CHRIST THE KING CATHOLIC COLLEGIATE
A Multi Academy Company

Together as one community with Christ at the centre

SAFEGUARDING POLICY

"Working together to safeguard children"

Date: November 2017

Adopted: December 2017

Review: July 2018

Introduction

The Board of Directors of Christ the King Catholic Collegiate (CtKCC) Multi-Academy Company (MAC) takes seriously its responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of learners; and to work together with other agencies to ensure adequate arrangements within our Multi-Academy to identify, assess, and support those children who are suffering harm.

Safeguarding and promoting the welfare of children is **everyone's** responsibility. **Everyone** who comes into contact with learners and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child - centered. This means that they should consider, at all times, what is in the **best interests** of the child.

No single professional can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. All staff[1] believe that our school should provide a caring, positive safe and stimulating environment that promotes the social, physical and moral development of the individual child.

[1] Wherever the word 'staff' is used, it covers ALL staff on site, including ancillary supply and self-employed staff, contractors, volunteers working children etc. and trustees

CONTENTS **PAGE**

Introduction	i
Glossary of key terms	iv
Section 1 – Our Responsibilities	1
Purpose of the policy	1
Academy Details	1
Staff Training	1
Aim	3
Being a Safe Multi-Academy	4
Inter–Agency Working	6
Anti-Bullying	7
Anti-Racism	7
Section 2 - Practical Advice	
Child in Need	8
Child Protection	8
Early Support: Early Help Assessment – EHA	9
Making Referrals	10
Confidentiality	10
What should I do if a Child Discloses?	11
Safeguarding a Student who Self-Harms	11
Procedure for responding to student engaged in suspected overdose	13
Record Keeping	13
Attendance at Child Protection Conferences	13
Safeguarding Concerns against an Adult in School	14
Whistleblowing	14
Student allegations of Abuse against another Student	14
Physical Intervention	14
Peer on Peer Abuse	15

Recruitment and Training for Staff	15
Online Safety and Sexting	16
Preventing Extremism and Radicalisation	17
Safeguarding Children from Sexual Exploitation (CSE)	21
Guidance regarding Disclosure of intent to Commit Suicide	22
Keeping Dual-Rolled Learners Safe	22
Trafficked Children	23
Protocols regarding sharing information with School Health	24
Forced Marriage (FM)	24
Female Genital Mutilation (FGM)	24
Looked After Children	25
The Designated member of Staff	26
Children with Special Educational Needs and Disabilities (SEND)	26
Staff Code of Conduct	27
Safeguarding Children in whom Illness is Fabricated or Induced (FII)	27
Rocognising signs of Child Abuse	29
Further Contacts	34
Annex A - Visiting Staff Safeguarding Poster	A-1
Annex B - Flowcharts for Routes of Referral	B-1
Annex C - Initial Concerns Form	C-1
Annex D - Information Sharing Guidance: When to Share	D-1
Annex E - Transfer of Safeguarding Records	E-1
Annex F - Sexting Flowchart	F-1
Annex G - Extremism/Radicalisation 'Prevent' flow chart	G-1
Annex H - Flowchart for Safeguarding a Trafficked Child	H-1
Annex I - Student Migration Form	I-1
Annex J – Staff Declaration	J-1

Glossary of Key Terms

Safeguarding incidents could happen anywhere and staff should be alert to possible concerns being raised in the Multi-Academy.

Terminology in this area is complex, and changes as services are reshaped. This glossary sets out what is meant in the policy by some key terms:

Term used in this policy	**Meaning**
Abuse and neglect	Forms of maltreatment of a child
Child	Anyone who has not yet reached their 18th birthday
Child Protection	Process of protecting individual children identified as either suffering, or likely to suffer.
'Children's social care' or 'local authority'	The work of local authorities exercising their social services functions with regard to children. This is not meant to imply a separate 'children's social services' department.
Safeguarding and promoting the welfare of children	The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood
Wellbeing	Section 10 of the Children Act 2004 requires local authorities and other specified agencies to co-operate with a view to improving the wellbeing of children.
Staff	Covers ALL staff on site including ancillary, supply, self-employed staff, contractors, governors and volunteers working with children.
DSL	Designated Safeguarding Lead
DDSL	Designated Deputy Safeguarding Lead
CEOP	The Child Exploitation and Online Protection Centre
LADO	Local Authority Designated Officer

Section 1 – Our Responsibilities

1. Purpose of the Policy

1.1 This policy has been developed in accordance with the above purpose and the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with the following government publications:

- Working Together to Safeguard Children, 2015 (DfE)
- What to do if you're worried a child is being abused, 2015 (DfE)
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015)
- School Inspection Handbook' (120101), Ofsted 2014
- Inspecting Safeguarding' (090205), Ofsted 2014
- Ofsted Safeguarding Policies and Procedures' (100183), Ofsted 2010
- Children Act 1989 and 2004
- Protection of Freedoms Act (2012)
- Keeping Children Safe in Education (2016)

2. Academy Details

2.1 The following Academy staff of Christ the king Catholic Collegiate have designated responsibility for safeguarding issues:

St John Fisher Catholic College Designated Safeguarding Lead for Child Protection: Mrs T Madden, Mrs V Hulme

St Mary's Catholic Primary School Designated Safeguarding Lead for Child Protection: Miss B Sims, Mrs J Ellerton

St Teresa's Catholic Primary School Designated Safeguarding Lead for Child Protection: Mr N Price, Mrs E McAllister

St Thomas Aquinas Catholic Primary School Designated Safeguarding Lead for Child Protection: Mrs P Bekalo, Mrs C Horton, Mrs S Bowyer

St Wulstan's Catholic Primary School Designated Safeguarding Lead for Child Protection: Mrs J Kirkham, Mrs D Mellor, Mrs J Wood

3. Staff Training

3.1 Dates of Staff Training and details of courses and training provider:

	Designated Safeguarding Lead (DSL)	**Deputy Designated Safeguarding Lead (DDSL)**	**Headteacher /Trustees**
St John Fisher Catholic College:			
All Staff: Prevent Training September 2017 Staffordshire Police Safeguarding Level 1 July 2016 Insight HR Keeping Children Safe in Education update 2016 September 2017	Mrs T Madden Trained to Level 3 in June 2016 (Cheshire) SCB Attends briefings and sessions run by SSCB[2] Keeps updated on line via SSCB and regular email correspondence Level 2 19 Jan 17 (Staffordshire)	Mrs V Hulme Trained to Level 4 in June 2016 Staffordshire SCB Keeps updated on line via SSCB and regular email correspondence EHA Trained Practitioner	Attended update to Level 3 training April 2016 Cheshire SCB
St Teresa's Catholic Primary School:			
All staff: Prevent Training October 2016 Stoke-on-Trent Safeguarding Level 1 11 July 2017 Stoke-on Trent Keeping Children Safe in Education update 2016 September 2016	Mr N Price Trained to Level 2 17/10/13 Stoke SCB Level 3 – 27 Feb 17 Attends briefings and sessions run by SSCB	Mrs E McAllister Trained to Level 2 7 September 2016 Stoke SCB Level 3 – 11 Nov 16	
St Mary's Catholic Primary School			
All staff: Prevent Training January 2016 Staffordshire Police Safeguarding Level 1 September 2017 Insight HR Keeping Children Safe in Education update 2016 September 2016	Miss B Sims Trained to Level 3 in June 2016 Staffordshire SCB Attends briefings and sessions run by SSCB Keeps updated on line via SSCB and regular email correspondence	Mrs J Ellerton Trained to Level 2 in October 2015 Staffordshire SCB Keeps updated on line via SSCB and regular email correspondence	

[2] Staffordshire or Stoke Safeguarding Children's Board

St Thomas Aquinas Catholic Primary School			
All staff: Prevent – November 2015 Staffordshire Police Level 1 Safeguarding Sept 2016 – SSCB Keeping Children Safe in Education Sept 16 update – Oct 16	Mrs P Bekalo Level 3 Safeguarding & FGM – December 2016 – SSCB Safer Recruitment November 2012 Attends briefings by SSCB	Mrs S Moorhouse, Level 1 Safeguarding Sept 2016 – SSCB Attends briefings by SSCB	Chair of LGB – PREVENT – December 2015 – Stoke-on-Trent SSCB
St Wulstan's Catholic Primary School			
Safeguarding Level 1 January 2017/July 2017 Prevent Refresher September 2017 CSE update &KCSIE update Sept 2017	Mrs J Kirkham Level 2 Safeguarding November 2016 SSCB Level 3 refresher training recognizing the signs of substance abuse Safer recruitment training booked for Dec 17 Attends briefings by SSCB	Mrs D Mellor June 2014 Level 2 Safeguarding- booked Level 3 refresher, Safer Recruitment training booked for Dec 17 - SSCB Mrs J Wood Level 2 Safeguarding Feb 2017 Miss B Anslow Online safety training February 2016 Attends briefings by SSCB	

3.2 The CtKCC Board of Directors and Governors will undertake the following training on appointment:

- Safeguarding Level 1;
- PREVENT;
- any relevant updates in line with Stoke and Staffordshire Safeguarding Boards.

3.3 The DSL in each academy is to maintain a record of all Director and Governor training.

4. Aims.

4.1 The aims of this policy are:

- To support the child's development in ways that will foster security, confidence and independence;
- To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they are in difficulties believing that they will be effectively listened to;
- To raise the awareness of all staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse;

- To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the Multi-Academy, contribute to assessments of need and support packages for those children;

- To emphasis the need for good levels of communication between all members of staff;

- To develop a structured procedure within the Multi-Academy, which will be followed by all members of the Academy community, in cases of suspected abuse;

- To develop and promote effective working relationships with other agencies, especially the Police and Social Care;

- To ensure that all staff working within our school who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check (according to guidance[3]), and a central record is kept for audit.

5. Being a Safe Multi-Academy

5.1 We will ensure that all members of the Board of Directors and Governors understand and fulfil their responsibilities, namely to ensure that:

- There is a Child Safeguarding Policy together with a staff behaviour (code of conduct) policy;

- The Multi-Academy operates safer recruitment procedures by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training;

- The Multi-Academy has procedures for dealing with allegations of abuse against staff and volunteers to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned;

- A senior leader in each Academy has Designated Safeguarding Lead (DSL) responsibilities;

- During term time the designated safeguarding leads (and/or a deputy) are always available (during school or college hours) for staff in the school or college to discuss any safeguarding concerns. Adequate and appropriate cover arrangements are made for any out of hours/out of term activities;

- On appointment, the DSL and DDSL undertake interagency training and also undertake DSL 'new to role' and an 'update' course every 2 years;

- All staff have an awareness of safeguarding issues and are also aware that behaviour linked to the likes of drug taking, alcohol abuse, truanting and sexting put children in danger;

- All staff receive regular safeguarding and child protection updates (for

[3] Guidance regarding DBS checks recently updated by the Protection of Freedoms Act 2012.

example, via email, e-bulletins, staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively;

- Any weaknesses in Child Protection are remedied immediately;

- A member of the Board of Directors, usually the Chair, is nominated to liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against any Headteacher;

- Safeguarding policy and procedures are reviewed annually and that the Child Protection policy is available on the school website or by other means;

- The Board of Directors considers how children may be taught about safeguarding. At CtKCC MAC this takes place:

    - at St John Fisher Catholic College - in the curriculum through Personal, Social, Health and Economic Education, RE and Sex and Relations education. It also takes place in enrichment opportunities such as registration groups, assemblies and personalised small group work.

    - at St Mary's Catholic Primary School – in the curriculum through ICT lessons, , PHSE, , RE and in assemblies, school council , small group work and work with outside agencies.

    - at St Teresa's Catholic Primary School – in the curriculum through ICT lessons, PSHE and Sex and Relations education. It also takes place during assemblies and through visits from outside agencies. The school council work closely with staff to help and support children in staying safe.

    - at St Thomas Aquinas Catholic Primary school – in the curriculum through Personal, Social, Health and Economic Education and Sex and Relations education. It also takes place in enrichment opportunities such as assemblies and personalised small group work.

    - at St Wulstan's Catholic Primary School - in ICT lessons, the curriculum, PHSE, RSE, RE and in assemblies, liturgies, small group work and work with outside agencies. In addition, the school regularly invites external support through community liaison officers.

- Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate **lead responsibility** for safeguarding and child protection remains with the Academy designated safeguarding lead and Headteacher. This responsibility should not be delegated;

- The DSL and key staff who are involved in recruitment and at least one member of the Board of Directors will also complete safer recruitment training to be renewed every 5 years;

- All members of staff and volunteers are provided with child protection awareness information at induction, including in their arrival pack, the school safeguarding statement so that they know who to discuss a concern with;

- All staff are trained in and receive regular updates in Online Safety and reporting concerns;

- All staff and Directors, have child protection awareness training at least annually and are updated by the DSL/DDSL as appropriate, to maintain their understanding of the signs and indicators of abuse;

- All members of staff, volunteers and trustees know how to respond to a student who discloses abuse;

- All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the school's Safeguarding Policy, CEOP (The Child Exploitation and Online Protection Centre) is clearly referenced on CtKCC and individual academy websites);

- Our lettings policy will seek to ensure the suitability of adults working with children on school sites at any time;

- Community users organising activities for children are aware of the Multi-Academies child protection guidelines and procedures;

- We will ensure that child protection type concerns or allegations against adults working in the school are referred to the LADO[4] for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS[5]) for consideration for barring, following resignation, dismissal, or when we cease to assure their service as a result of a substantial allegation, in the case of a volunteer.

- Our procedures will be regularly reviewed and updated at least annually;

- The name of the designated members of staff for Child Protection, the Designated Safeguarding Officers, will be clearly advertised in each Academy, with a statement explaining the Academies role in referring and monitoring cases of suspected abuse;

- All new members of staff will be given a copy of our child protection policy, with the DSL/DDSL names clearly displayed, as part of their induction into the Multi-Academy;

- The policy is available publicly on the CtKCC MAC and individual Academy websites. Parents/carers are made aware of this policy and their entitlement to have a copy of it via the school handbook/newsletter/website;

[4] Local Authority Designated Officer for allegations against staff. AEO Area Education Officer.
[5] Contact the LADO for guidance in any case.

- Students have a “Child Friendly” version of all safeguarding procedures;

- All visiting staff are informed about safeguarding and a poster is on display at Reception which they are asked to read before signing in to the premises. See Annex A.

6. Inter–Agency Working

6.1 Each Academy works with social care, the police, health services and other services to promote the welfare of children and protect them from harm. This includes providing a coordinated offer of ‘early help’ when additional needs of children are identified and contributing to inter-agency plans to provide additional support to children subject to child protection plans.

6.2 We will allow access for children’s social care from the Local Authorities and, where appropriate, from a placing local authority, for that authority to conduct, or to consider whether to conduct, a section 17 or a section 47 assessment.

6.3 The Board of Directors will ensure that safeguarding arrangements take into account the procedures and practice of the local authority as part of the inter-agency safeguarding procedures set up by the SSCB. This should include understanding and reflecting local protocols for assessment and the SSCB’s threshold document along with supplying information as requested by the SSCB or the S-o-T SCB.

6.4 As part of meeting a child’s needs it is important for Directors to recognise the importance of information sharing between professionals and local agencies. Further details on information sharing can be found in Chapter one of Working together to safeguard children.

6.5 Data protection fears should not be a barrier to information sharing as the safety of the child should be of utmost importance. “Fears about sharing information **cannot** be allowed to stand in the way of the need to promote the welfare and protect the safety of children”. Although inter agency working and information sharing are vital in identifying and tackling all forms of abuse, it is clear they are especially important to identify and prevent child sexual exploitation.

7. Anti-Bullying

7.1 Our Multi-Academy policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms including cyber, racist, homophobic and gender related bullying. All staff are aware that children with SEND and/or differences/perceived differences are more susceptible to being bullied/victims of child abuse. Each Academy is to keep a record of bullying incidents.

8. Anti-Racism

8.1 Our policy on racist incidents is set out separately and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. Each Academy is to keep a record of racist incidents.

Section 2 – Practical Advice

When should we intervene?

- Is it a 'child in need' issue?
- Is it a 'child protection' issue?
- Do we open an EHA (Early Help Assessment)?

9. Child in Need

9.1 Is this child in need? S17 of the Children Act 1989 says:

- They are unlikely to achieve or maintain, or to have opportunity to achieve or maintain a reasonable standard of health or development, without the provision of services by a local authority;

- Their health or development is likely to be impaired, or further impaired without the provision of such services;

- They are disabled.

9.2 A 'child in need' referral should be considered where the needs of the child are unlikely to be met under an EHA, such as a child with complex disabilities, when a social work led assessment is required.

9.3 If the Designated Safeguarding Lead/Deputy Designated Safeguarding Lead considers that the welfare concerns indicate that this is a 'child in need', he/she will speak with parents/young person and obtain their consent for referral to First Response to request an assessment.

10. Child Protection

10.1 Is this a child protection matter? S47 of the Children Act 1989 says the Local Authority has a statutory duty to investigate when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. School staff do not investigate whether a child has been abused. This is the duty of Social workers from the Safeguarding team and the police. Schools refer reasonable concerns which indicate that a child may be at risk of significant harm.

10.2 If staff consider the concern is potentially a child protection matter, this should be discussed without delay with the designated person who will refer to First Response or, if applicable, the child's current social worker. If the child lives in an authority outside of Staffordshire, the matter will be referred by the Designated Person to children's social care in that area.

10.3 It is the 'significant harm' threshold that justifies statutory intervention into family life. A professional making a child protection referral under S47 must therefore provide information which clearly outlines that a child is suffering or likely to suffer significant harm.

10.4 It is not possible to rely on one absolute criterion when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the extent of the harm suffered, the context within which it occurred and its duration.

10.5 Significant harm may also arise from a combination of significant events which are both acute and long standing and which may impair the child's physical, psychological and social development.

10.6 In order to both understand and establish significant harm, it is necessary to consider the family context, together with the child's development within their wider social and cultural environment. It is also necessary to consider any special needs, e.g. medical condition, communication difficulties or disability that may affect the child's development and care within the family. The nature of harm, in terms of ill-treatment or failure to provide adequate care also needs consideration alongside the impact on the child's health and development and the adequacy of care provided.

10.7 **If staff have significant concerns about any child they should make them known to their respective academy Designated or Deputy Designated Safeguarding Persons without delay.**

11. Early Support: Early Help Assessment – EHA

11.1 All staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years. In the first instance staff should discuss early help requirements with the Designated/Deputy Safeguarding lead.

11.2 Staff may be required to support other agencies and professionals in an early help assessment process. This includes identifying emerging problems, liaising with the designated/deputy safeguarding lead, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment.

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

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

11.5 If this is a child with additional needs, discuss the issues with the EHA trained practitioner (see Staff Training table above). The school will need to obtain parental/student consent for an EHA to be completed. The EHA coordinator may need to make a referral directly to other agencies, or request the support of the Locality Social Worker.

12. Making Referrals (See Annex B for flowcharts for routes of referral)

12.1 Where a child is registered at school, consultation should take place with the school's Designated/Deputy Child Protection person who will be the most appropriate person to initiate any referral. A written record of your concerns should be made using the academies internal recording form (see Annex C). This should then be given to the Designated Child Protection person who will then make the decision if a referral is needed to the First Response Team.

12.2 All staff may raise concerns with 'Children's Social Care Services'. To do this for referral to First Response phone 0800 131 3126 (Staffordshire) 01782 235100 (Stoke) and speak to the operator. You will need to follow this up with written confirmation on the Multi-agency referral form within 48 hours and follow the steps above.

12.3 If it is not possible to speak to the designated or deputy designated person for safeguarding, and there would be an unwarranted delay by doing so, the member of staff should contact First Response to discuss concerns. The Designated Safeguarding Lead must be informed as soon as possible.

13. Confidentiality

13.1 Confidentiality is an issue that needs to be understood by all those working with children, particularly in the context of child protection. This is a complex area and involves consideration of a number of pieces of legislation.

13.2 You can never guarantee confidentiality to a child as some kinds of information may need to be shared with others. A suggested form of words that may help when talking to children is as follows:

> "I will keep our conversation confidential and agree with you what information I can share, unless you tell me something that will affect your personal safety or that is illegal, but I will tell you if I am going to pass information on and who to."

13.3 Professionals can only work together to safeguard children if there is an exchange of relevant information between them. This has been recognised in principle by the courts. However, any disclosure of personal information to others, included social service departments, must always have regard to both common and statute law.

13.4 Normally, personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information (Data Protection Act 1998 European Convention on Human Rights, Article 8). Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, however, consent may not be possible or desirable but the safety and welfare of the child dictate that the information should be shared.

13.5 The law requires the disclosure of confidential information necessary to safeguard a child or children. Under Section 47 of the Children Act 1989 statutory agencies have a duty to co-operate. Therefore, if the Police or Social Care/Services are conducting a

Section 47 investigation under the 1989 Children Act, staff must share requested information relevant to the investigation. Legal advice should be sought if in doubt from the County Legal Services Department. Further guidance can be found at Annex D.

13.6 Transfer of safeguarding records when a pupil with safeguarding concerns moves between settings should be recorded on Annex E.

14. What should I do if a Child Discloses?

14.1 Talking to and listening to children.

a. **If a child chooses to disclose, you SHOULD:**

- be accessible and receptive;
- listen carefully and uncritically at the child's pace;
- take what is said seriously;
- reassure the child that they are right to tell;
- tell the child that you must pass this information on;
- make a careful record of what was said.

b. **You should NEVER:**

- take photographs or examine an injury;
- investigate or probe aiming to prove or disprove possible abuse – never ask leading questions;
- make promises to children about confidentiality or keeping 'secrets';
- assume that someone else will take the necessary action;
- jump to conclusions or react with shock, anger or horror;
- speculate or accuse anybody;
- confront another person (adult or child) allegedly involved;
- offer opinions about what is being said or about the persons allegedly involved;
- forget to record what you have been told;
- fail to pass the information on to the correct person;
- ask a child to sign a written copy of the disclosure.

14.2 For children with communication difficulties or who use alternative/augmented communication systems, you may need to take extra care to ensure that signs of abuse and neglect are identified and interpreted correctly, but concerns should be reported in exactly the same manner as for other children.

15. Safeguarding a Student who Self-Harms

a. **Do:**

- Stay calm – do not show anxiety disapproval or disgust. Be prepared to be shocked – then ….
- Listen – just being listened to can be a brilliant support and bring great relief to someone, particularly if they have never spoken to anyone about

their self-harming before;

- Listening intently does not just require ears. Observe the young person's non-verbal clues – look at their body language. Does what they say and what you see match up?
- What is the underlying mood state – is it:
  - Anger?
  - Sadness?
  - Frustration?
- Think carefully before you act - what is in the best interest of the young person?
- Remember – most episodes of self-harm have nothing to do with suicide. The easiest way to differentiate between suicide and self-harm is by asking the young person what was their intent behind the self-harm behaviour; did they intend to seriously harm or kill themselves? If they did, ask what plans they had made or what their continuing thoughts of suicide are.
- Do ask; the act of asking this will not increase their chance of attempting suicide in the future.
- Do refer the Young Person to your School Nurse if the child/young person attends school.
- Do treat a suicide intention as an emergency – do not leave the young person alone or in a vulnerable environment – get help and support as soon as possible and remain calm.

b. **Don't:**

- Panic – Unfortunately, many young people self-harm. It is a complex issue and each young person will have a different reason or story behind their behaviour. Panicking will not help the young person feel safe and contained;
- send the young person away – make some time for them. Either help them find other ways of coping or support them in getting the right kind of support;
- be judgmental – keep an open mind about the behaviour and don't refer to it as 'attention seeking/needing';
- work alone – you may still see a young person alone, but you will need to offload with an appropriate staff member or colleague from another agency;
- offer to take the young person to your home environment;
- give them your mobile number or house number or get into texting the young person. If is more appropriate and professional for you to help the young person identify their supportive network than for you to take this upon yourself. Self-harming behaviors can be extremely concerning, but you cannot offer objective support if you become enmeshed within the young person's difficulty.

16. Procedure for responding to student engaged in suspected overdose for the first time

- Learner discloses that they have taken over dose, if not to DSL or DDSL then refer to SLT in their absence immediately.

