

Safeguarding Policy

The Bible teaches that all children are precious in the sight of God. Jesus says, "let the little children come to me and do not hinder them, for the kingdom of God belongs to such as these." Matthew 19v14

However, we live in a fallen world and as such we have a responsibility to safeguard and promote the welfare of all the children in the school's care. The school therefore has a responsibility to protect children from things that cause harm.

1. INTRODUCTION

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development and ensuring that children grow up in circumstances consistent with the provision of safe and effective care and taking action to ensure that all children have the best outcomes.

This Safeguarding Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school. It covers all pupils in the school, including those in EYFS and in its application the school will always consider the best interests of the child.

In particular this policy should be read in conjunction with the Staff Recruitment Policy, Discipline Policy, Child Missing from Education Policy, E-safety Policy, Anti-Bullying Policy, Youth-Produced Sexual Imagery Policy, Whistleblowing Policy and Staff Code of Conduct.

The policy is made available to parents of pupils via the school website or on specific request.

Purpose of a Safeguarding Policy

- To inform staff, parents, volunteers and governors about the school's and each individual's responsibilities for safeguarding children.
- To enable everyone to have a clear understanding of how these responsibilities should be carried out.

School Staff & Volunteers

The School and the staff and volunteers are responsible for providing a safe environment in which children can learn.

All school staff and volunteers have a responsibility to identify children who may be in need of extra help or who are suffering, or are likely to suffer significant harm. This is because school staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.

All school staff and volunteers will receive safeguarding children training, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow.

Temporary staff will be made aware of the safeguarding policies and procedures by the designated safeguarding lead (DSL).

If any member of staff or volunteer is unsure about anything to do with this policy or with safeguarding in general they should speak to the designated safeguarding lead.

The school's commitment to safeguarding permeates the recruitment process it follows. At least one member of each interview panel will be trained in Safer Recruitment.

Mission Statement

Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.

Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and wellbeing of a child.

Ensure children know that there are adults in the school whom they can approach if they are worried.

Ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary.

Implementation, Monitoring and Review of the Safeguarding Policy

The policy will be reviewed annually by the governing body. Staff with safeguarding experience may contribute to the review and amendment of this policy. It will be implemented through the school's induction and training programme, and as part of day-to-day practice. Compliance with the policy will be monitored by the DSL

2. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- Working Together to Safeguard Children (HM Government 2015)
- The Education (Pupil Information) (England) Regulations 2005
- Keeping Children Safe in Education (DfE September 2016)
- Prevent Duty Guidance: England and Wales (March 2015) pursuant to the Counter-Terrorism and Security Act 2015

Working Together to Safeguard Children (HM Government 2015) requires all schools to establish and follow procedures for protecting children from abuse.

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

Keeping Children Safe in Education (DfE September 2016) places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established in any guidance issued by the Secretary of State
- Staff have a responsibility to provide a safe environment in which children can learn
- 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 pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
- The DSL should have responsibility for co-coordinating action within the school and liaising with other agencies
- Staff with designated responsibility for safeguarding should receive appropriate training including Prevent awareness training in order to help the school meet its obligations to prevent children at the school from radicalisation and extremism. Every member of staff is reminded to contact the local police force using the 101 non-emergency number and a DfE dedicated telephone helpline/mailbox offering non-emergency advice for staff and governors on 0207 340 7264 and counter-extremism@education.gsi.gov.uk.

3. THE DESIGNATED SAFEGUARDING LEAD

The DSL for Safeguarding in this school (including EYFS) is:

NAME: Joanna Gulliford (Headteacher). Tel: 01454 311710

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

The Deputy DSL for Safeguarding in this school is:

NAME: Carol Cruickshank. Tel: 01454 311710

The DSL and Deputy DSL are trained to an advanced level including inter-agency working and Prevent.

The following duties of the DSL are taken from KCSIE (Sept. 2016):

Manage referrals

The designated safeguarding lead is expected to:

- refer cases of suspected abuse to the local authority children's social care as required;
- support staff who make referrals to local authority children's social care;
- refer cases to the Channel programme where there is a radicalisation concern as required;
- support staff who make referrals to the Channel programme;
- refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required; and
- refer cases where a crime may have been committed to the Police as required.

Work with others

The designated safeguarding lead is expected to:

- liaise with the headteacher to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations;

- as required, liaise with the “case manager” (as per Part four) and the designated officer(s) at the local authority for safeguarding concerns (all cases which concern a staff member); and
- liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.

