

Title

Safeguarding and Child Protection

Associated Policies

- Anti-Bullying (TPO/STU/01)
- Behaviour and Discipline (TPO/STU/03)
- Complaints (TPO/QA/02)
- Disciplinary Procedure (TPO/STA/22)
- Disclosure and Barring Service Checks (TPO/STA/03)
- Professional and Safe Conduct (TPO/STA/10)
- Special Educational Needs & Inclusion (TPO/STU/05)
- Staff Induction (TPO/STA/15)
- Student Care and Welfare (TPO/STU/06)
- Training and Development (TPO/STA/18)
- Whistle Blowing (TPO/STA/19)

REVIEWED: AUGUST 2015

NEXT REVIEW: AUGUST 2016

1. Policy Statement

- 1.1 This policy sets out how the Brooke Weston Trust is carrying out its statutory responsibility to safeguard and promote the welfare of students in accordance with Section 157 of the Education Act 2002.
- 1.2 The Brooke Weston Trust is committed to providing an environment which safeguards and promotes the welfare, safety and health and guidance of our students. The Brooke Weston Trust recognises the importance of the contribution it can make to protecting and supporting students across its Academies.
- 1.3 There are four key elements to this policy on child protection:
 - **Prevention** – The Brooke Weston Trust will provide an environment and establish and maintain an ethos where all students feel secure, are encouraged to talk and in which they are listened to carefully.
 - **Protection** – The Brooke Weston Trust will ensure that each member of staff has an up to date DBS check and is trained and supported to respond appropriately and sensitively to Child Protection concerns.
 - **Support** – The Brooke Weston Trust ethos provides structured systems of support for all students. Where necessary a child protection plan will be put in place.
 - **Working with parents** – The Brooke Weston Trust will work closely with parents to ensure appropriate communications and actions are undertaken.
- 1.4 Equally, the Brooke Weston Trust also seeks to establish and maintain an environment where staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being of a child.
- 1.5 This policy fully takes into account the guidance as outlined by Keeping Children Safe in Education (March 2015) and Working Together to Safeguard Children (March 2015). In the broadest sense these two documents outline the following:
 - Schools should be aware of and follow the procedures established by the Local Safeguarding Children Board (LSCB).
 - Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions.
 - Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of students, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse.

- A Designated Senior Manager (DSM) should have responsibility for co-ordinating action within the school and liaising with other agencies.
- 1.6 *Brooke Weston Trust endorses a consistent **message from research**, which has been reinforced in every high profile enquiry on child protection, 'is that children are best protected when professionals are clear about what is required of them individually, and how they need to work together'.*
- 1.7 As identified by the Lord Laming report, the Trust emphasises that safeguarding is 'everybody's' responsibility.
- 1.8 Key documents with which this policy is in accordance include:
 - Keeping Children Safe in Education 2015
 - Working Together to Keep Children Safe 2015
 - The Children and Families Act 2014
 - The Teacher Standards 2012
 - The Education Act 2011
 - Dealing with Allegations of Abuse Against Teachers and Other Staff (DFE 2011)
 - Prevent Strategy 2011
 - Education (Independent Schools Standards) (England) Regulations 2010
 - Safeguarding young people on work related learning including work experience 2010
 - Information Sharing: Guidance for Practitioners and Managers 2009
 - Laming Report (2003) –Victoria Climbié and “Baby Peter” Review (2009)
 - Safeguarding Children and Safer Recruitment in Education 2007
 - What to do if you are worried a Child is being Abused 2006
 - The Children Act 2004
 - Richard Inquiry (2003) following the Soham murders
 - S.175/157 Education Act 2002 (Lauren Wright)
 - Education Act 2002
 - The Children Act 1989
- 1.9 In accordance with the principles outlined in ‘Safeguarding Children and Safer Recruitment’ (2007) the Brooke Weston Trust commits to work in partnership with the Local Safeguarding Children Board and other agencies to help prevent, protect and support children at risk. This co-operation includes a senior member of staff attending Child Protection conferences and other inter-agency meetings.
- 1.10 Each Academy will designate at least one senior member of staff to be the Designated Senior Manager for Child Protection (DSM) and ensure that this person receives appropriate training to undertake the role (see Appendix 1: Key Personnel).
- 1.11 Each Academy will work in conjunction with parents and carers and other external agencies whenever it is in the child's interests to do so.
- 1.12 Each Academy will keep confidential, accurate and up to date records that record concerns about the welfare and behaviour of a student. These records will be maintained by the DSM.
- 1.13 Each Academy will provide a curriculum that aims to raise awareness amongst students about keeping safe and raise self-esteem and the confidence to share their concerns with adults in the Academy.

2. Who does this policy apply to?

- 2.1 This policy applies to all students, all staff working for or on behalf of The Brooke Weston Trust, Governors and visitors and any volunteers who come into any Academy building. It is the duty of all staff employed by the Brooke Weston Trust to accept and understand their responsibilities for safeguarding and to follow the agreed principles and procedures outlined in this policy in line with Section 7 of the Education (Independent Schools Standards - England) Regulations, 2010. School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with students.