- Member of staff takes student with another member of staff to either safeguarding office or welfare room. Call a first aider if needed.

- Establish what has been taken and how many.

- At this point, parents/carers must be contacted with relevant information. School advice will always be that the learner is checked by a medical professional, and parents/carers collect their child so that this can happen.

- If parents/carers not contactable and the learner appears well a member of staff should accompany the learner to the hospital accident and emergency department, however if there are any concern's that the learner appears unwell an ambulance must be called. Whilst this is happening school should continue to try to contact parent/carers.

- In contact with the parent/carer following the incident, the DSL/DDSL will explain to the parent/carer that this incident will be referred to the school nurse with their permission. The DSL/DDSL will arrange a plan of action with the parent/carer for any subsequent incident, and liaise with office staff to enact this.

17. Record Keeping

17.1 Well-kept records are essential in situations where it is suspected or believed that a child may be at risk from harm.

17.2 Records should:

- state who was present, time, date and place;
- use the child's words wherever possible;
- be factual/state exactly what was said;
- differentiate clearly between fact, opinion, interpretation, observation and/or allegation;
- be written in ink and signed by the recorder;

18. Attendance at Child Protection Conferences

18.1 The Designated Safeguarding Lead or their deputy will be expected to attend the initial Child Protection Conference and provide a written report.

18.2 If a child is made subject to a Child Protection Plan it may be more relevant for the class teacher or another employee with responsibilities to attend the subsequent core group meetings and they will be given appropriate support around safeguarding issues by the Designated Safeguarding Lead.

19. Safeguarding Concerns against an Adult in School

19.1 Children can be the victims of abuse by those who work with them in any setting. All allegations of abuse of children carried out by any staff member or volunteer should therefore be taken seriously.

19.2 Any safeguarding concerns about adults in the school should be made to the DSL or Headteacher. If an allegation is received by the Headteacher or Chair of Governors the following should be considered:

a. Behaved in a way that has harmed a child, or may have harmed a child;
b. Possibly committed a criminal offence against or related to a child;
c. Behaved towards a child or children in a way that indicates she/he is unsuitable to work with children.

20. Whistleblowing

- We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so;
- All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the school, they should speak in the first instance, to the Area Education Officer/LADO following the Whistleblowing Policy;
- In the event of allegations of abuse being made against the Headteacher, allegations should be reported directly to the designated officer(s) at the local authority. Staff may consider discussing any concerns with the school's designated safeguarding lead and make any referral via them;
- Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them;
- The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday or Email: help@nspcc.

21. Student allegations of Abuse against another Student

21.1 Allegations of abuse from one student to another should be reported to the DSL or deputy DSL who will make the decision about whether a referral is needed to the First Response team and when parents should be informed.

22. Physical Intervention

- We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.
- Such events should be recorded and signed by a witness.
- Staff who are likely to need to use physical intervention will be appropriately

trained in the *Positive Options* technique or similar.

- We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.
- We recognise that touch is appropriate in the context or working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.[6]

23. Peer on Peer Abuse

23.1 All staff should be aware safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but not limited to: bullying (including cyber bullying), gender based violence/sexual assaults and sexting.

23.2 Staff should recognise that children are capable of abusing their peers. The Board of Directors ensure procedures will minimise the risk of peer on peer abuse and sets out how allegations of peer on peer abuse will be investigated and dealt with. We recognise the different forms peer on peer abuse can take, make clear that abuse is abuse and should never be tolerated or passed off as "banter" or "part of growing up". Victims of peer on peer abuse will be supported by behaviour managers and any incidents always reported to the DSL.

23.3 All staff are aware that sexting can be used as a tool for peer on peer abuse and will always be reported to the DSL.

23.4 All staff are aware of the different gender issues that can be prevalent when dealing with peer on peer abuse. This could for example include girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence.

24. Recruitment and Training for Staff

24.1 When recruiting new members of staff the school follows the guidance given in the Safeguarding Children: Safer Recruitment in Education. The Multi-Academy ensures that DBS checks are undertaken and references are taken up and obtained (prior to the commencement of employment) and qualifications are verified. A member of each interviewing panel must have attended Safer Recruitment training.

24.2 Newly appointed staff will have an induction into the child protection procedures when they join the Multi-Academy. They should be aware of the Safeguarding Children procedures as part of that induction programme, and be given a copy of the Multi-Academy Safeguarding Policy. They will also attend the Level 1 Safeguarding and Promoting the Welfare of Children and Young People training within 3 months of joining the Multi-Academy. The Designated and Deputy Designated Child Protection Persons will attend Safeguarding Board Courses at Level Two and above at least every 2 years in order to maintain continuous professional development and comply with statutory guidance.

[6] Guidance on Safer Working practices is available on the DfE website

25. Online Safety and Sexting

25.1 As all schools and colleges increasingly work online it is essential that children are safeguarded from potentially harmful and inappropriate online material. As such, the Board of Directors will ensure appropriate filters and appropriate monitoring systems are in place. We will ensure children are taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering relevant issues through personal, social, health and economic education (PSHE), tutorials for colleges – through sex and relationship education. We have appropriate filters and monitoring systems in place; but are careful that "over blocking" does not lead to unreasonable restrictions as to what children can be taught with regards to online teaching and safeguarding.

25.2 The growth of different electronic media in everyday life and an ever developing variety of devices including PC's, laptops, mobile phones, webcams etc. place an additional risk on our children.

25.3 Internet chat rooms, discussion forums or social networks can all be used as a means of contacting children and young people with a view to grooming them for inappropriate or abusive relationships. The anonymity of the internet allows adults, often pretending to be children, to have conversations with children and in some cases arrange to meet them.

25.4 Access to abusive images is not a 'victimless' act as it has already involved the abuse of children. The internet has become a significant tool in the distribution of indecent photographs of children and should be a concern to all those working with students at this Multi-Academy.

25.5 Students can engage in or be a target of bullying using a range of methods including text and instant messaging to reach their target. Mobile phones are also used to capture violent assaults of other children for circulation (happy slapping).

25.6 The Multi-Academy Social Media Policy and Online Safety Policy are continually updated to keep up to date with the ever changing threats and risks from the internet and the use of mobile phones.

25.7 **Sexting** is now a prevalent threat for students and is defined as: "The exchange of sexual messages or images" and "creating, sharing and forwarding sexually suggestive or nearly nude images" through mobile phones and the internet" by children under the age of 18; or of children under the age of 18.

25.8 **Cyberbullying** Relates to offensive or distressing sexual images via text or email.

25.9 **Revenge Porn.** Revenge Porn is the sharing of private, sexual materials, either photos or videos, of another person without their consent and with the purpose of causing embarrassment or distress.

25.10 The best protection is to make students aware of the dangers through curriculum teaching particularly PSHE, Sex Education and through targeted assemblies such as annual e-Safety assemblies, student questionnaires and citizenship activities.

25.11 Protection is Prevention

- Software is in place to minimise access and to highlight any person accessing inappropriate sites or information.
- Students will be encouraged to discuss openly their use of technology and anything which makes them feel uncomfortable. (If this results in child protection concerns the schools designated child protection person should be informed immediately)
- Students should not give out their personal details, phone numbers, schools, home address, computer passwords etc.
- Students should adhere to the school policy on mobile phones and use of ICT.

25.12 The police will be involved if there is any criminal element to misuse of the internet, phones or any other form of electronic media.

26. Preventing Extremism and Radicalisation

26.1 'Prevent' is part of a Government strategy which aims to stop people becoming terrorists or supporting terrorism. Preventing terrorism also means challenging extremist views and intervening to stop people moving from extremist ideas into terrorism. Channel is a key element of the Prevent Strategy. It is a multi- agency approach to protect people at risk of radicalisation. Prevent is another form of Safeguarding. See Annex E for further details and the Prevent flow chart and the Channel Process.

27. Policy

27.1 In addition to the guidance already referred to for safeguarding, this policy also draws upon the guidance contained in:

- DCSF Resources Learning Together to be Safe;
- Prevent: Resources Guide;
- Tackling Extremism in the UK;
- DfE's "Teaching Approaches that help Build Resilience to Extremism among Young People";
- Peter Clarke's Report of July 2014.

28. Ethos and Practice – countering extremism

28.1 When operating this policy, all academies within Christ the King Catholic Collegiate Multi-Academy Company use the following accepted Governmental definition of extremism:

'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;

and/or calls for the death of members of our armed forces, whether in this country or overseas'.

28.2 There is no place for extremist views of any kind in our academies, whether from internal sources – learners, staff or governors, or external sources - school community, external agencies or individuals. Our learners see our academies as safe places where they can legitimately be supported to explore controversial issues safely in a learning context and where our teachers encourage and facilitate this – we have a duty to ensure this happens in order to secure common values and ethos of diversity, inclusion and democracy and the central tenants of British values.

28.3 As a Catholic Multi-Academy company, we promote the teachings of the Gospel, and these defend the imperative British values as defined by the DfE. The Beatitudes encapsulate the values to be nurtured: "Faithfulness and Integrity, Dignity and Compassion, Humility and Gentleness, Truth and Justice, Forgiveness and Mercy, Purity and Holiness, Tolerance and Peace and Service and Sacrifice." (Christ at the Centre Birmingham Diocesan Education Service.org.uk).

28.4 As a Multi-Academy company, we recognise that extremism and exposure to extremist materials and influences can lead to risks for children and so should be addressed as a safeguarding concern as set out in this policy. We also recognise that if we fail to challenge extremist views we are failing to protect our learners.

28.5 Extremists of all persuasions aim to develop destructive relationships between different communities by promoting division, fear and mistrust of others based on ignorance or prejudice and these limit the life chances of young people. Education is a powerful weapon against this; equipping young people with the knowledge, skills and critical thinking, to challenge and debate in an informed and balanced way.

28.6 We provide a broad and balanced curriculum, delivered by skilled professionals, so that our learners are enriched, with understanding and become tolerant of difference and diversity to ensure that they thrive, feel valued and are not marginalised. Furthermore across Christ the King Catholic Collegiate, we are aware that young people can be exposed to extremist influences or prejudiced views from an early age which emanate from a variety of sources, including via the internet, and consequently learners may be at risk of reflecting or display views that may be ill-informed, discriminatory, prejudiced or extremist, including using derogatory language.

28.7 Any such behaviour displayed by learners or staff will always be challenged and where appropriate dealt with in line with our Behaviour for Learning Policy for learners and the Code of Conduct for staff. Where misconduct by a teacher is proven the matter will be referred to the National College for Teaching and Leadership for their consideration as to whether a Prohibition Order is warranted.

28.8 As part of wider safeguarding responsibilities all staff will be alert to:

- Disclosures by learners of their exposure to the extremist actions, views or materials of others outside of school, such as in their homes or community groups;

- Graffiti symbols, writing or art work promoting extremist messages or images;
- Learners accessing extremist material online, including through social networking sites;
- Parental reports of changes in behaviour, friendship or actions and requests for assistance;
- Partner schools, local authority services, and police reports of issues affecting learners in other schools or settings;
- Learners voicing opinions drawn from extremist ideologies and narratives;
- Use of extremist or 'hate' terms to exclude others or incite violence;
- Intolerance of difference, whether secular or religious or, in line with our equalities policy, views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture;
- Attempts to impose extremist views or practices on others;
- Anti-Western or Anti-British views.

29. Teaching Approaches - Building Resilience

29.1 We strive to eradicate the myths and assumptions that can lead to some young people becoming alienated and disempowered, especially where the narrow approaches some children may experience elsewhere may make it harder for them to challenge or question these radical influences. This is achieved by good teaching, including via PSHE[7] education. We use methods outlined in the Government's guidance 'Teaching approaches that help build resilience to extremism among young people' DfE 2011 and Promoting fundamental British values as part of SMSC[8] development in schools - Departmental advice for maintained schools, dated 1 November 2014.

29.2 We ensure that all of our teaching approaches help learners to build resilience to extremism and give learners a positive sense of identity through the development of critical thinking skills. We ensure that all of our staff are equipped to recognise extremism and are skilled and confident enough to challenge it.