Training

The designated safeguarding lead (and any deputies) will undergo training to provide them with the knowledge and skills required to carry out the role. This training will be updated at least every two years.

The designated safeguarding lead will undertake Prevent awareness training.

In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role so they:

- understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments;
- have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
- ensure each member of staff has access to and understands the school’s safeguarding policy and procedures, especially new and part time staff;
- are alert to the specific needs of children in need, those with special educational needs and young carers;
- are able to keep detailed, accurate, secure written records of concerns and referrals;
- understand and support the school with regard to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;
- obtain access to resources and attend any relevant or refresher training courses; and
- encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school may put in place to protect them.

Raise Awareness

The designated safeguarding lead should:

- ensure the school’s safeguarding policies are known, understood and used appropriately;
- ensure the school’s safeguarding policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with the governing body regarding this;
- ensure the safeguarding policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school in this; and
- link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

Child protection file

Where children leave the school ensure their child protection file is transferred to the new school as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.

Availability

During term time the designated safeguarding lead (or a deputy) will be available in person or, on rare occasions, via telephone or Skype (during school hours) for staff in the school to discuss any safeguarding concerns.

The school and the designated safeguarding lead will arrange adequate and appropriate cover arrangements for any out of hours/out of term activities.

The DSL will ensure that:

- all staff and volunteers in the school are required to read Part 1 of Keeping Children Safe in Education (DoE, September 2016) and all staff who are directly involved with children are also required to read Annex A as well. Everyone will be required to confirm they have read and understood these documents.
- all staff and volunteers will receive an annual training update in September of each year.
- all new staff and volunteers will, as part of their induction, receive the following training before they mix with children:
 - The school Safeguarding Policy
 - The Staff Code of Conduct
 - The Whistleblowing Policy
 - The identity of the DSL and Deputy DSL
 - Part 1 and Annex A (if appropriate) of KCSIE (Sept. 16)
 - The acceptable use of technology in the school
- All staff of external organisations which the school uses to have direct contact with pupils have been checked to ensure that they are safe to work with children.

4. THE GOVERNING BODY

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

The nominated governor for safeguarding is:

NAME: Fiona Barber. Tel: 01454 311710

In particular the Governing Body must ensure:

- Safeguarding policy and procedures are established
- Safe recruitment procedures are adhered to
- Appointment of a DSL who is a senior member of the school leadership team
- Relevant safeguarding children training for school staff/volunteers is attended
- Safe, sensitive and discreet management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- A member of the Governing Body (usually the Chair) is nominated to be responsible in the event of an allegation of abuse being made against the Head Teacher
- Safeguarding policies and procedures are reviewed annually
- Safeguarding and safety are taught in PSHE, ICT and assemblies

5. SOUTH GLOUCESTERSHIRE SAFEGUARDING CHILDREN BOARD (SGSCB) & ACCESS RESPONSE TEAMS (ART)

The contact details for the SGSCB are:

- Contact Name: Tina Wilson (Secretary – Angela King)
- Contact Number: 01454 868508
- Contact E-mail: tina.wilson@southglos.gov.uk (angela.king@southglos.gov.uk)
- Website:
<http://www.sgcyp.org/Safeguarding/SouthGloucestershireSafeguardingChildrenBoard/tabid/74/Default.aspx>

The contact details for the ART are:

- Contact Number (Office Hours): 01454 866000
- Contact Number (Out of Hours): 01454 615165
- Website: www.southglos.gov.uk/health-and-social-care/care-and-support-children-families/access-response-team-art
- E-mail: accessandresponse@southglos.gov.uk

6. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

If any member of staff (including volunteers) is concerned about a child he or she must inform the DSL.

The member of staff must record information in accordance with the procedures outlined in Section 11: Record Keeping regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations.

The DSL will refer the matter to Children's Services: Safeguarding and Specialist Services or to the Channel Panel. If it is decided to make a referral to Children's Services: Safeguarding and Specialist Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

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

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

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

Members of staff and volunteers must report concerns as soon as possible to the DSL. In the absence of the DSL, the matter should be brought to the attention of DDSL.

Any member of staff can also make a direct referral to the South Gloucestershire Safeguarding Board using the telephone numbers set out in section 5 of this policy. Similarly, if a member of staff feels that a concern they have raised has not been responded to appropriately they can make direct contact with the Safeguarding Board.