2.2 Brooke Weston Trust maintains an attitude of 'it could happen here.'

3. Who is responsible for carrying out this policy?

- 3.1 It is the duty of all staff employed by the Brooke Weston Trust to accept and understand their responsibilities for safeguarding and to follow the agreed principles and procedures outlined in this policy in line with Section 7 of the Education (Independent Schools Standards) (England) Regulations 2010.
- 3.2 It is the responsibility of the CEO, acting on behalf of the Trust, to ensure that this policy is adhered to in all the Trust Academies.
- 3.3 It is the responsibility of the Executive Principal/Principal/Associate Principal with the support of senior managers, to ensure that all staff are aware of and understand the Trust's policy on safeguarding.
- 3.4 It is the responsibility of the Executive Principal/Principal/Associate Principal to ensure a designated senior person is appointed as the Designated Senior Manager for Child Protection for the Academy and that deputies are in place and that the name and the responsibilities of these people are known to all staff.
- 3.5 It is the responsibility of the Executive Principal/Principal/Associate Principal to promote an environment in which students feel safe and are listened to and this includes ensuring that the curriculum includes safeguarding and how to keep safe.
- 3.6 It is the responsibility of the Executive Principal/Principal/Associate Principal to ensure that the Brooke Weston Trust's whistle blowing policy and procedures are in place and that any allegations against staff are responded to appropriately.
- 3.7 It is the responsibility of the Executive Principal/Principal/Associate Principal or CEO to respond to any safeguarding allegations or concerns about staff appropriately implementing the appropriate disciplinary and appeals procedures as required.
- 3.8 It is the responsibility of the DSM to ensure that all staff in the Academy receive initial training and appropriate update training every three years on safeguarding, including how to recognise the signs and symptoms of abuse.
- 3.9 If the DSM is unavailable or absent the Deputy DSM will act as the DSM.
- 3.10 It is the responsibility of the DSM to ensure that parents and carers are informed of the Safeguarding procedures by a statement in the Academy prospectus, access to the policy and procedures on the Academy website and reminders via newsletters.
- 3.11 It is the responsibility of the DSM to ensure effective communication takes place between the Academy and other external agencies in respect of safeguarding, including representation on the Local Operational Team, the Alternative Provision Group and other relevant groups.
- 3.12 It is the responsibility of the DSM to ensure that Governors are briefed and informed of their responsibilities in safeguarding and how to support Academy staff in their safeguarding role.
- 3.13 It is the responsibility of the Governors to ensure that policies and procedures are implemented which provide a duty of care to young people, safeguard their wellbeing and protect them from abuse and to respect and promote the rights and feelings of young people, in accordance with the DFE guidance.
- 3.14 It is the responsibility of the Governors to ensure that the Brooke Weston Trust's Safeguarding policy and procedures are in place and that these are reviewed annually and to appoint a nominated Safeguarding Governor to monitor the Academies implementation of the Safeguarding policy. It is also the responsibility of the Governors to ensure that a staff behaviour policy (code of conduct) is in place.
- 3.15 It is the governing body's responsibility to ensure that safe recruitment checks are carried out in line with statutory requirements, as set out in Safeguarding Children and Safer Recruitment in Education.

4. What are the core aims of this policy?

- 4.1 To ensure that all necessary internal and inter-agency child protection procedures are in place as required.

- 4.2 To give guidance to staff to ensure best practice.
- 4.3 To demonstrate the links with other relevant policies to safeguard the general welfare of children.
- 4.4 To provide a clear statement of the school's responsibilities in the event of a concern about the conduct of a member of staff.
- 4.5 To identify key individuals and their specific roles.

5. What are the principles behind this policy?

- 5.1 The Trust recognises that the welfare and safety of a student is always of paramount consideration and will work together with parents, carers and other agencies to safeguard and promote the welfare of the child.
- 5.2 The Trust recognises that all children regardless of age, special needs or disability, racial or cultural heritage, religious belief, gender or sexual orientation have the right to be protected from ill treatment and neglect and to experience a good standard of care.
- 5.3 The Trust recognises that all children have the right to be heard and that the wishes and feelings of the child should be sought and influence the decision making.
- 5.4 All incidents and allegations of suspicious or poor practice or abuse will be taken seriously and responded to appropriately.
- 5.5 There is a consistent understanding of acceptable behaviour of young people towards other young people and staff within the Trust.

6. Procedures

6.1 Recruitment and Selection of Staff

- 6.1.1 Safer recruitment should be reflected in every stage of the process and safeguarding judgements need to be made, in differing degrees, in relation to all those that a student in school may come into contact with, as they may be perceived to be safe and trustworthy adults.
- 6.1.2 All advertisements for vacancies across the Trust will make reference to the Trust's commitment to safeguarding children and young people.
- 6.1.3 The recruitment and selection of all employees will be made on merit and in accordance with the provisions of Employment Law, the Education Act 2011, the School Staffing (England) Regulations 2009 and the statutory guidance, *Safeguarding Children and Safer Recruitment in Education Settings* and the Academy's equal opportunities policy (See appendix 2: Disqualification by Association).
- 6.1.4 The Trust will ensure that members of the Senior Management team have received training in Safer Recruitment and that all interview panels have a member of trained staff on them.
- 6.1.5 The Trust will ensure that its recruitment and selection procedures includes clear systems to vet all applicants including:
 - An Academy application form is completed for all applicants
 - Following up two professional references, including at least one who can comment on the applicant's suitability to work with children
 - Requesting copies of original qualifications
 - Ensuring appropriate police checks are made and enhanced DBS disclosures obtained
 - Reference to and awareness of safeguarding issues is addressed during the interview process
- 6.1.6 Where the Trust recruits temporary or supply staff through an agency, the Trust will ensure the following through the relevant agency:

- References from the most recent placements
- Ensuring appropriate police checks and an enhanced DBS disclosure is in place
- Documentary evidence of the candidate's identity

6.1.7 Each Academy will maintain a single central record of all Academy employees and agency staff which will include:

- Disclosure and Barring Service (DBS) checks as appropriate to their role
- Evidence of qualifications
- Evidence of permission and suitability to work with children and young people for staff who are not nationals of an (European Economic Area) EEA country

6.2 Safeguarding Children and Child Protection

6.2.1 Child abuse is covered by the term "significant harm" and is defined in the Adoption and Children Act 2002 in the following way;

- "harm" means ill-treatment or the impairment of health or development
- "development" means physical, intellectual, emotional, social or behavioural development
- "health" means physical or mental health
- "ill-treatment" includes sexual abuse and forms of ill-treatment which are not physical

6.2.2 It is not always easy to recognise a situation where abuse may occur or has already taken place. All Academy staff have the responsibility to act if they have any concerns about the behaviour of an individual towards a student. All staff should be aware that the main categories of abuse are:

- Physical
- Emotional
- Sexual
- Neglect

6.2.3 All staff should be concerned about a student if he/she presents with indicators of possible significant harm (Appendix 3 – Signs and Symptoms of Possible Significant Harm).

6.2.4 Key areas of safeguarding that staff should be aware of include:

- Student's Health and Safety
- Bullying, including cyber-bullying (by text message, sexting, social networking sites etc)
- Racist abuse
- Harassment and discrimination
- Use of physical intervention
- Meeting the needs of students with medical conditions (outlined in The Child and Families Act 2014)
- Providing First Aid
- Female Genital Mutilation (Appendix 4 describes this in more detail)
- Domestic Violence (Appendix 5 describes this in more detail)
- Drug and Substance misuse (Appendix 6 describes this in more detail)
- Educational visits
- Honour Based Violence (HBV)
- Intimate care
- Issues specific to a particular area, for example gang activity
- Child sexual exploitation (Appendix 7 describes this in more detail)
- Britishness (Appendix 8 describes this in more detail)
- Mental Health

- Extremism, Radicalisation and Prevent (Appendix 9 describes this in more detail)
 - Road Safety
 - Sexting
 - Trafficking
 - Fabricated illness
 - Faith abuse
 - Gender based violence
 - Private fostering
 - Teenage relationship abuse
 - Force Marriage
 - Self-Harm
 - Other safeguarding issues as relevant
- 6.2.5 If a child discloses that he or she has been abused in some way, the member of staff / volunteer should:
- Listen to what is being said without displaying shock or disbelief
 - Accept what is being said
 - Allow the child to talk freely
 - Reassure the child, but not make promises which it might not be possible to keep
 - Not promise confidentiality – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services
 - Reassure him or her that what has happened is not his or her fault
 - Stress that it was the right thing to tell
 - Listen, only asking questions when necessary to clarify
 - Not criticise the alleged perpetrator
 - Explain what has to be done next and who has to be told
 - Make a written record (see Record Keeping), informing the child that you are doing so
 - Pass the information to the Designated Senior Person without delay
- 6.2.6 Staff should use the concern form to record these early concerns (Appendix 10: Child Protection Pro-Forma). If the student does begin to reveal that they are being harmed, staff should follow the advice below. Following an initial conversation with the student, if the member of staff remains concerned, they should discuss their concerns with the DSM.
- 6.2.7 Any member of staff that suspects or has evidence of child abuse must **immediately** contact the Designated Senior Manager (DSM) or the Deputy DSM within the Academy for handling these issues. They must not start their own investigation. Contact must also be made with the DSM if a member of staff has any suspicion or act of child abuse or neglect reported to them.
- 6.2.8 From this point on, the DSM will keep a confidential, hand-written record of all comments, actions and observations. These records will be filed, kept securely and access will only be given to the DSM, the DSM's deputies and the Executive Principal/Principal/Associate Principal.
- 6.2.9 The DSM will automatically inform the Executive Principal/Principal/Associate Principal of any new cases and from that point on, any further developments. The DSM will then advise on the next step or steps and liaise with any external agencies outside Academy that may be necessary.
- 6.2.10 The Academy will normally seek to discuss any concerns about a student with their parents. This must be handled sensitively and the DSM will make contact with the parent in the event of a concern, suspicion or disclosure.

6.2.11 However, if the DSM believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from children's social care.

6.2.12 If the DSM believes that "a child is experiencing or may have already experienced abuse or neglect" or "is at risk of suffering significant harm" either now or in the future then the Academy will comply with the procedures of the Local Safeguarding Children Board.