29.3 We remain flexible to adapt our teaching approaches, as appropriate, so as to address specific issues and be relevant to the current issues and insight into extremism and radicalisation. In doing so we will apply the key principles of safeguarding by:

- Making a connection with young people using a pupil centred approach;

[7] Personal, Social, Health and Economic
[8] Spiritual, Moral, Social and Cultural

- Facilitating a ‘safe space’ for dialogue;

- Equipping our learners with the appropriate skills, knowledge, understanding and awareness for resilience.

29.4 Therefore this approach is embedded within the ethos of our academies so that learners know and understand what safe and acceptable behaviour is in the context of extremism and radicalisation. This will work in conjunction with our approach to the spiritual, moral, social and cultural development of learners as defined in OfSTED’s[9] School Inspection Handbook August 2016. This will include the sound use of assemblies to help further promote this rounded development of our learners and utilising the joint agreed syllabus for religious education and the guidance produced by National Association’s Standing Advisory Council on Religious Education on Religious Education (NASACRE) and the Catholic Education Service.

29.5 Our goal is to build mutual respect and understanding and to promote the use of dialogue not violence as a form of conflict resolution. We will achieve this by using a curriculum that includes:

- Citizenship programmes; Open discussion and debate;

- Work on anti-violence and a restorative approach addressed throughout the curriculum;

- Focussed educational programmes;

- PSHE within primary schools: Relationships and mediation within primary schools.

30. Use of External Agencies and Speakers

30.1 Across Christ the King Catholic Collegiate, we encourage the use of external agencies or speakers to enrich the experiences of our learners, however we will positively vet and risk assess those external agencies, individuals or speakers who we engage to provide such learning opportunities or experiences for our learners. Such vetting is to ensure that we do not unwittingly use agencies that are inconsistent with, or are in complete opposition to, the academies values and ethos and our duties in regard to this and our Safeguarding policy. We must be aware and clear of the benefit to learners through such activity.

30.2 Our academies will assess the suitability and effectiveness of input from external agencies or individuals in accordance with the External Speakers checklist.

30.3 The ethos of Christ the King Catholic Collegiate is to encourage learners to understand diverse views and ideologies, appropriate to their age, understanding and abilities, and to be able to actively engage in informed debate, and we may appropriately permit the use of external agencies or speakers to facilitate and support this.

[9] Office for Standards in Education

30.4 Therefore by delivering a broad and balanced curriculum, augmented by the use of external sources where appropriate, we will strive to ensure our learners recognise risk and build resilience to manage any such risk to themselves or their peers where appropriate to their age and ability but also to help learners develop the critical thinking skills needed to engage in informed debate as part of a wider community.

31. Referring Concerns

31.1 Where there are concerns of extremism or radicalisation parents, learners and staff will be encouraged to make use of our internal systems to raise any issue with senior management. Our lead persons for Prevent are the Designated/Deputy Safeguarding Lead who would normally be the first point of contact should there be concerns. If for any reason this creates a difficulty for the referrer, they can contact the Local Authority 'Prevent' co-ordinator, First Response Team, Education Safeguarding Advice Service or Ofsted, depending on the level of concern. Contact details for these agencies can be found at the end of this policy document. The flow chart at Annex A shows the Prevent process.

32. Safeguarding Children from Sexual Exploitation (CSE)

32.1 The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation. Signs include:

- underage sexual activity;
- inappropriate sexual or sexualised behaviour;
- sexually risky behaviour, 'swapping' sex;
- repeat sexually transmitted infections;
- in girls, repeat pregnancy, abortions, miscarriage;
- receiving unexplained gifts or gifts from unknown sources;
- having multiple mobile phones and worrying about losing contact via mobile;
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs);
- changes in the way they dress;
- going to hotels or other unusual locations to meet friends;
- seen at known places of concern;
- moving around the country, appearing in new towns or cities, not knowing where they are;
- getting in/out of different cars driven by unknown adults;
- having older boyfriends or girlfriends;
- contact with known perpetrators;
- involved in abusive relationships, intimidated and fearful of certain people or situations;
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers;
- associating with other young people involved in sexual exploitation;
- recruiting other young people to exploitative situations;

- truancy, exclusion, disengagement with school, opting out of education altogether;
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual);
- mood swings, volatile behaviour, emotional distress;
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders;
- drug or alcohol misuse;
- getting involved in crime;
- police involvement, police records;
- involved in gangs, gang fights, gang membership;
- injuries from physical assault, physical restraint, sexual assault.

33. Guidance regarding Disclosure of intent to Commit Suicide

a. If a member of staff is given information to suggest a student is contemplating or indeed intending to commit suicide, they must inform the schools Designated/Deputy Safeguarding Lead immediately.

b. This information should ALWAYS be taken seriously.

c. The context of this information should then be considered in relation to other information known regarding the young person.

d. A decision is then made by the DSL if the young person is at immediate risk, actions should then be implemented under the Child Protection Procedures Protocol.

e. If there is no immediate risk to the young person then action should be taken to follow up either under Child Protection or Child in Need procedures to provide appropriate services and support.

f. The outcome of actions should ALWAYS be recorded.

g. In all cases (unless it is assessed as posing a risk to the young person by doing so) the Primary Carer should be notified by telephone and follow up letter.

h. In all cases consideration should be given to the need to inform the young person's GP via telephone and letter correspondence. Consent from the young person should be given.

i. Any response to a case such as this is likely to need a Multi-Agency follow up approach to ensure the relevant support is implemented and all information shared. In such cases a TAC (Team around the Child) meeting should be considered.

34. Keeping Dual-Rolled Learners Safe

Reporting of Dual-rolled learners

Attainment

34.1 On entry to alternative provision it is hoped that all learners are assessed, particularly

regarding literacy and numeracy. Updates on attainment and progress are requested every time a data capture takes place in school. This information is then populated in the learner's GPP.

34.2 Public exams are arranged in conjunction with school and results are shared when they are released.

Attendance

34.3 At present, Department of Education guidance expects schools to put a 'D' in their registers for learners dual-rolled to alternative provision/P.R.U.(Pupil Referral Units). Attendance data should be shared at the same time as attainment data.

Protocols

34.4 If a child is a dual-rolled child, the alternative provision will contact the school if the child has any of the following changes of circumstances:

a. allocated a named Social Worker;
b. placed on a Child Protection Plan;
c. becomes a L.A.C. (Looked after Child);
d. becomes statemented or has an Education Health Care Plan (EHCP).

34.5 When a child is dual rolled both school and alternative provision follow the same attendance protocols.

34.6 The responsibility for Safeguarding of dual-rolled learners lies primarily with the Headteacher of the alternative provider.

35. Trafficked Children

35.1 Children trafficked into the country may be registered at a school for a term or longer, before being moved to another part of the UK or abroad. This pattern of registration and de-registration may be an indicator that a child has been trafficked. It has been identified as a particular concern in schools which are situated near ports of entry, but professionals should be alert to this possibility in all schools. However, professionals should always bear in mind that not all children who go missing from education have been victims of trafficking.

35.2 If a member of the school staff suspects that a child may have been trafficked they should act immediately to inform the senior member of staff with designated responsibility for child protection and ensure that police or LA children's social care are contacted immediately. Children trafficked into the country may be registered at a school for a term or so, before being moved to another part of the UK or abroad again. Schools therefore need to be alert to this pattern of registration and de-registration. This pattern has been identified in schools near ports; however it could happen anywhere in the UK. The procedure on safeguarding a trafficked child can be found at Annex H.

For more information see *Section 4kb/Fo3b* *Trafficked Children Toolkit February 2016*.

36. Protocols regarding sharing information with School Health

36.1 It is important that the School Health Service is informed when a child arrives or leaves during the school term. It became clear during a serious case review carried out by Stoke-on-Trent that school nurses in their area were often not aware that a child had left their school, or that a child had joined their school. It was felt that there needed to be a simple process for alerting School Health without creating an administrative burden for the school. Please refer to the two 'School Migration Form' templates attached at Annex I.

36.2 These Migration forms must be completed by Administration staff at the beginning of each half-term. One is for children leaving school, and one is for children arriving at school. The email address to which they should be returned is on the form.

37. Forced Marriage (FM)

37.1 This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviour. Never attempt to intervene directly as a school or through a third party.

38. Female Genital Mutilation (FGM)

38.1 It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

38.2 It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons. Types of procedure:

- Type 1 Clitoridectomy – partial/total removal of clitoris;
- Type 2 Excision – partial/total removal of clitoris and labia minora;
- Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia;
- Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out? Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage;
- Preserves a girl's virginity;
- Part of being a woman/rite of passage;
- Upholds family honour;
- Cleanses and purifies the girl;
- Gives a sense of belonging to the community;
- Fulfils a religious requirement;
- Perpetuates a custom/tradition;
- Helps girls be clean/hygienic;

- Is cosmetically desirable;
- Mistakenly believed to make childbirth easier.

Is FGM legal?

38.3 FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK. Suspicion that FGM is about to take place or has taken place must be reported immediately via 999. To help stop FGM and protect victims, the Serious Crime Act 2015:

- extends the extra-territorial reach of the offences in the Female Genital Mutilation Act 2003 so that they apply to habitual as well as permanent UK residents;
- introduces a new offence of failing to protect a girl from risk of FGM;
- grants lifelong anonymity to victims;
- brings in a civil order (FGM protection orders) to protect potential victims;
- introduces a duty on healthcare professionals, teachers and social care workers, to notify the police of known cases of FGM carried out on a girl under 18

38.4 **Circumstances and occurrences that may point to FGM happening**:

- Child talking about getting ready for a special ceremony;
- Family taking a long trip abroad;
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan);
- Knowledge that the child's sibling has undergone FGM;
- Child talks about going abroad to be 'cut' or to prepare for marriage.

38.5 **Signs that may indicate a child has undergone FGM:**

- Prolonged absence from school and other activities;
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued;
- Bladder or menstrual problems;
- Finding it difficult to sit still and looking uncomfortable;
- Complaining about pain between the legs;
- Mentioning something somebody did to them that they are not allowed to talk about;
- Secretive behaviour, including isolating themselves from the group;
- Reluctance to take part in physical activity;
- Repeated urinal tract infection;
- Disclosure.

The 'One Chance' rule

38.6 As with Forced Marriage there is the 'One Chance' rule. It is essential that academies

take action **without delay**.

39. Looked After Children

39.1 All staff have awareness of issues around safeguarding looked after children. The most common reason for children becoming looked after is as a result of abuse and/or neglect. The Board of Directors ensure that staff have the skills, knowledge and understanding necessary to keep looked after children safe.

39.2 Staff are aware of the legal status of a looked after child's care arrangements. In particular, they should ensure that appropriate staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with parental responsibility. They should also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her. The designated safeguarding lead should have details of the child's social worker and the name of the virtual school head in the authority that looks after the child.

39.3 **The Designated member of Staff**

39.4 The Board of Directors has appointed a designated teacher in each academy to promote the educational achievement of children who are looked after and ensures that this person has appropriate training.

39.4 Within Christ the King Catholic Collegiate, the designated teachers for each academy is:

a. St John Fisher Catholic College – Mrs E Stanley
b. St Mary's Catholic Primary School – Mrs J Ellerton
c. St Teresa's Catholic Primary School – Mr N Price
d. St Thomas Aquinas Catholic Primary School – Mrs K Hellawell
e. St Wulstan's Catholic Primary School – Mrs C Long

39.5 Virtual School head. Virtual school heads receive pupil premium plus additional funding based on the latest published numbers of children looked after in the authority. In our Multi-Academy the designated teacher works with the virtual school head to discuss how that funding can be best used to support the progress of looked after children in the school and meet the needs identified in the child's personal education plan.

40. Children with Special Educational Needs and Disabilities (SEND)

40.1 Children with Special Educational Needs (SEN) and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- children with SEN and disabilities can be disproportionally impacted by things like bullying - without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barrier

41. Staff Code of Conduct

41.1 You should seek to keep your personal contact with children under review and seek to minimise the risk of any situation arising in which misunderstandings can occur. The following sensible precautions can be taken when working alone with children:

- work in a room where there is a glass panel in the door or leave the door open;
- make sure that other adults visit the room occasionally;
- avoid working in isolation with children unless thought has been given to safeguards;
- must not give out personal mobile phone numbers, private e-mail addresses or use social media sites such as twitter/Facebook to contact or communicate with students;
- must not give students lifts home in your cars;
- must not arrange to meet them outside of school hours;
- must not chat to students on the social websites;
- always use your school email address for any work-based correspondence and never use your private email address.