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

not appear to be improving, the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

7. WHEN TO BE CONCERNED

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

- Physical abuse – a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocation or otherwise causing physical harm. This also includes fabricating the symptoms of or inducing illness. Specifically this includes Female Genital Mutilation (FGM). Everyone in the school needs to be alert to the possibility of a girl being at risk of FGM or already having suffered FGM.
- Emotional abuse – the persistent emotional maltreatment of a child such as to cause severe and adverse effects on a child’s emotional development. This impacts on the wider duties of the school to seek to prevent children and young people from being drawn into terrorism.
- Sexual abuse – the forcing or enticing of a child to take part in sexual activities. This does not necessarily involve violence. This includes Child Sexual Exploitation (CSE) where a child receives something as a result of engaging in sexual activities. What marks out CSE is an imbalance of power in a relationship.
- Neglect – the persistent failure to meet a child’s basic physical and/or psychological needs.

Emotional and sexual abuse can take place online including cyber bullying and online exploitation.

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

Generally, in an abusive relationship the child may:

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

8. DEALING WITH A DISCLOSURE

The school should be a safe place for children where children are and feel free to talk to the staff and volunteers about any matters that are concerning them. This is encouraged through formally organised interview times between the Headteacher and each pupil as well as fostering an atmosphere of approachability on the part of all the staff.

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
- 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)
- Pass the information to the DSL without delay

When speaking to a child, thank them for speaking to you and tell them that you will help them. Don’t say anything like, “Why didn’t you tell anyone before?”, “I can’t believe it!”, “Are you sure this is true?”, “I am shocked. Don’t tell anyone else.”

Support

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

9. CONFIDENTIALITY

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

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

10. COMMUNICATION WITH PARENTS

The school will:

Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.

Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

11. RECORD KEEPING

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

- Make brief notes (not in pencil) as soon as possible after the conversation
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries that are visible without the need for undressing
- Record statements and observations rather than interpretations or assumptions

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

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

12. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

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

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

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

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

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

If the concerns are about the Head Teacher, then the Safeguarding Governor should be contacted without anyone else being informed. The Safeguarding Governor will then contact the LADO. In the absence of the Safeguarding Governors, the matter should be immediately referred to the LADO.

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

The Head Teacher will not investigate the allegation itself, or take written or detailed statements, but will refer the concern to the Local Authority Designated Officer (Tina Wilson – 01454 868508) as soon as possible, and in every case no later than one working day after the notification. If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the LADO without delay.

(In any case involving or potentially involving serious harm the Police should also be contacted without delay.)

Once contacted, the LADO will provide advice and preside over the investigation. If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with local authority Safeguarding Children Procedures.

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

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

13. ALLEGATIONS INVOLVING PUPILS (PEER-ON-PEER ABUSE)

Allegations of abuse by one or more pupils against another pupil are taken very seriously.

If such an allegation is made, the member of staff receiving the allegation will immediately inform the Headteacher and the DSL. The Headteacher and DSL will on all such occasions consult with the Local Authority Designated Officer and the Chair of Governors.

The school will not normally send the alleged victim home pending an investigation unless this advice is given in consultation with South Gloucestershire Children's Social Care.

Suspension of a pupil against whom an allegation has been made needs careful consideration and the Headteacher will seek advice from South Gloucestershire Children's Social Care before deciding on the course of action to be taken.

Peer-on-peer abuse:

- features physical, emotional, sexual and financial abuse of young people by their peers,
- can impact any young person, although the characteristics/experiences of some can be exploited by their peers, or missed by services, making them more vulnerable to abuse than others
- is influenced by the nature of the environments in which young people spend their time
- hinges upon young people's experiences of power, and ultimately the notion of consent
- concepts of abuse are built upon notions of 'power' and therefore 'consent', not to be confused with the age of consent to sexual activity:
- young people over the age of consent (16 and 17 year olds) can be abused by their peers
- many young people who abuse their peers are themselves below the age of consent
- abuse is abuse and should never be tolerated or passed off as "banter" or "part of growing up"

The School's Discipline, Anti-bullying and Youth-Produced Sexual Imagery policies should be read in conjunction with this policy. Diligent implementation of these policies should minimize the likelihood of peer on peer abuse happening.