6.3 Responding and Referring

6.3.1 The first step outlined in these procedures is for the DSM to contact the local Social Services Department after which a course of action will be agreed and the guidance of Social Services will be followed. If it is advised that a referral should take place the process shall be as follows:

- The referral shall be made to the relevant Children and Young People Service (CYPS) referral team
- The referral will be made in writing on the inter-agency referral form, unless it is advised by the CYPS team that a verbal or telephone referral is necessary due to a delay placing the child at further risk of harm
- Verbal and telephone referrals will be confirmed in writing on a form within 24 hours
- Where practical, concerns will be discussed with the family and they should be notified that a referral to the CYPS referral team will be made, unless the Social Services Department advise that contact should not be made by the Academy with the family before the referral is submitted

6.3.2 All Child Protection records will be maintained in a confidential file at the Academy until the child reaches the age of 25 when they will be destroyed.

6.4 Record keeping

6.4.1 Any member of staff receiving a disclosure of abuse from a child or young person, or noticing signs or symptoms of possible abuse in a child or young person, will make notes as soon as possible (within the hour), writing down as exactly as possible using the child's own words, what was said or seen, putting the scene into context, and giving the time and location. Dates and times of events should be recorded as accurately as possible, together with a note of when the record was made. All records must be signed and dated clearly. Children will not be asked to make a written statement themselves or to sign any records.

6.4.2 All records of a child protection nature (handwritten or typed) will be given to the DMS for safekeeping. This includes child protection conference minutes and written records of any concerns. Access to any records will be on a 'need to know' basis. All records must be securely held, separate from the main pupil file, and in a secure place.

6.4.3 When a child who has had a child protection plan leaves the Academy and/or transfers to another school, the DMS will inform the child's new school immediately and discuss with the child's social worker the transfer of any confidential information the Academy may hold.

6.4.4 When pupils transfer between schools/colleges or move school part way through an academic year, all information about any past or current concerns will, if possible, be passed on to the DMS of the receiving school/college. Any records that cannot be passed on will be retained confidentially until the child's 25th birthday.

6.5 The Curriculum

6.5.1 Through the curriculum, staff will raise pupils' awareness and build their confidence and resilience so that they have a range of contacts and strategies to ensure their own protection

and that of others, recognising that pupils need opportunities to develop the skills they need to stay safe from abuse.

- 6.5.2 There should be opportunities within the curriculum for students to develop the skills they need to recognise and stay safe from abuse. All students, through the curriculum, should be encouraged to be healthy, to stay safe, to enjoy and achieve, to make a positive contribution and to achieve economic wellbeing. There should also be opportunities for students to learn about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

6.6 Training and Development

- 6.6.1 In addition to the pre-selection checks outlined in 6.1.3 above, the Academies safeguarding process includes training after recruitment in order to help staff recognise their responsibilities and report any concerns about poor practice or suspected abuse, respond to any concerns expressed by a young person and to work safely and effectively with young people.
- 6.6.2 The Principal will ensure that all nominated staff receive specialised training on safeguarding and child protection which is updated every two years.
- 6.6.3 The annual Induction programme for Academy staff will include training on safeguarding and child protection and familiarisation with this policy, including identification of any Child Protection training needs. The DSM will ensure that there are additional opportunities for such training throughout the academic year for mid-year starters.
- 6.6.4 All Academy staff will receive refresher training on safeguarding and child protection every three years, though it is good practice for the DSM to deliver an annual update. Therefore, all staff will receive appropriate safeguarding training so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse and neglect and of the appropriate procedures to follow. Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the DSM.
- 6.6.5 All members of the Academy Senior Management team and the Chief Executive will be trained in Safer Recruitment.

7. Abuse of Trust

- 7.1 Inappropriate behaviour by staff towards students is unacceptable. Under the Sexual Offences Act 2003, it is an offence for a person over the age of 18 to have a sexual relationship with a person under the age of 18, where that person is in a position of trust, even if the relationship is consensual. This means that any sexual activity between a member of staff and a student under 18 may be a criminal offence, even if that student is over the age of consent.

8. Complaints

- 8.1 The Brooke Weston Trust's complaints procedure will be followed where a student or parent raises a concern about poor practice towards a student that initially does not reach the threshold for child protection action. Complaints are managed by senior staff, the Principal/Associate Principal and governors and in exceptional circumstances the Chief Executive. Complaints from staff are dealt with under the school's complaints and disciplinary and grievance procedures.

9. Concerns about a colleague

- 9.1 Staff who are concerned about the conduct of a colleague towards a student may worry that they have misunderstood the situation and may wonder whether a report could jeopardise their colleague's career. All staff must remember that the welfare of the child is paramount. The Brooke Weston Trust's

whistleblowing policy enables staff to raise concerns or allegations in confidence and for a sensitive enquiry to take place.

- 9.2 All concerns of poor practice or possible child abuse by colleagues should be reported to the Principal. Complaints about the Principal/Associate Principal or Governors should be reported to the CEO.