41.2 Under the Sexual Offences Act 2003 it is a criminal offence for anyone working in an education setting to have a sexual relationship with a student even when the student is over the age of consent.

41.3 Any use of physical force or restraint against students will be carried out and documented in accordance with the relevant physical restraint policy.

42. Safeguarding Children in whom Illness is Fabricated or Induced (FII)

Introduction

42.1 Fabricated or Induced Illness (FII) is a potentially lethal form of abuse. It is probably generally under-recognised.

42.2 Children can have their health or development significantly impaired or can suffer emotional harm as a result of the actions of a parent or carer who either induces or fabricates illness or injury.

42.3 Clinical evidence indicates that FII is usually carried out by a female carer, usually the child's mother. However fathers and women other than mothers have also been known to be responsible.

Features

42.4 Fabricated or Induced Illness is a condition whereby a child suffers harm through the deliberate action of their carer and which is attributed by the adult to another cause. There are three main ways of the parent/carer fabricating or inducing illness in a child:

- **Fabrication** of signs and symptoms, including fabrication of past medical

history;

- **Fabrication** of signs and symptoms and falsification of hospital charts, records, letters and documents and specimens of bodily fluids;

- **Induction** of illness by a variety of means.

42.5 Harm to the child may be caused through unnecessary or invasive medical treatment, which may be harmful and possibly dangerous, based on symptoms that are falsely described or deliberately manufactured by the carer, and lack independent corroboration. The emotional impact of this on the child should always be considered.

42.6 There may be a number of explanations for these circumstances and each requires careful consideration and review. Concerns about a child's health should be discussed with a health professional who is involved with the child.

42.7 If any health professional considers their concerns are not taken seriously or responded to appropriately, these should be discussed with the Named or Designated Doctor or Nurse for Safeguarding Children.

43. Carers' behaviour associated with Fabricated or Induced Illness (FII)

43.1 The following is a list of some of the behaviour exhibited by carers, which can be associated with fabricating or inducing illness in a child:

- inducing symptoms in children by administering medication or other substances, or by intentional suffocation;
- interfering with treatments by over dosing with medication, not administering them or interfering with medical equipment such as infusion lines;
- claiming the child has symptoms which are unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits, causing professionals to undertake investigations and treatments;
- which may be invasive, are unnecessary and therefore are harmful and possibly dangerous;
- obtaining specialist treatments or equipment for children who do not require them;
- falsifying test results and observation charts;
- alleging unfounded psychological illness in a child.

43.2 Carers may be observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else (either family members or professionals) to undertake any of their child's care. Others may spend little time interacting with their child.

43.3 A key professional task is to distinguish between the very anxious carer who may be responding in a reasonable way to a very sick child and those who exhibit abnormal behaviour.

44. Identification of FII

Educational Care Settings:

44.1 Staff should be alert to the possibility of FII when a child:

- has frequent and unexplained absences from school, particularly from PE lessons;
- has regular absences to keep a doctor's or a hospital appointment;
- is frequently unwell and parents repeatedly claim that he/she requires medical attention for symptoms which, when described, are vague in nature, difficult to diagnose and which teachers/early years staff have not themselves noticed e.g. headaches, tummy aches, dizzy spells, frequent contact with opticians and/or dentists or referrals for second opinions.

45. Making a referral

45.1 If a professional suspects that a child may be subject to FII, they discuss their concerns with a senior colleague or line manager and refer to children's social care. The child's carers should not be informed about this.

45.2 **If any professional considers their concerns about FII are not being taken seriously or responded to appropriately, they should discuss them with the named or designated doctor or nurse or follow the SCB Procedure. These procedures can be viewed by using the link here.**

46. Rocognising signs of Child Abuse

46.1 **Categories of abuse:**

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

46.2 **Signs of abuse in children.** The following non-specific signs may indicate something is wrong:

- Significant change in behaviour;
- Extreme anger or sadness;
- Aggressive and attention-seeking behaviour;
- Suspicious bruises with unsatisfactory explanations;
- Lack of self-esteem;
- Self-injury;
- Depression;
- Age inappropriate sexual behaviour;
- Child Sexual Exploitation.

46.3 **Risk indicators**

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm;
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague);
- May require consultation with and / or referral to Children's Services.

46.4 The absence of such indicators does not mean that abuse or neglect has not occurred. In an abusive relationship the child may:

- Appear frightened of the parent/s;
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups).

46.5 The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses;
- Have unrealistic expectations of the child;
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment);
- Be absent or misusing substances;
- Persistently refuse to allow access on home visits;
- Be involved in domestic abuse.

46.6 Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

47. Recognising physical abuse

47.1 The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury;
- Several different explanations provided for an injury;
- Unexplained delay in seeking treatment;
- The parents/carers are uninterested or undisturbed by an accident or injury;
- Parents are absent without good reason when their child is presented for treatment;
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury);
- Family use of different doctors and A&E departments;
- Reluctance to give information or mention previous injuries.

47.2 **Bruising**

47.3 Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby;
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding;
- 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;
- 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;
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting;
- Bruising around the face;
- Grasp marks on small children;
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse;

47.4 **Bite marks**

47.5 Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child. A medical opinion should be sought where there is any doubt over the origin of the bite.

47.6 **Burns and scalds**

47.7 It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine);
- 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 (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks);
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation;
- Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

47.8 **Fractures**

47.9 Fractures may cause pain, swelling and discoloration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type;
- 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;
- There is an unexplained fracture in the first year of life.

47.10 **Scars.** A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

48. Recognising emotional abuse

48.1 Emotional abuse may be difficult to recognise, as the signs are usually behavioral rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

- Developmental delay;
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment;
- Indiscriminate attachment or failure to attach;
- Aggressive behaviour towards others;
- 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.

49. Recognising signs of sexual abuse

49.1 Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

49.2 Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioral. Some behavioral indicators associated with this form of abuse are:

- Inappropriate sexualised conduct;
- Sexually explicit behaviour, play or conversation, inappropriate to the child’s age;
- Continual and inappropriate or excessive masturbation;
- Self-harm (including eating disorder), self-mutilation and suicide attempts;
- Involvement in prostitution or indiscriminate choice of sexual partners;
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties).

49.3 Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area;
- Blood on underclothes;
- Pregnancy in a younger girl where the identity of the father is not disclosed;
- 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.

50. Sexual abuse by young people

50.1 The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

50.2 Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

50.3 Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. it may also be that the behaviour is "acting out" which may derive from other sexual situations to which the child or young person has been exposed.

50.4 If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

50.5 Abusive sexual activity includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

51. Assessment

51.1 In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies;

- **Consent** – agreement including all the following:
  - Understanding what is proposed based on age, maturity, development level, functioning and experience;
  - Knowledge of society's standards for what is being proposed;
  - Awareness of potential consequences and alternatives;
  - Assumption that agreements or disagreements will be respected equally;
  - Voluntary decision;
  - Mental competence.

- **Coercion –** the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

51.2 In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

52. Recognising neglect

52.1 Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care;
- A child seen to be listless, apathetic and irresponsive with no apparent medical cause;
- Failure of child to grow within normal expected pattern, with accompanying weight loss;
- Child thrives away from home environment;
- Child frequently absent from school;
- Child left with adults who are intoxicated or violent;
- Child abandoned or left alone for excessive periods.

53. Further Contacts

53.1 Section 175 (157) of the Education Act 2002 puts an explicit duty on Governing Bodies to ensure their functions are exercised with a view to safeguarding and promoting the welfare of students. The Board of Directors will therefore ensure that sufficient resources are made available to enable the necessary tasks to be carried out properly under Safeguarding Children procedures including attending meetings, collating and writing assessment reports, and staff training. The Board of Directors will also ensure that all Directors have an understanding of safeguarding issues and those policies and procedures are in place in CtKCC to safeguard and promote the welfare of all students in the Multi-Academy. Safeguarding awareness will be addressed through the curriculum as appropriate to ensure all the students understand what is meant by safeguarding.

53.2 Further advice on Safeguarding matters can also be obtained from:

- Police (Non-emergency) 101
- Education Safeguarding Advisory Service (ESAS): 01785 895836
- Local Support Team: 01782 296290
- First Response Team including LADO advice: 0800 1313126 (Staffordshire); 01782 235100 (Stoke on Trent);
- Emergency Duty Team (EDT) (for out of office hours referrals for children and vulnerable adults): 0345 6042 886 (Staffordshire), 01782 234234 (Stoke on Trent);
- Staffordshire Vulnerable Adults referral contact details (for schools where students may be over the age of 18 years and have a physical or sensory impairment; drug or alcohol problems; mental health problem; or learning disability and may not be able to protect themselves from harm or abuse) – 0845 604 2719 or EDT number above;
- Staffordshire School Nurse Service: 07713 303 644
- Stoke School Nurse Services: 0300 124 0362
- NSPCC – 24 hour Child protection helpline – 0808 800 5000
- Child Exploitation and Online Protection (CEOP) http://ceop.police.uk/
- Professional Online Safety Helpline – 0344 381 4772 www.saferinternet.org.uk/helpline
- Internet Watch Foundation (IWF) - 01223 20 30 30 http://www.iwf.org.uk
- Childline – 0800 11 11 - www.childline.org.uk
- Ofsted:

General enquiries:	0300 123 1231
About schools:	0300 123 4234
Concerns:	0300 123 4666
E-Mail:	enquiries@ofsted.gov.uk

- HM Government (Advice on protecting children from radicalisation for parents, teachers and leaders) - www.educateagainsthate.com

53.3 Additional websites:

Staffordshire Safeguarding Children Board:	http://www.staffsscb.org.uk
Stoke-on-Trent Safeguarding Children Board:	http://www.safeguardingchildren.stoke.gov.uk/favicon.ico
Child Exploitation and Online Protection (CEOP):	www.knowaboutcse.co.uk
NSPCC:	https://www.nspcc.org.uk/
Women's Aid:	http://www.staffordshirewomensaid.org/contact_us/
UNICEF:	www.unicef.org.uk

ANNEX A

Visiting Staff Child Protection Information Poster

WELCOME TO: Christ The King Catholic Collegiate – [insert Academy name]

Academy Statement

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all pupils. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children received effective support, protection and justice. While working in our school we expect you to take care of our pupils and follow our procedures.

Key facts about child abuse.

Abuse and neglect can happen to any child, boy or girl, of any race, culture, ethnicity or sexuality. Disabled children and children with SEN are particularly vulnerable.

Many children are unable to disclose what is happening to them and rely on us to interpret their behaviour and spot signs of abuse.

A pupil may:

- Have a bruise, burn or injury that seems suspicious;
- Show signs of pain or discomfort;
- Be unnaturally passive or withdrawn;
- Be unpredictable and challenging;
- Seem anxious, fearful or distressed;
- Provide an unlikely explanation for their injury or their behaviour.

If you are concerned for a child's health, welfare or safety in any way you must speak to the Designated Safeguarding Lead, (DSL) or a senior member of staff before you leave the school site.

Do not question the pupil or try to secure evidence. Your responsibility is to report your concern, not to investigate.

If a pupil tells you something that suggests they are at risk or harm, allow them to tell you as much as they wish and let them know that you must pass the information on to the DSL/DDSL.

If you become concerned about a pupil's immediate safety, notify the nearest member of staff and tell them why you are concerned.

If you have any questions or wish to see our Safeguarding Policy, please contact the office staff.