14. MAKING A DISCLOSURE TO THE DISCLOSURE & BARRING SERVICE (DBS) AND THE NATIONAL COLLEGE FOR TEACHING AND LEADERSHIP (NCTL)

Under the Safeguarding and Vulnerable Groups Act 2006 the school is under a legal duty to make a referral to the DBS where they have permanently removed a person from regulated activity through dismissal or permanent transfer (or would have done so if the person had not left, resigned, retired or been made redundant); and the person has carried out one of the following:

- Been cautioned or convicted of a relevant (automatic barring) offence; or
- Engaged in relevant conduct in relation to children that has harmed a child or put them at risk of harm; or

- Satisfied the Harm Test in relation to children (i.e. no action or inaction occurred but the present risk that it could was significant). To satisfy the harm test there needs to be credible evidence of risk of harm to children such as statements made by an individual regarding conduct/behaviour etc.

Such a referral is made using the DBS Referral Form which can be found at the following website: <https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance>.

The report to the DBS will be sent as soon as possible, and in every case within one month.

The School is also under a duty to consider making a referral to the NCTL where a teacher has been dismissed (or would have been dismissed had he/she not resigned) and a prohibition order may be appropriate.

The reasons such an order would be considered are: 'unacceptable professional conduct', 'conduct that may bring the profession into disrepute' or a 'conviction, at any time, for a relevant offence'. Advice about whether an allegation against a teacher is sufficiently serious to refer to the NCTL can be found in here - <https://www.gov.uk/government/publications/teacher-misconduct-the-prohibition-of-teachers--3> or by speaking to the NCTL – 0370 000 2288.

15. BEHAVIOUR IN SCHOOL

Time Alone With Children

Other than for individual tuition, time alone with children needs to be kept to a minimum and handled with the utmost care. Whenever it is necessary for a teacher to be alone with a child, other members of staff should know of the meeting. If a school activity extends beyond normal school hours, then two adults should be on the premises until all the children have been collected.

Touch

Everything should be kept public. A hug in the context of a group is very different from a hug behind closed doors.

Touch should be related to the child's needs and not the worker's.

Touch should be age appropriate and generally initiated by the child rather than the adult.

Any physical activity that is, or may be thought to be, sexually stimulating to the adult or child must be avoided.

Children have the right to decide how much physical contact they have, except in exceptional circumstances when they need medical attention or restraint for safety reasons.

Staff members should monitor one another in the area of physical contact. They should be free to help each other by pointing out anything which could be misunderstood.

16. SEND Pupils

Learners with SEN and disabilities have additional safeguarding vulnerabilities:

- Disabled children are at significantly greater risk of physical, sexual and emotional abuse and neglect than non-disabled children
- Disabled children at greatest risk of abuse are those with behaviour/conduct disorders. Other high-risk groups include children with learning difficulties/disabilities, children with

speech and language difficulties, children with health-related conditions and deaf children.

- Disabled children are more likely to be abused by someone in their family compared to non-disabled children. Most disabled children are abused by someone who is known to them.
- Bullying is a feature in the lives of many disabled children
- Disabled children are more likely to experience the negative aspects of social networking sites than non-disabled children
- Disabled children (and severely disabled children even more so) may disclose less frequently and delay disclosure more often compared to typically developing children. Disabled children are most likely to turn to a trusted adult they know well for help such as family, friend or teacher

Disabled children are at greater risk of abuse and significant barriers can exist to their safeguarding and wellbeing. Understanding a child's needs, building on their strengths, overcoming the barriers and developing innovative solutions for meeting the challenges will not only enhance the child's wellbeing and protection from abuse but will provide learning that may also be of benefit for non-disabled children. Disabled children have an equal right to protection from abuse.

17. PREVENTING RADICALISATION – 'PREVENT'

The Prevent leads at Immanuel are the DSLs. The Counter-Terrorism and Security Act 2015 places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into extremism through radicalisation and the possible participation in terrorism ('the Prevent duty' – referred to simply as 'Prevent'). Young people can be exposed to extremist influences or prejudiced views, in particular via the internet and other social media. Schools can help to protect children from extremist and violent views in the same way that they help to safeguard children in other behavioural contexts. In KCSIE (Sept. 2016) "radicalisation refers to the process by which a person comes to support terrorism and forms of extremism... 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." Also included in the definition are... "calls for the death of members of our armed services, whether in this country or overseas."