10. Dealing with Allegations of Abuse Against Staff

- 10.1 Where an allegation is made that a member of staff has behaved in a way that may have harmed a young person, potentially committed a criminal offence against a young person or behaved in a way in which indicates s/he is unsuitable to work with children, the person receiving the allegation must immediately inform the Principal.
- 10.2 The Sexual Offences Act 2003 established a criminal offence of 'abuse of trust' affecting teachers and others who work with children and young people. A relationship of trust is one where a teacher, member of education staff or volunteer is in a position of power or influence over a pupil or student by virtue of the work or nature of the activity being undertaken. This legislation is intended to protect young people in education who are over the age of consent but under 18 years of age, as well as those under 16. 'Grooming' a child or person under 18 with a view to a future sexual relationship may also be an offence in this context.
- 10.3 The principle of equality embedded in the legislation applies irrespective of sexual orientation: neither homosexual nor heterosexual relationships are acceptable within a position of trust. Any concern raised by a parent, child or young person will be listened to and taken seriously. Allegations made against the Principal/Associate Principal should be reported to the Chief Executive who will then contact the Local Authority Designated Officer (LADO). The Chief Executive will follow the procedures outlined in the Brooke Weston Trust's Disciplinary policy and will assess, in discussion with the LADO, whether it is necessary to involve other agencies.
- 10.4 The Principal/Associate Principal/Chief Executive will contact the LADO to discuss whether:
- No further actions are needed
 - A strategy discussion should take place
 - There should be immediate involvement of the police or social care
- 10.5 The Principal/Chief Executive will share available information with the LADO about the allegation, the child, and the person against whom the allegation has been made.
- 10.6 The person receiving the allegation must make a written record of the allegation using the informant's words including the date, time and place where the alleged incident took place, what was said and if anyone else was present. This record should be signed by the informant and the person receiving the allegation and immediately passed to the Principal/Associate Principal.
- 10.7 Where a person has reason to suspect that another member of staff may have abused a child in the Academy or elsewhere they should immediately inform the Principal/Associate Principal.
- 10.8 Where the allegation or concerns are about the Principal/Associate Principal the person receiving the allegation or concern should immediately notify the Chief Executive.

11. Use of physical interventions

- 11.1 There is an absolute ban on the use by any member of staff of any form of corporal punishment. This includes any physical contact which is deliberately intended to punish a pupil, or which is primarily intended to cause pain, injury or humiliation.
- 11.2 It is important to allow children to do what they can for themselves, but depending on age and circumstances it may be necessary for some physical contact to take place; (e.g. a child who is hurt, who needs instruction in the use of a particular instrument/piece of equipment, safety issues such as the need to prevent a child hurting themselves, running into the road etc.).

- 11.3** Section 93 of the Education and Inspections Act 2006 enables school staff to use 'reasonable force' to prevent a pupil from:
- committing any offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil) ;
 - causing personal injury to, or damage to the property of, any person (including the pupil himself); or
 - prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during the teaching session or otherwise.
- 11.4** School staff may also be empowered to carry out physical searches for weapons, illegal drugs, pornography etc. Actions by school staff must at all times be in accordance with guidance and procedures. In the event of searches or physical restraint being needed, parents will be informed the same day.

12. e-Safety

- 12.1** Children and young people may expose themselves to danger, whether knowingly or unknowingly, when using the internet and other technologies. Additionally, some young people may find themselves involved in activities which are inappropriate, or possibly illegal through social networking sites etc. including 'cyber-bullying'.
- 12.2** Staff across the Trust have a major responsibility to educate our students; teaching them the appropriate behaviours and critical thinking skills to enable them to remain both safe and legal when using the internet and related technologies. It is also important to include parents as much as possible in this process.
- 12.3** It is appropriate to take photographs of children to capture a curriculum activity or a celebration of school life using school equipment providing we have permission to do so from the parents. Staff **must not** however use their personal mobile phone, camera (still or moving images) or other devices to take, edit or store images of children from this school.
- 12.4** Staff should not communicate with students through private email accounts, social networking sites, even on educational matters, but should use official email and networking sites sanctioned by the school. Staff should be circumspect in their use of social networking sites and must not discuss school business or school issues on their personal social networking site.

13. Filming, photography and images

- 13.1** The Brooke Weston Trust recognises that the vast majority of people who take or view photographs or videos of children do so for entirely innocent and acceptable reasons. However, some people abuse children through filming and taking or using images.
- 13.2** The Academy will protect students by:
- Seeking their consent for filming, photographs to be taken or published (for example, on our website or in newspapers or publications) where the student is capable of providing consent.
 - Seeking parental consent for those who are deemed incapable of providing consent.
 - Using only the student's first name with an image and only using full names in exceptional circumstances.
 - Ensuring students are appropriately dressed in line with the Student Dress Policy.
 - Encouraging students to tell us if they are worried about any film footage or photographs that are taken of them.
 - Requesting that no filming or photography is allowed at Academy public events.