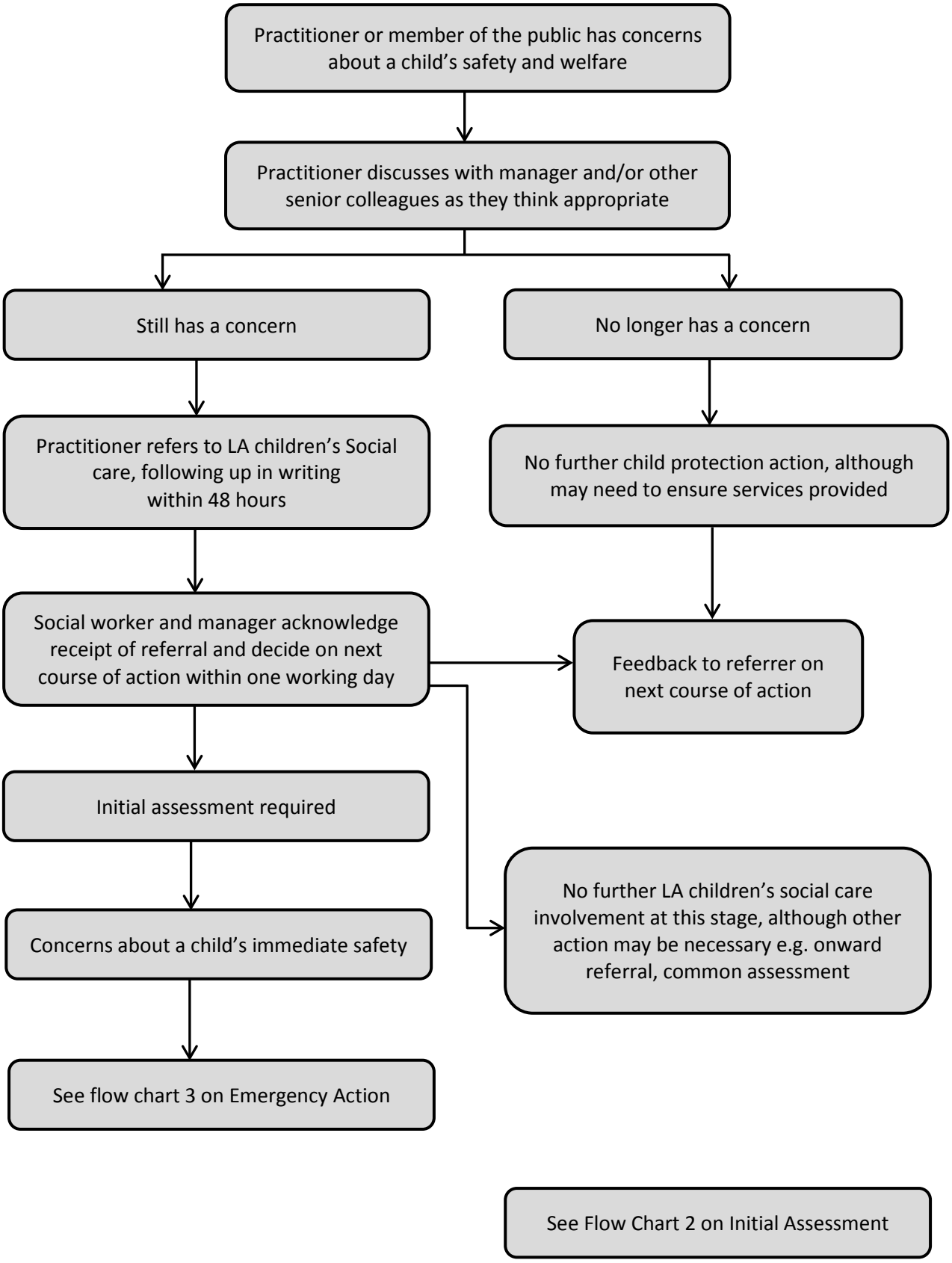
The DSL at this academy is [insert Name]

The DDSL at this academy is [insert Name]