In order to meet our obligations under Prevent, we:

- train our DSLs in Prevent issues;
- highlight the issues involved in Prevent, including spotting signs of radicalisation or extremism and ensuring staff awareness of the appropriate use of the Channel system through training;
- maintain discussions between staff with a view to identifying pupils with any signs or vulnerability due to behavioural factors;
- maintain vigilance about pupil/student attendance such that any child missing from education can be reported to the authorities immediately;
- are vigilant about detecting abusive or derogatory language in the pupils, which may indicate vulnerability to radicalisation and extremism, or an unhealthy attitude to the issue at large in our society, checking especially for racist, homophobic or disability discriminatory language;
- at any sign of vulnerability in any of our students make contact with relevant authorities possibly making a referral to the local Channel Panel or using the DfE dedicated helpline – such referrals do not require parental consent to make but consultation may be judged to be helpful;

- check that any visiting speaker is always suitably supervised especially if invited to speak by pupils (where a member of staff must always take responsibility for knowing beforehand the profile of the visitor and take responsibility for the visit);
- reiterate in the IT Policy the particular danger of radicalisation and vulnerability to extremism posed by social media;
- ensure appropriate filtering and monitoring capability is utilised across the school's IT infrastructure.

We recognise that there is no single route to extremism nor is there a simple profile of those who become involved. Thus, attempts to derive a 'profile' can be misleading. It must not be assumed that particular characteristics and experiences will necessarily lead to individuals becoming radicalised, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability. Further information is contained in the statutory guidance for Channel Panel members and partners of local panels, Channel Duty Guidance: Protecting vulnerable people from being drawn into terrorism. [See <https://www.gov.uk/government/publications/channel-guidance>].

As with managing other safeguarding risks, staff should be alert to changes in children's behaviour, which could indicate that they may need help or protection. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

The school will carry out a risk assessment of the pupils to determine whether any of them are likely to be at risk from radicalisation.

The full Government Prevent Strategy can be viewed at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prev-ent-strategy-review.pdf

The full Government Prevent Duty (2015) can be viewed at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prev-ent-duty-departmental-advice-v6.pdf

18. FEMALE GENITAL MUTILATION (FGM)

FGM (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. FGM causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child. It is practised by families for a variety of complex reasons but often in the belief that it is beneficial for the girl or woman. FGM is practised in 28 African countries as well as in parts of the Middle East and Asia. The practice is illegal in the UK. It has been estimated that over 20,000 girls under the age of 15 are at risk of FGM in the UK each year, and that 66,000 women in the UK are living with the consequences of FGM. The girls may be taken to their countries of origin so that FGM can be carried out during the summer holidays, allowing them time to "heal" before they return to school. Some girls may have FGM performed in the UK. FGM is child abuse and a form of violence against women and girls.

At Immanuel we:

- engage with staff and volunteers in training opportunities to raise awareness, especially in addressing signs of abuse specially with FGM and the issue of Child Sexual Exploitation radicalisation;

- assess which of our pupils might be at risk of FGM;
- shall contact relevant authorities in any suspected cases in recognition of FGM as a serious form of abuse (from October 2015 it is mandatory for teachers to report to the police any cases where they discover FGM has taken place.)
- recognise the mandatory duty to refer to the police any case of when “an act of FGM appears to have been carried out” (KCSIE Sept. 2016) in a child under 18 years of age, bearing in mind that staff must not engage in examining girls for this purpose.

To report a case of FGM to the police call the non-emergency crime line by dialling “101”.

Guidance is provided by the Department of Health (March 2015) and is available at:

<https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm>, see also

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf (page 42-44 on roles of schools with FGM)

19. WHISTLEBLOWING

If any member of staff or volunteer feels that their concerns are not being taken seriously or that malpractice is being tolerated in the school, they should refer to the school’s Whistleblowing Policy.

Independent advice is available to all staff from the NSPCC Whistleblowing Helpline. The telephone number for this line is 0800 028 0285.

20. DISQUALIFICATION BY ASSOCIATION (EYFS)

As a provider of EYFS education, all staff will be required to complete a self-declaration relating to whether they are disqualified from working with EYFS aged children through association.

21. PHOTOGRAPHY

As stipulated in the Staff Code of Conduct, staff should not use their mobile phones or personal cameras to take pictures of any pupil. Photography for use on the school website or for displays etc must be taken on the school camera or by a specific individual appointed by the school for that purpose. No publicity material for the school (hard or soft copy) is to be produced without the express consent and copy sign-off of the Headteacher.