14. Confidentiality and Sharing Information

- 14.1** The Trust will uphold confidentiality at all times in line with the Data Protection Act Principles to ensure that information is:

- Processed for limited purposes
 - Adequate, relevant and not excessive
 - Accurate
 - Kept no longer than necessary
 - Processed in accordance with the data subject's rights
 - Secure
- 14.2** Hard copies of any concern forms and other written information will be stored in a locked facility and any electronic information will be password protected and only made available to relevant individuals.
- 14.3** Every effort will be made to prevent unauthorised access, and sensitive information should not be stored on laptop computers, which, by the nature of their portability, could be lost or stolen. If it is necessary to store child protection information on portable media, such as a CD or flash drive, these items will also be kept in locked storage. Child protection information will be stored separately from the student's school file and the school file will be 'tagged' to indicate that separate information is held.
- 14.4** Child protection records are normally exempt from the disclosure provisions of the Data Protection Act, which means that children and parents do not have an automatic right to see them. If any member of staff receives a request from a student or parent to see child protection records, they will refer the request to the Principal or DSM and Deputy DSM.
- 14.5** The Data Protection Act does not prevent school staff from sharing information with relevant agencies, where that information may help to protect a child.

15. Policy Review

- 15.1** This policy will be monitored as part of the Academy's annual internal review and reviewed on a three year cycle or as required by legislature changes.

Appendix 1

Key Personnel

Key personnel (please refer to the relevant safeguarding pages of individual academy websites)

[Name of Academy]

The Designated Senior Manager for child protection is _____

Contact details: email: _____ tel:

The Deputy Designated Senior Manager is _____

Contact details: email: _____ tel:

The nominated Child Protection Governor is _____

Contact details: email: _____ tel:

The Principal/Associate Principal is _____

Contact details: email: _____ tel:

Appendix 2: Disqualification by Association

In addition to inclusion on the Children's Barred List the wider disqualification criteria includes:

- Being cautioned for or convicted of certain violent and sexual criminal offences against children and adults;
- Grounds relating to the care of children (including where an order is made in respect of a child under the person's care);
- Having registration refused or cancelled in relation to childcare or children's homes or being disqualified from private fostering;
- Living in the same household where another person who is disqualified lives or works (disqualification 'by association').

What offences are covered?

The offences are listed in the two documents below. Ofsted have a list of all offences and prohibitions for childcare; the Disclosure and Barring Service list covers offences that would result in a person being placed on the barred list.

Ofsted: Disqualifications (February 2013)

DBS: Relevant Offences (September 2014)

Summary list of offences

Disqualification 'by association'

School staff are disqualified from working in a school when they 'live or work in the same household' as someone who is barred from working with children or young people, even if they would not otherwise be disqualified.

The 'disqualification by association' criteria dates back to the Childcare (Disqualification) Regulations 2009. When the criteria is met the staff member must inform the headteacher and provide him/her with the relevant details. The school must inform Ofsted within 14 days.

Waiver of disqualification

The disqualified staff member may apply to Ofsted for a waiver, but they must apply themselves and must not work in the school whilst the waiver is being considered.

Principals must:

- ask for this information as part of their pre-employment checks when appointing new staff.
- ask existing staff whether anyone they live with is disqualified from working with children or young people.
- ask staff to complete and sign a declaration that they do not meet the 'disqualification by association' criteria
- should include the supplementary advice in the Safeguarding Policy
- when aware that a member of staff lives in a household with a disqualified person, must prevent the person from continuing to work in the school
- inform Ofsted within 14 days

Appendix 3: – Signs and Symptoms of Possible Significant Harm

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.

Indicators in the child

a) Bruising

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

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

b) Fractures

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

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

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

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

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

c) Mouth Injuries

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

d) Poisoning

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

e) Fabricated or Induced Illness

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

- Discrepancies between reported and observed medical conditions, such as the incidence of fits

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

f) Bite Marks

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

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

g) Burns and Scalds

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

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

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

h) Scars

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

Emotional/behavioural presentation

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

Indicators in the parent

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

Indicators in the family/environment

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

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children

- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

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

Indicators of in the family/environment

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

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

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

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

Indicators in the child

- a) Physical presentation**
 - Failure to thrive or, in older children, short stature

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

b) Development

- General delay, especially speech and language delay
- Inadequate social skills and poor socialization

c) Emotional/behavioural presentation

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

Indicators in the parent

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

Indicators in the family/environment

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

- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

a) Physical presentation

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

b) Emotional/behavioural presentation

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

c) Indicators in the parents

- Comments made by the parent/carer about the child.
- Lack of sexual boundaries

- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent is a sex offender

d) Indicators in the family/environment

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

Appendix 4: Female Genital Mutilation

Female genital mutilation (FGM) is a collective term for all procedures involving the partial or total removal of external female genitalia for cultural or other nontherapeutic reasons. The procedure is typically performed on girls aged between four and 13 years, but in some cases FGM is performed on new born infants or on young women before marriage or pregnancy. The age at which girls undergo FGM varies according to the community. FGM is illegal in the UK. It is also illegal to take a child abroad to undergo FGM. FGM is considered child abuse in the UK and causes physical, psychological and sexual harm.

FGM is much more common than many realise, both worldwide and in the UK. It is reportedly practised in 28 African countries and in parts of the Middle and Far East but is increasingly found in Western Europe and other developed countries, primarily amongst immigrant and refugee communities. There are substantial populations from countries where FGM is endemic in London, Liverpool, Birmingham, Sheffield and Cardiff, but it is likely that communities in which FGM is practised reside throughout the UK. It has been estimated that up to 24,000 girls under the age of 15 are at risk of FGM in the UK. The summer holidays, or other extended holiday absence during the school year, are particular periods when schools are encouraged to be alert to the signs of potential or actual abuse.