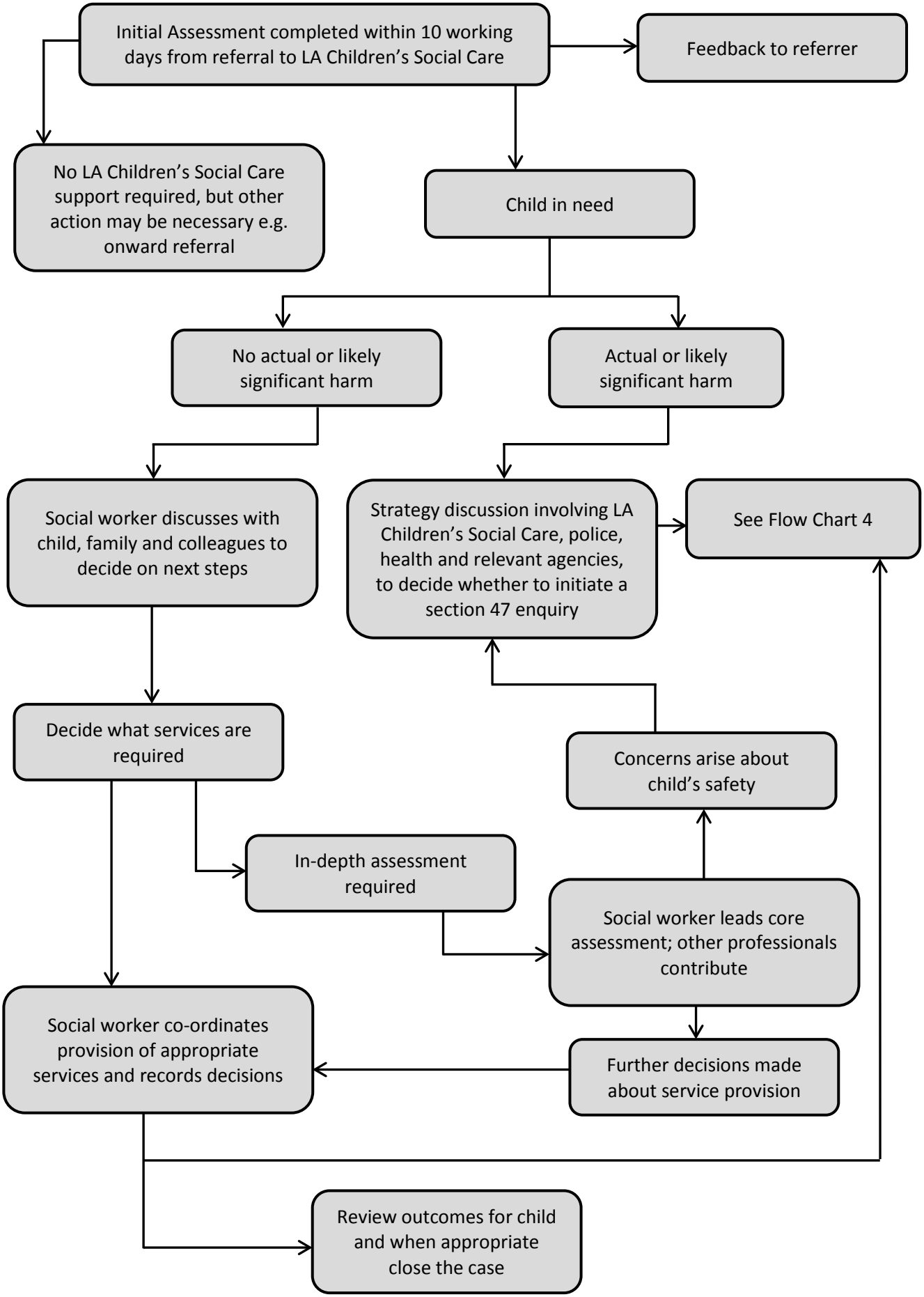
ANNEX B

ROUTES OF REFERRAL

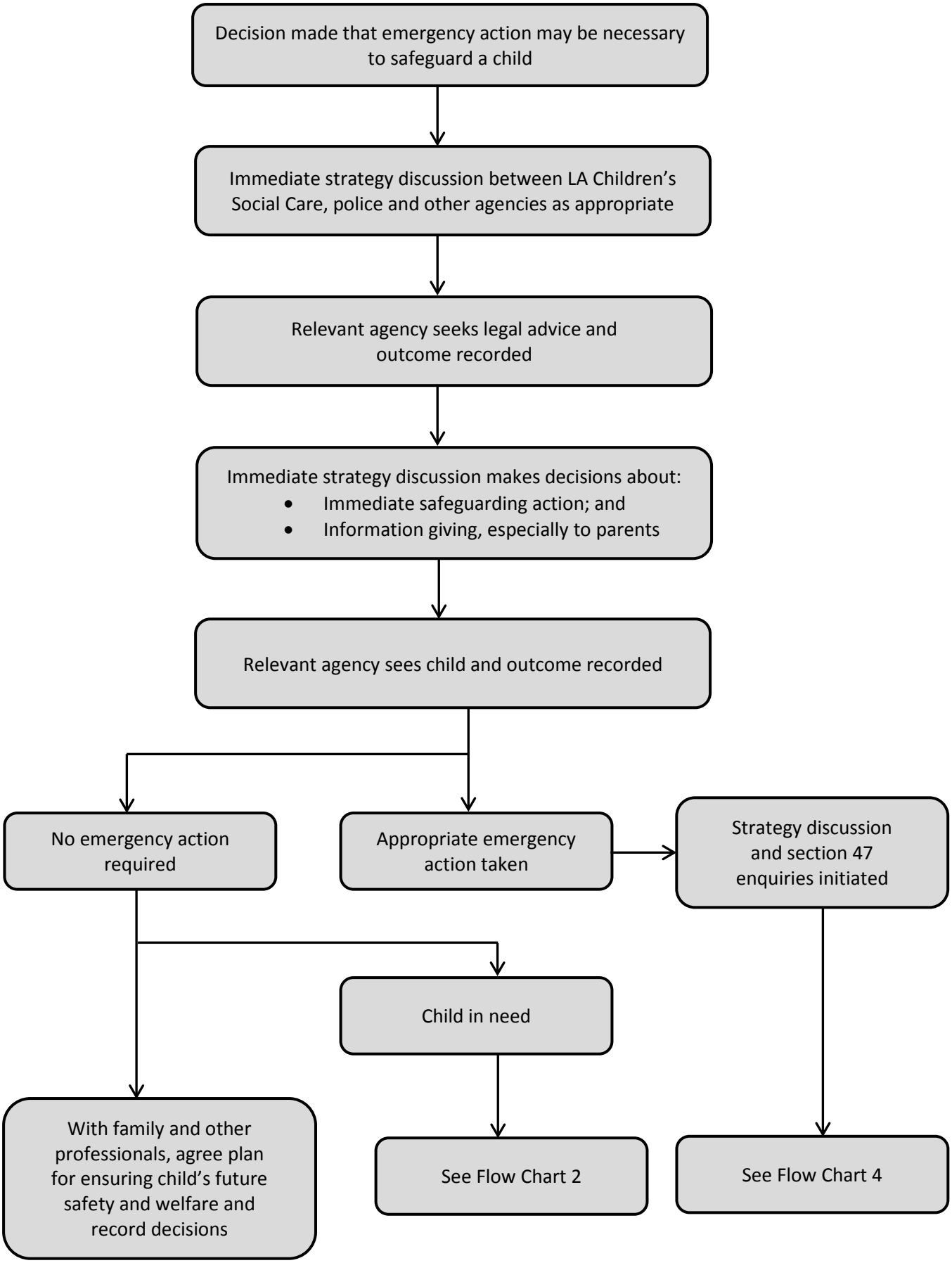
Flow Chart 1 – Referral



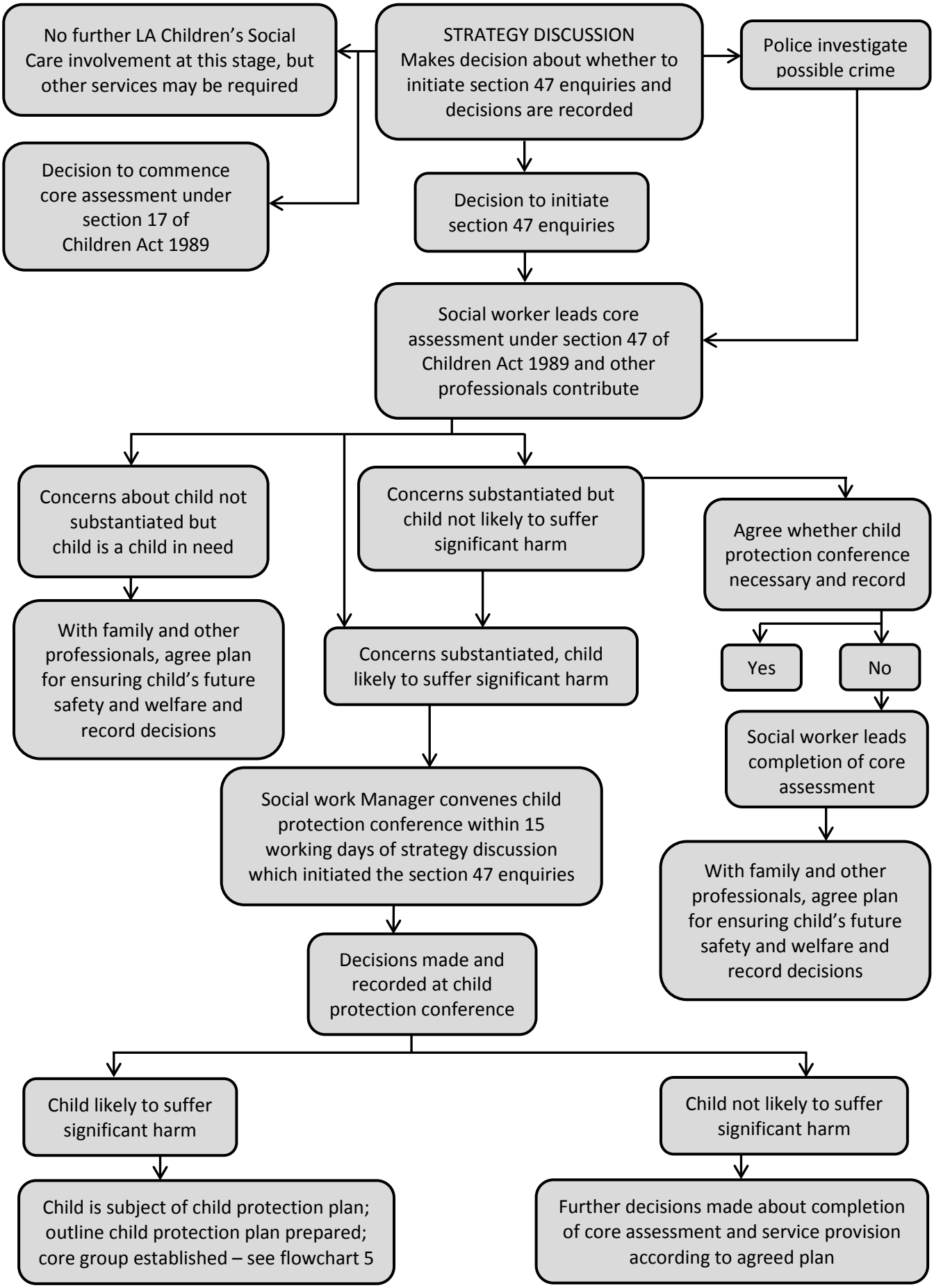
Flow Chart 2 – What happens following initial assessment?



Flow Chart 3 – Urgent action to safeguard children



Flow Chart 4 – What happens after the strategy discussion?



DO NOT KEEP WITH CURRICULUM RECORDS

Initial Concerns Form

To be handed or emailed to *[insert name]* -Safeguarding Co-ordinator

Date of Concern:-

Time of Concern:-

Student Name:-

Year Group:-

Nature of concern:-

Member of Staff raising concern:-

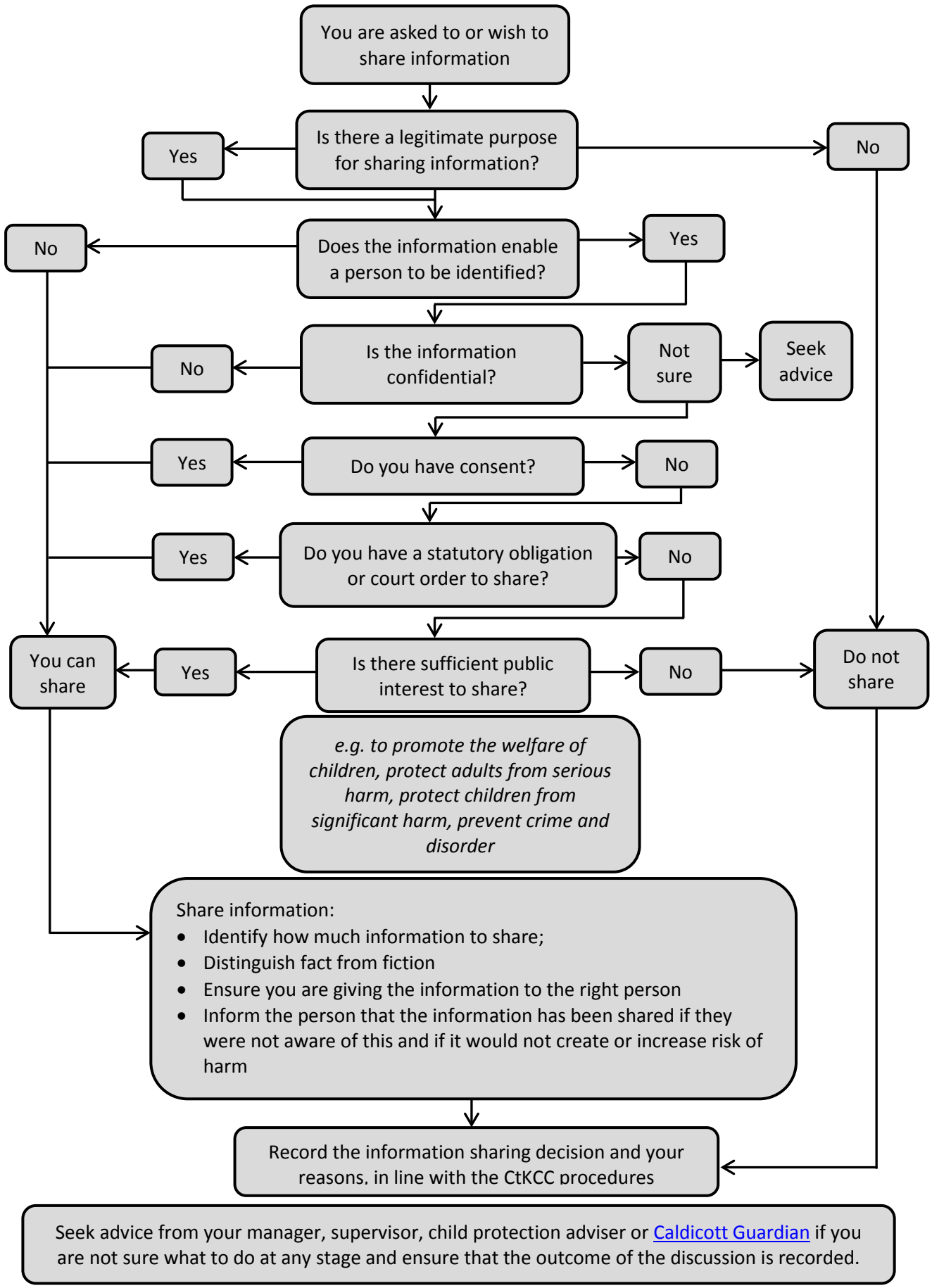
Action by School:-

This does not replace the Multi-Agency Referral Form which should still be completed within 48 hours if the above concerns result in a referral being made to First Response.

ANNEX D

INFORMATION SHARING GUIDANCE: WHEN TO SHARE

If there are concerns that a child may be at risk of significant harm or an adult may be at risk of serious harm, then follow the relevant procedures without delay.



Transfer of Safeguarding Records

This form should be completed when a pupil moves to another setting and there are safeguarding concerns and records to transfer.

Child's Name	
D.o.B	
Previous Surnames or Aliases	
Current School Year	
Names of Parent/s / Carer/s	
Name of People with Parental Responsibility	
Name of any Siblings	
Name of Social Worker/ Lead Professional	

Information and files transferred (to include chronologies and assessments):

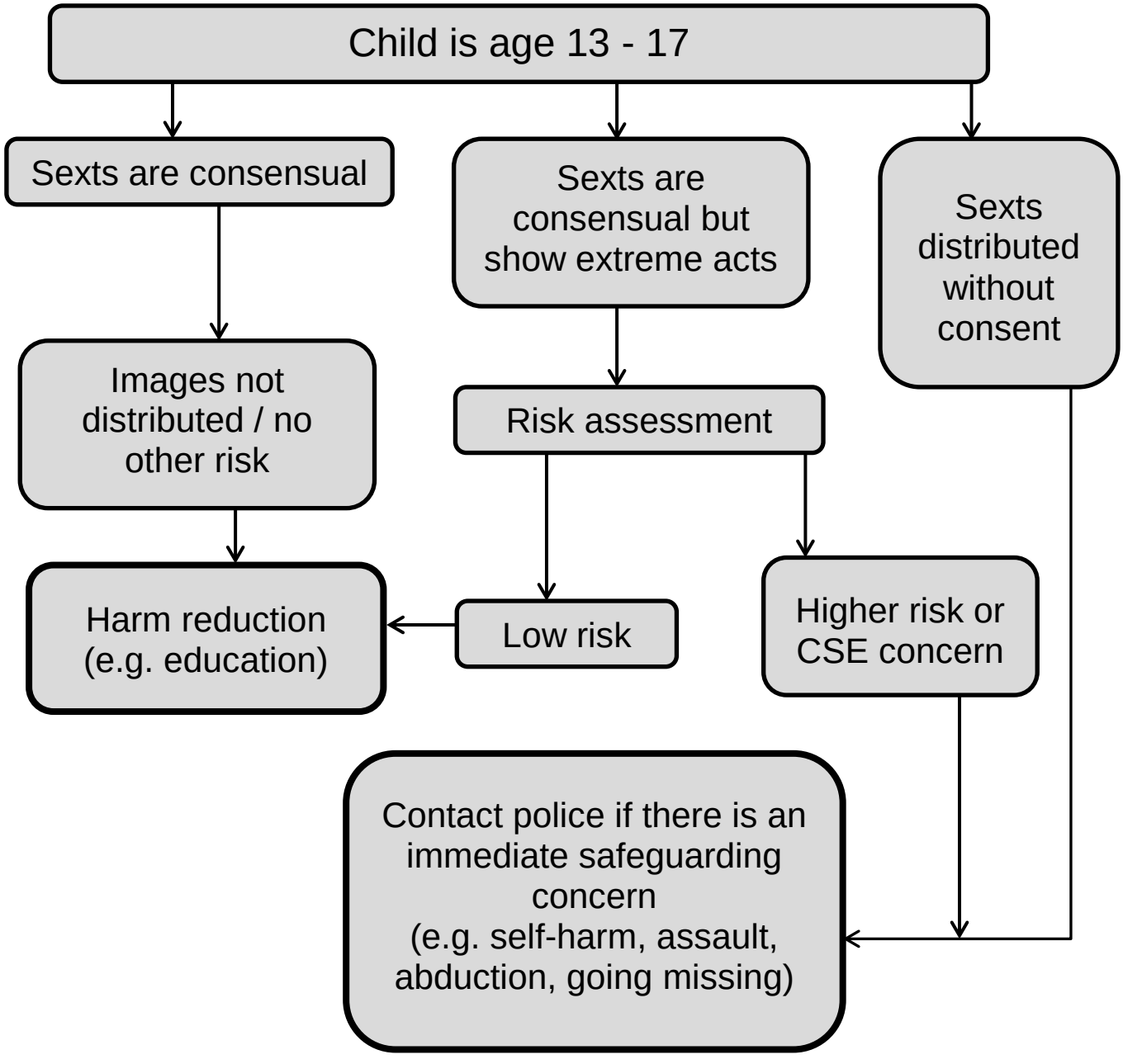
Name of sending school	
Name of receiving school	
Received by (name)	
Date of first entry in file	
Date of last entry in file	

Child statues: (Please tick)

Single Agency Support	
CAF/ Early Help	
Child in Need	
Child Protection	
Cared for Child	

Transferred by:	**Received by:**
Name: Position: Signed: Date:	Name: Position: Signed: Date:

SEXTING FLOWCHART



When might I always need to share a sexting incident with other agencies?

Child is under 13

Refer to MASH
(Multi-Agency Safeguarding Hub)
MASH – First Response Team
0800 13 13 126
Out of hours: 0345 604 2886
firstr@staffordshire.gov.uk
Refer to Police

EXTREMISM/RADICALISATION 'PREVENT' FLOW CHART

PREVENT

What do I do if I have concerns about an individual in relation to extremism or radicalisation?

