wider safeguarding duties, and is similar in nature to protecting children from other harms (e.g. drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences.
- b. The school can also build students’ resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views.
- c. The Prevent duty is not intended to stop students debating controversial issues. On the contrary, the school aims to provide a safe space in which children, young people and staff can understand the risks associated with terrorism and develop the knowledge and skills to be able to challenge extremist arguments.

3. **Definitions**

- a. “Extremism” is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas. Terrorist groups very often draw on extremist ideas developed by extremist organisations.

4. **Risk assessment**

- a. The school will assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology.
- b. Staff will have both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them.
- c. The school will take advice from the local Prevent team and the Local Authority on the specific issues and risk factors in its local context.
- d. Staff should be alert to changes in children’s behaviour which could indicate that they may be in need of help or protection. Children at risk of radicalisation may display different signs or seek to hide their views.
- e. Staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately.
- f. If the school assesses that there is a risk of any child being drawn into terrorism it will refer to the LA MASH for advice.

5. **Partnership working**

- a. The school will work in partnership with
 1. the Local Safeguarding Children Board (LSCB)
 2. the Local Authority
 3. the local Prevent co-ordinator
- b. Effective engagement with parents / the family is also important as they are in a key position to spot signs of radicalisation.

6. **Staff training**

- a. The school will assess the training needs of staff annually.

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- b. The Designated Safeguarding Lead will undertake specific Prevent awareness training and will provide advice and support to other members of staff on protecting children from the risk of radicalisation.

7. IT policy

- a. The school will ensure that suitable filtering and monitoring is in place.
- b. Internet safety is integral to the school's ICT curriculum and is also embedded in PSHCE and SRE.
- c. Staff will be trained to be aware of the risks posed by the online activity of extremist and terrorist groups.

8. Building children's resilience to radicalisation

- a. The school already promotes the spiritual, moral, social and cultural development of students and, within this, fundamental British values.
- b. The school will build students' resilience to radicalisation by providing a safe environment for debating controversial issues and helping them to understand how they can influence and participate in decision-making.
- c. Personal, Social and Health Education (PSHE) will be used to provide students with time to explore sensitive or controversial issues, and equip them with the knowledge and skills to understand and manage difficult situations. The subject will be used to teach students to recognise and manage risk, make safer choices, and recognise when pressure from others threatens their personal safety and wellbeing. They can also develop effective ways of resisting pressures, including knowing when, where and how to get help.
- d. Citizenship helps to provide students with the knowledge, skills and understanding to prepare them to play a full and active part in society. It equips students to explore political and social issues critically, to weigh evidence, to debate, and to make reasoned arguments. In Citizenship, students learn about democracy, government and how laws are made and upheld. Students are also taught about the diverse national, regional, religious and ethnic identities in the United Kingdom and the need for mutual respect and understanding.

9. What to do if you have a concern

- a. If you have a concern about a particular student they should follow the school's normal safeguarding procedures, including discussing with the school's designated safeguarding lead, and where deemed necessary, with children's social care.