Designated senior staff for child protection in schools should be aware of the guidance that is available in respect of FGM, and should be vigilant to the risk of it being practised. Inspectors should be also alert to this when considering a school's safeguarding arrangements, and where appropriate ask questions of designated staff.

Appendix 5: Domestic Violence

What is domestic violence?

Women's Aid uses the Home Office definition of domestic violence which is:

"Any incident or pattern of incidents of controlling, coercive or 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.

This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."*

**This definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.*

Who is at risk?

Research shows that domestic violence is most commonly experienced by women and perpetrated by men. Any woman can experience domestic violence **regardless of race, ethnic or religious group**, class, disability or lifestyle. Domestic violence can also take place in **lesbian, gay, bi-sexual and transgender** relationships, and can involve other family members, including children.

Why does it happen?

All forms of domestic violence - psychological, economic, emotional and physical - come from the abuser's **desire for power and control** over other family members or intimate partners. Although every situation is unique, there are **common factors** involved.

What are the signs of domestic violence?

- **Destructive criticism and verbal abuse:** shouting/mock/accusing/name calling/verbally threatening
- **Pressure tactics:** sulking, threatening to withhold money, disconnect the telephone, take the car away, commit suicide, take the children away, report you to welfare agencies unless you comply with his demands regarding bringing up the children, lying to your friends and family about you, telling you that you have no choice in any decisions.
- **Disrespect:** persistently putting you down in front of other people, not listening or responding when you talk, interrupting your telephone calls, taking money from your purse without asking, refusing to help with childcare or housework.
- **Breaking trust:** lying to you, withholding information from you, being jealous, having other relationships, breaking promises and shared agreements.
- **Isolation:** monitoring or blocking your telephone calls, telling you where you can and cannot go, preventing you from seeing friends and relatives.
- **Harassment:** following you, checking up on you, opening your mail, repeatedly checking to see who has telephoned you, embarrassing you in public.
- **Threats:** making angry gestures, using physical size to intimidate, shouting you down, destroying your possessions, breaking things, punching walls, wielding a knife or a gun, threatening to kill or harm you and the children.

- **Sexual violence:** using force, threats or intimidation to make you perform sexual acts, having sex with you when you don't want to have sex, any degrading treatment based on your sexual orientation.
- **Physical violence:** punching, slapping, hitting, biting, pinching, kicking, pulling hair out, pushing, shoving, burning, strangling.
- **Denial:** saying the abuse doesn't happen, saying you caused the abusive behaviour, being publicly gentle and patient, crying and begging for forgiveness, saying it will never happen again.

Is it a crime?

Domestic violence may comprise a number of different behaviours and consequences, so there is **no single criminal offence** of “domestic violence”. However, many forms of domestic violence are crimes – for example, harassment, assault, criminal damage, attempted murder, rape and false imprisonment. Being assaulted, sexually abused, threatened or harassed by a partner or family member is just as much a crime as violence from a stranger, and often more dangerous.

Not all forms of domestic violence are illegal, however; for example, some forms of emotional abuse are not defined as crimes. Nevertheless, these types of violence can also have a serious and lasting impact on a woman's or child's sense well-being and autonomy.

Appendix 6: Substance Abuse

What is substance abuse?

Substance abuse can simply be defined as a pattern of harmful use of any substance for mood-altering purposes. Drug abuse can be defined as "the use of illicit drugs or the abuse of prescription or over-the-counter drugs for purposes other than those for which they are indicated or in a manner or in quantities other than directed." However, the broad range of substance abuse in today's society is not that simple.

Appendix 7: What is Child Sexual Exploitation?

Child sexual exploitation is when children and young people receive something (such as food, accommodation, drugs, alcohol, cigarettes, affection, gifts, or money) as a result of performing, and/or others performing on them, sexual activities. Child sexual exploitation can occur through the use of the internet or on mobile phones. In all cases, those exploiting the child or young person have power over them because of their age, gender, intellect, physical strength and/or resources. For victims, the pain of their ordeal and fear that they will not be believed means they are too often scared to come forward.

What are the signs?

Often, the victims of sexual exploitation are not aware that they are being exploited. Sometimes, a victim may think they won't be believed - especially if the abuser is the partner of their mum or dad, a relative or close family friend - and so they may be reluctant to ask for help. However, there are a number of tell-tale signs that a child or young person may be being groomed. These include:

- going missing for periods of time or regularly coming home late
- regularly missing school or not taking part in education
- appearing with unexplained gifts or new possessions
- associating with other young people involved in exploitation
- having older boyfriends or girlfriends
- suffering from sexually transmitted infections
- mood swings or changes in emotional wellbeing
- drug and alcohol misuse
- displaying inappropriate sexualised behaviour
- changes in eating pattern

Risks faced by children?