If you have concern about an individual in relation to extremism or radicalisation, you can refer to the Prevent Team. They will be able to offer appropriate advice and guidance and will refer into the Channel process, if required.

Prevent Co-ordinator
Tel: 01785 232054
Email: Calum.Forsyth@staffordshire.pnn.police.uk

Prevent Team
Tel: 01785 238239 or 01785 233109
Email: prevent@staffordshire.pnn.police.uk

What is Channel?

Channel is a key element of the Prevent Strategy. It is a multi-agency approach to protect people at risk of radicalisation. Channel uses existing collaboration between local authorities, statutory partners, the police and the local community to identify individuals at risk of being drawn into terrorism, assess the nature and extent of that risk and develop the most appropriate support for the individuals concerned.

More information about Channel can be found at the following link.

What happens once I have raised a concern about an individual with the Prevent Team?

Prevent Team Officers would liaise with you to discuss your concerns. They would complete a vulnerability assessment for the individual (either by engaging directly with them or based on information given by the referrer, depending on the circumstances).

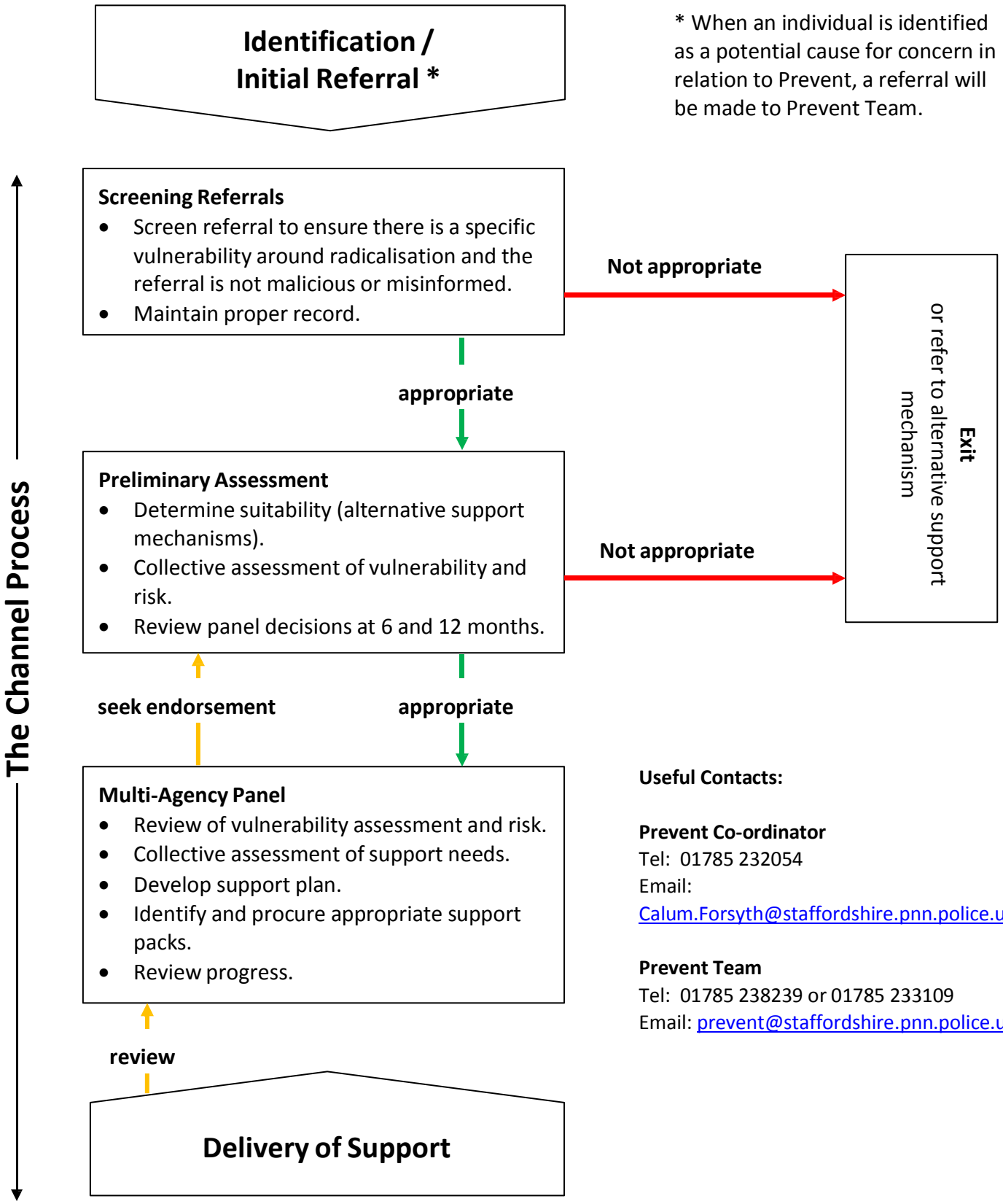
The information would then be used to make a decision as to whether the case needed to be discussed at the next Channel meeting, where the assessment is discussed and agencies are invited to contribute any shared knowledge about the individual from their own area of business. The vulnerability assessment scoring is also discussed and a decision made about how to ensure the most suitable outcomes for the individual are achieved. If the case is not accepted into the Channel process at this stage, it will be referred back to the Case Management process, where appropriate alternative support and engagement for the individual will be identified.

If an individual who has been referred to Channel is the subject of an existing statutory process (for example, child protection processes) the Prevent Team would endeavour to contribute to the statutory process along with the other key partners who were working together to achieve the best outcomes for the individual concerned.

The person making the referral will be kept informed and, in many cases, would be involved in decision-making going forward.

Channel Process

The diagram shows the different stages within the Channel process:



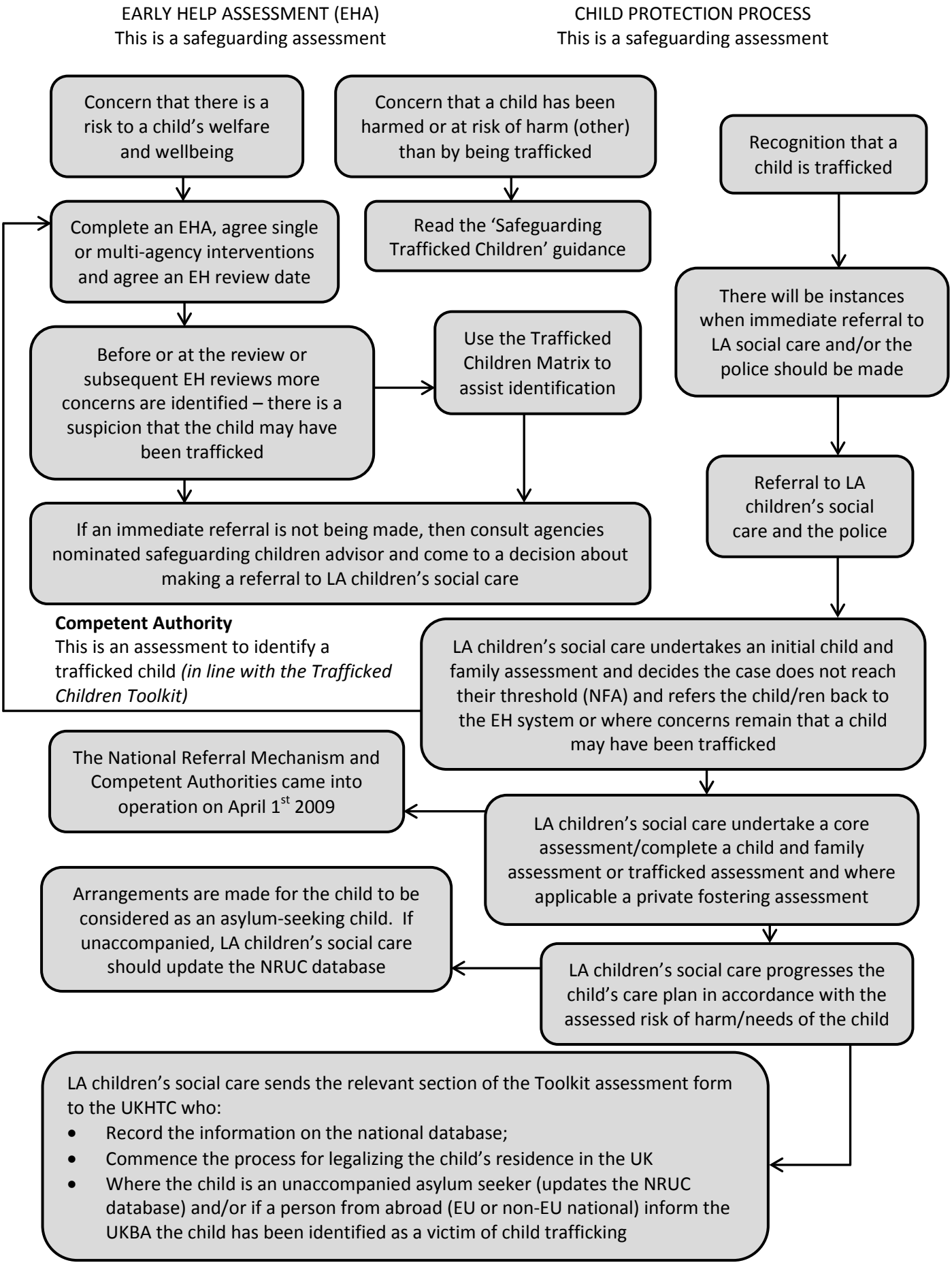
Useful Contacts:

Prevent Co-ordinator
Tel: 01785 232054
Email:
Calum.Forsyth@staffordshire.pnn.police.uk

Prevent Team
Tel: 01785 238239 or 01785 233109
Email: prevent@staffordshire.pnn.police.uk

Source: 'Channel: Protecting vulnerable people from being drawn into terrorism – A guide for local partnerships'. HM Government, October 2012

SAFEGUARDING A TRAFFICKED CHILD



ANNEX I

CONFIDENTIAL

Staffordshire and Stoke on Trent Partnership NHS Trust

www.safeguardingchildren.stoke.gov.uk

STUDENT MIGRATION REPORT – STUDENTS LEAVING THIS SCHOOL/ ACADEMY

At the beginning of each half term all Schools and Academies in Newcastle-under-Lyme and Staffordshire Moorlands must notify School Health of students leaving using this form. Please e-mail completed form to: - sshis.childhealth@nhs.net

Name of School/Academy			Name of Headteacher		Date
Name of Child Leaving School/Academy	**Date of Birth**	**Current Home Address**	**New Home Address**	**Name & Address of New School / Academy (where child is moving to)**	**Date of Leaving**

CONFIDENTIAL

CONFIDENTIAL

Staffordshire and Stoke on Trent Partnership NHS Trust

www.safeguardingchildren.stoke.gov.uk

STUDENT MIGRATION REPORT – STUDENTS ARRIVING AT THIS SCHOOL/ ACADEMY

At the beginning of each half term all Schools and Academies in Newcastle-under-Lyme and Staffordshire Moorlands must notify School Health of students ENROLLING using this form. Please e-mail completed form to: - sshis.childhealth@nhs.net

Name of School/Academy			Name of Headteacher		Date
Name of Child Arriving at School/Academy	**Date of Birth**	**Current Home Address**	**Previous Home Address**	**Name & Address of Previous School / Academy (where child is moving from)**	**Date of Arrival**

ANNEX J

CHRIST THE KING CATHOLIC COLLEGIATE
A Multi Academy Company

Together as one community with Christ at the centre

Safeguarding Policy

Declaration

All Directors, Governors, employees, contractor[10] and volunteers must read and understand the Safeguarding policy then sign this form periodically (at least annually) or following a change in role/position/policy as necessary. Your completed form will be retained on file.

Should you require any clarification on the content of the Safeguarding Policy, please contact the Academy Designated Safeguarding Lead in the first instance.

Declaration:

I confirm that, I have read, understood and accept all of the direction contained in the Safeguarding Policy.

Your details:

Name: Position title:

Signature: Date:

[10] For the purpose of this policy, 'contractor' refers to Catering and Cleaning services only.