22. CONFLICT OF INTEREST

If the procedures in this policy lead to any conflict of interest for the Head Teacher, DSL, Deputy DSL, Safeguarding Governor or Chair of Governors that person must step aside and ask one of the others to fulfil their responsibilities.

23. IMPORTANT CONTACT DETAILS

Safeguarding incidents could happen anywhere and staff (including volunteers) should be alert to possible concerns being raised in the school.

Safeguarding concerns should be raised with the DSL, Joanna Gulliford or the Deputy DSL, Carol Cruickshank. All staff members and volunteers may raise concerns directly with Children’s Social Care Services.

To make a safeguarding referral contact:

- The Police: 101 to report crime and other concerns that do not require an emergency response. **Dial 999 where there is danger to life or when violence is being used or threatened or you believe there is immediate serious risk of harm to the child.**
- South Gloucestershire Council Access Response Team: 01454 866000 (Office Hours) or 01454 615165 (Out of Hours)
- Local Authority Designated Officer: Tina Wilson – 01454 868508
- The NSPCC Helpline: 0808 800 5000
- The NSPCC Whistleblowing Helpline: 0800 028 0285
- Avon & Somerset Police Prevent Team: 01179 455 536

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

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

Fractures

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

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

There are grounds for concern if:

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

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

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

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or 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.

Poisoning

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

Fabricated or Induced Illness

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

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

Bite Marks

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

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

Burns and Scalds

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

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

that have a line indicating immersion or poured liquid.

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

The following points are also worth remembering:

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

Scars

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

Emotional/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, selfharm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Female Genital Mutilation (FGM)

FGM is a form of physical abuse and is a criminal act. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.

Victims of FGM are likely to come from a community that is known to practice it. The following may be warning signs that a girl is at risk of FGM:

- The position of the family and the level of integration within UK society.
- Any girl born to a woman who has been subjected to FGM or who has a sister already subjected to FGM is at risk.
- Any girl withdrawn from PSHE may be at a risk.
- Any girl taken out of the country for a prolonged period.

There are a number of indicators that a girl has already been subjected to FGM:

- Difficulty walking or sitting. When standing she may even look uncomfortable.
- Making more frequent trips and spending longer than normal in the toilet due to difficulty urinating.
- Frequent urinary, menstrual or stomach problems.
- Prolonged or repeated absences from school.
- A prolonged absence with noticeable behavior changes on the girl's return.
- Reluctance to undergo a medical examination.
- Asking for help but not being explicit about the problem due to embarrassment or fear.
- Talking about pain or discomfort between the legs.

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

Low self-esteem

Air of detachment – 'don't care' attitude

Social isolation – does not join in and has few friends

Depression, withdrawal

Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention

Low self esteem, lack of confidence, fearful, distressed, anxious

Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.

Abnormal attachment to child e.g. overly anxious or disinterest in the child

Scapegoats one child in the family

Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.

Wider parenting difficulties, may (or may not) be associated with this form of abuse.

Indicators 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

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

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

Constant tiredness

Frequently absent or late at school
Poor self esteem
Destructive tendencies
Thrives away from home environment
Aggressive and impulsive behaviour
Disturbed peer relationships
Self-harming behaviour

Indicators in the parent

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

Indicators in the family/environment

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

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.

Sexual abuse also includes Child Sexual Exploitation (CSE). This involves exploitative situations, contexts and relationships where young people receive something as a result of engaging in sexual activity. CSE can take many forms ranging from the seemingly 'consensual' relationship to serious organised crime by gangs and groups. What marks out CSE is an imbalance of power in the relationship. The perpetrator always holds some kind of power in the relationship.

Some people who are being sexually exploited do not exhibit any external signs of abuse.

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

Pregnancy in a younger 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

Emotional/behavioural presentation

Makes a disclosure.

Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit

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

Indicators in the parents

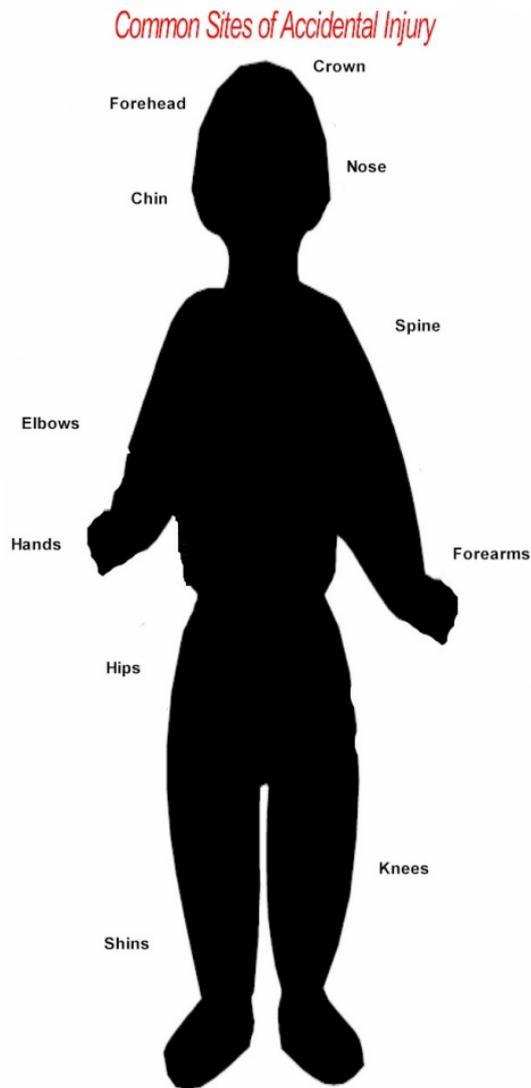
Comments made by the parent/carer about the child.
Lack of sexual boundaries
Wider parenting difficulties or vulnerabilities
Grooming behaviour
Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.
History of mental health, alcohol or drug misuse or domestic violence.
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 2 – Common Injury Sites

NB. Staff must not ask children to remove clothing. They must only describe what they can obviously see.



NB. Staff must not ask children to remove clothing. They must only describe what they can obviously see.

Common sites of non accidental injury

Eyes, particularly if both eyes are blackened as this is often the result of a punch

Ears, bruised or damaged

Cheeks

Nose

Mouth, torn lips gums and frenulum

Neck

Shoulders, particularly thumbprints

Upper Arms

Chest, back, and buttocks particularly if finger pattern bruising or linear bruising evident

Inner Arms

Stomach

Thighs

In all locations, indicators may be:

Fingertip pattern bruising, linear bruising from a belt, bruising of face or genitalia, linear scalds or burns, cigarette burns, scalds from emersion, teeth marks, pain in a limb, with the child reluctant to move it, fear of a certain person or type of person, inconsistent explanations from carers, often with injuries out of proportion to the accident.

Example indicators in concern about students vulnerable to radicalisation and extremism:

Example indicators that an individual is engaged with an extremist group, cause or ideology include: spending increasing time in the company of other suspected extremists; changing their style of dress or personal appearance to accord with the group; their day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause; loss of interest in other friends and activities not associated with the extremist ideology, group or cause; possession of material or symbols associated with an extremist cause (e.g. the swastika for far right groups); attempts to recruit others to the group/cause/ideology; or communications with others that suggest identification with a group/cause/ideology.

Example indicators that an individual has an intention to use violence or other illegal means include: clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills; using insulting or derogatory names or labels for another group; speaking about the imminence of harm from the other group and the importance of action now; expressing attitudes that justify offending on behalf of the group, cause or ideology; condoning or supporting violence or harm towards others; or plotting or conspiring with others.

Example indicators that an individual is capable of contributing directly or indirectly to an act of terrorism include: having a history of violence; being criminally versatile and using criminal networks to support extremist goals; having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction); or having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills).

The examples above are not exhaustive and vulnerability may manifest itself in other ways.

Appendix 4 – Training Record

Immanuel Christian School Safeguarding Training Record	
Name:	
Course Title:	
Course Date:	
Attendee Declaration:	<p>I confirm that:</p> <ul style="list-style-type: none"> • I attended this course; • I understand the provisions of the Immanuel Christian School Safeguarding Policy and how they apply to me in my role in the school; • I have read and understood Part 1 and Annex A of Keeping Children Safe in Education (DfE September 2016); and • I have raised any queries or concerns I have with the Designated Senior Person or their Deputy. <p>Name:</p> <p>Signature:</p> <p>Date:</p>
Designated Senior Person Countersignature:	<p>Name:</p> <p>Signature:</p> <p>Date:</p>

Immanuel Christian School
Safeguarding Policy – version 6
Adopted by the Governors on 19/11/2015.
Reviewed and adopted – 26/09/2016
Reviewed and adopted – 20/06/2017
Reviewed and adopted – 09/12/2017