- Children at risk of sexual exploitation are some of the most vulnerable in our society. Many have experienced abandonment or have suffered from physical and mental abuse. They need help but don't know where to look.
- Perpetrators of these crimes are becoming increasingly sophisticated, using the internet to protect their identity and trafficking children around the country to avoid detection.

Who can offer additional support?

0808 800 5000, the [NSPCC 24 Hour Child Protection Helpline](#), is a useful helpline.

Appendix 8 Britishness

Brooke Weston Trust is committed to ensuring that 'British' values underpin all aspects of the education and curriculum offered to its students. Britishness can be taken as 'referring to a sense of national identity of the British people.' However, it is difficult to create or devise a definition that is agreeable by all. In many respects, Britishness has a fluidity to it, given the ever changing nature of the multi-cultural mix of people who occupy the British Isles. Therefore, the Trust strongly adheres to a view that irrespective of faith, gender, ethnicity or colour, all students are given the same equal opportunity to education. All students are given the opportunity to enhance their life chances. Every student is encouraged to become a well-rounded citizen, armed with the skills necessary to survive in an ever changing workplace and be capable of making sound moral and ethical decisions.

The following aspects of Britishness are promoted:

- Freedom and democracy
- Tolerance of different faiths and beliefs
- Respect of law and order
- Belief in personal and social responsibility
- Respect for British institutions, including the Government and the monarchy
- The welfare state
- Mutual Respect
- Individual liberty
- An awareness and understanding of the constitution, as laid down in Magna Carta
- An understanding of Britain's global position

Appendix 9: What is Prevent? What are the indicators of vulnerability to Radicalisation?

Extremism and Radicalisation Statement:

The Brooke Weston Trust has a statutory duty under The Counter-Terrorism and Security Act 2015 and the statutory Prevent Guidance 2015 to have due regard to the need to prevent people from being drawn into terrorism.

Extremism is defined as vocal or active opposition to fundamental values of our society, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. Radicalisation is defined as the act or process of encouraging extremist views or actions in others, including forms of extremism leading to terrorism. There are a number of behaviours which may indicate a child is at risk of being radicalised or exposed to extremist views which could include becoming distant or showing loss of interest in friends and activities or possession of materials or symbols associated with an extremist cause.

Staff are expected to be vigilant in protecting pupils from the threat of radicalisation and refer any concerns to the Designated Safeguarding Lead. Staff will receive appropriate training to ensure they have the knowledge and confidence to identify pupils at risk, challenge extremist ideas and know where and how to refer concerns.

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as:

Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
3. Extremism is defined by the Crown Prosecution Service as:

'The demonstration of unacceptable behaviour by using any means or medium to express views which:
 - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
 - Seek to provoke others to terrorist acts;
 - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
 - Foster hatred which might lead to inter-community violence in the UK.'
4. There is no such thing as a "typical extremist": those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. Students may become susceptible to radicalisation through a range of social, personal and environmental factors. It is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
 - Identity Crisis – the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
 - Personal Crisis – the student / pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
 - Personal Circumstances – migration; local community tensions; and events affecting the student / pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;

- Unmet Aspirations – the student / pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
 - Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
 - Special Educational Need – students / pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.
7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.
8. More critical risk factors could include:
- Being in contact with extremist recruiters;
 - Accessing violent extremist websites, especially those with a social networking element;
 - Possessing or accessing violent extremist literature;
 - Using extremist narratives and a global ideology to explain personal disadvantage;
 - Justifying the use of violence to solve societal issues;
 - Joining or seeking to join extremist organisations; and
 - Significant changes to appearance and / or behaviour;
 - Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.
9. What does the Prevent guidance expect schools to do?
1. **Assess the local risk of extremism** – schools should assess the risk of children being drawn into terrorism. This assessment should be carried out alongside key partners of the school and based on the local environment. Clearly the degree of risk will differ from area to area; those schools in areas of high risk will be expected to do more than schools in areas of low risk.
 2. **Work in partnership** – schools should consider the approach of their Local Children's Safeguarding Board (LSCB) when putting measures in place to safeguard pupils. Schools will need to evidence that they are working closely with the police and local Prevent co-ordinator/s by keeping appropriate records and documenting any action taken.
 1. **Staff training** – all staff should have training to ensure they understand radicalisation and extremism and what measures are available to help prevent students from becoming drawn into terrorism. Staff should have the confidence to identify children at risk and to challenge extremist ideas and should know where and how to refer children and for further help.
 2. **Internet safety** - schools should help children stay safe online by ensuring proper filtering/security settings are in place. This could include the use of spy software which identifies key words commonly used amongst terrorist organisations. Internet safety policies should be reviewed as part of the process.
 3. **Sharing information** - personal information may need to be shared to ensure a student at risk of radicalisation is given appropriate support. Information-sharing should be assessed on a case by case basis considering proportionality, consent and confidentiality and taking into account data protection legislation and any information sharing protocols.

Appendix 10 Brooke Weston Trust Child Protection Form

Student's name: Tutor Group:

Date of Birth:

Date: Time:

Why are you concerned about this student? (If the student has a visible injury, please indicate the location on the body map and staple the body map to this form).

What has the student disclosed to you? What was your reply?

What action(s) did you take?

Staff signature: Staff initials: Date:

