



# ARCHWAY ACADEMY INDEPENDENT SCHOOL SAFEGUARDING POLICY



## **Introduction**

Governors take extremely seriously their responsibilities under the Education Act to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.

As such, this policy is one of a series in the school's integrated safeguarding portfolio, including: staff code of conduct, whistleblowing, bullying, pupil behaviour, E - Safety, use of reasonable force (physical restraint), intimate care, complaints, First Aid, risk assessment, recruitment and selection etc.) It should be considered alongside Health and Safety legislative requirements.

## **Guiding principles**

The school's responsibility to safeguard and promote the welfare of children is of paramount importance.

All children, regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection.

Children who are safe and feel safe are better equipped to learn and so succeed.

This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

All staff have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm at home, in the community or in school.

When concerned about the welfare of a child, staff members should always act in the interests of the child.

The school will work with other agencies and share information appropriately to ensure the safety and wellbeing of our students.

Pupils and staff involved in child protection issues will receive appropriate support.

### **Safeguarding Team**

**Designated Safeguarding Lead (DSL) - Jess Southall**

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## Aims

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 they will be effectively listened to.

To support the child's development in ways that will foster security, confidence and independence.

To provide all staff with the necessary information to enable them to meet their safeguarding and child protection responsibilities.

To promote and raise the awareness of all teaching and non - teaching staff of the need to safeguard children and of their responsibilities in identifying safeguarding concerns and reporting possible cases of abuse, including Forced Marriage (FM) and Female Genital Mutilation (FGM) - (Appendices 1 and 2).

To raise awareness of all staff of the extended scope of safeguarding to broader aspects of care and education including Health and Safety; well - being; provision of First Aid; mental health; meeting the needs of children with special educational needs or medical conditions; online safety; ensuring children' security; the use of reasonable force to protect them.

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

To emphasise the need for good levels of communication between all members of staff.

To ensure consistent good practice.

To develop and promote effective working relationships with other agencies, especially the Police, Social Care services and other relevant external partners.

To ensure that all staff working within our school who are engaging in regulated activity have been checked as to their suitability, including verification of their identity, professional qualifications, a barred list check; a prohibition from teaching check, a section 128 check (for those in management); a check to establish their right to work in the United Kingdom, further checks on people who have lived or worked outside the UK and a satisfactory enhanced DBS check and a Single Central Register is maintained and retained for audit.



To ensure that contractors whose work gives them the opportunity for contact with children have an enhanced DBS certificate with barred list check.

To ensure that volunteers, visitors, visiting professionals or presenters are supervised at all times.

To demonstrate the school's commitment with regard to safeguarding and child protection to pupils, parents and other partners.

To contribute to the school's safeguarding portfolio.

## Terminology

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

**Safeguarding children** is a concept that reaches beyond **child protection** to incorporate the additional aims of preventing the harm of **children's** health and development, ensuring **children** are growing up in circumstances consistent with the provision of safe and effective care.

**Child Protection** is a term used to describe the activity that is undertaken to **protect** specific **children** who are suffering or likely to suffer significant harm.

## Child protection statement

The school recognises its moral and statutory responsibility to safeguard and promote the welfare of all children. The school endeavours to provide a safe and welcoming environment where children are respected and valued. The school will act quickly and follow procedures to ensure children receive effective support, protection and justice.

## Safeguarding Legislation and Guidance

### Education Act 2011

The Education Act requires local education authorities and the governors of schools to make arrangements to ensure that their functions are carried out with a view to safeguarding and promoting the welfare of children / young people.

The Education (Independent Schools Standards) (England) Regulations require proprietors of independent schools to have arrangements to safeguard and promote the welfare of children who are pupils at the school.

Counter Terrorism and Security Act 2015, Section 26 Applies to schools and other providers; To have due regard to the need to prevent people being drawn into terrorism.



## **Statutory Guidance**

Working Together to Safeguard Children (August 2018) covers the legislative requirements and expectations on individual services (including schools and colleges) to safeguard and promote the welfare of Children. It also provides the framework for Local Safeguarding Children Boards (LSCB's) to monitor the effectiveness of local services, including safeguarding arrangements in schools.

Keeping Children Safe in Education (September 2018) requires Schools and colleges to have regard to this guidance when carrying out their duties to safeguard and promote the welfare of children.

### Prevent Duty Guidance - England and Wales

Covers the duty of schools and other providers in section 29 Counter Terrorism and Security Act 2015, to have due regard to the need to prevent people being drawn into terrorism. <https://www.gov.uk/government/publications/prevent-duty-guidance>

### Teaching Standards

The Teacher Standards 2012 state that teachers, including Head Teachers should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.

## **Roles and Responsibilities - Key personnel**

### Governors

Archway Academy will ensure that all Governors understand and fulfil their responsibilities, namely to ensure that:

- there is a Safeguarding Policy;
- there is a Code of Conduct (Staff Behaviour) Policy;
- the school implements Safer Recruitment procedures by ensuring that there is at least one person on every recruitment panel who has completed Safer Recruitment training (<https://www.nspcc.org.uk/what-you-can-do/get-expert-training/saferrecruitment-education-course/>);
- all those who come into contact with pupils have gone through the necessary checks (Appendix 3);
- procedures for dealing with allegations of abuse against staff and volunteers and referrals to the DBS are clear, shared and well understood;



- a senior leader has Designated Safeguarding Lead (DSL) responsibilities;
- on appointment, the DSL undertakes both interagency and DSL 'new to role' training and an 'update' course every 2 years. The DSL will also undertake additional updates (including PREVENT) regularly (at least annually) to keep up with any developments relevant to their role - this can be in the form of reading e-bulletins, taking some time to read safeguarding developments or meeting other DSLs;
- all other staff have safeguarding training that is updated at least annually through INSET events, staff meetings, staff briefings and e-bulletins;
- a member of the Governance Committee (usually the Chair) is nominated to liaise with the Local Authority (LA) on safeguarding issues and in the event of an allegation of abuse made against the Proprietor & Executive Managing Director of Archway Academy;
- Safeguarding policies and procedures are reviewed annually, unless an incident, new legislation or guidance suggests the need for an interim review;
- the Safeguarding Policy is available on the school website and by other means as required;
- the Governance Committee considers how children may be taught about safeguarding. This may be part of a broad and balanced curriculum covering relevant issues through the Skills for Education, Training and Personal Development (SETPD) qualification, online E - Safety training and as part of Information, Advice and Guidance (IAG);
- that enhanced DBS checks are in place for Governance Committee members.

### Designated Safeguarding Lead (DSL)

The DSL (**Jess Southall**) is a senior member of staff from the school's leadership team and therefore has the status and authority within the school to carry out the duties of the post, including committing resources and supporting and directing other staff.

The DSL takes lead responsibility for safeguarding and child protection in the school, which will not be delegated, although the activities of the DSL maybe delegated to appropriately trained deputies.



The DSL is also responsible for:

- referring a child if there are concerns about possible abuse, to the Local Authority (LA) and acting as a focal point for staff to discuss concerns. Referrals should be made in writing, following a telephone call using the Multi Agency Referral Form (MARF) or LA equivalent;
- supporting staff who make referrals to local authority children's social care services;
- referring cases to the Channel programme where there is a radicalisation concern;
- supporting staff who make referrals to the Channel programme;
- referring cases to the Disclosure and Barring Services where a person is dismissed or left due to risk/harm to a child;
- referring cases where a crime may have been committed to the Police and/or appropriate agencies as required;
- keeping written records of concerns about a child even if there is no need to make an immediate referral;
- ensuring that all such records are kept confidentially and securely and are separate from pupil records, until the child's 25<sup>th</sup> birthday, and are copied on to the child's next school or college;
- ensuring that an indication of the existence of any such records or files as above is noted on the pupil records;
- liaising with other agencies and professionals;
- ensuring that either they or the staff member attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with the parents;
- ensuring that any pupil currently with a Safeguarding plan who is absent in the educational setting without explanation for two days is referred to their key worker's Social Care Team;
- organising safeguarding induction, regular updates and training for all school staff;



- providing (in conjunction with the Proprietor & Executive Managing Director) an annual report for the Governance Committee, detailing any changes to the policy and procedures; training undertaken by the DSL, and by all staff and Governance Committee Members; number and type of incidents/cases and number of children on the Safeguarding Register (anonymised).

## **Training and Development**

Any Designated Safeguarding Officers who are involved in recruitment and at least one member of the Governance Committee will also complete safer recruitment training (currently online on the DfE website); this should be renewed at least every 2 years.

All members of staff and volunteers are provided with safeguarding awareness information at induction and beyond. Key safeguarding messages, materials and resources are included in the staff induction ('arrival') pack, including the school's Safeguarding Policy, statement and procedures for raising and reporting concerns.

All members of staff read the "What to do if you are worried a child is being abused - advice for practitioners" (March 2015). Additional links to further key information are also provided (e.g. the NSPCC website) for information about recognising abuse; government guidance about specific safeguarding issues is also provided on the school's shared drive ('Share Point').

All members of staff are trained in and receive regular updates in e-safety and reporting concerns.

All other staff and Governance Committee Members, have Safeguarding awareness training, updated by the DSL as appropriate, to maintain their understanding of the signs and indicators of abuse.

All members of staff, volunteers, and Governance Committee Members know how to respond to a pupil who discloses abuse through reference to the 'Awareness Raising' pack, regular updates and training;

All parents are made aware of the responsibilities of staff members with regard to safeguarding procedures through publication of the school's Safeguarding Policy, and references to it in the school's Prospectus.





## **Operating protocols**

Safeguarding concerns or allegations against adults working in the school are referred to the Local Authority Designated Office (LADO) for advice.

Any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS) for consideration for barring, following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.

The name of the designated members of staff for Safeguarding, will be clearly displayed in the school, with a statement explaining the school's role in referring and monitoring cases of suspected abuse.

The DSL or Deputy DSL (DDSL) will be always be available during term time for staff in the school to discuss any concerns. Ideally, they should be physically present on school premises but in exceptional circumstances will be available via phone, Skype or similar.

All new members of staff will be given a copy of the school's Safeguarding Policy, with the DSL's names clearly highlighted, as part of their induction into Archway Academy.

The Safeguarding Policy will be available publicly, on the school website and by other means. Parents are made aware of this policy and of their entitlement to have a copy of it via the school's website and prospectus.

## **Procedure for reporting and referring on safeguarding concerns**

The reporting procedure is detailed in Appendix 4.

The post referral procedure is detailed in Appendix 5.

## **Supporting Children**

We recognise that a child who is abused or witness's violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self- worth;

We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm;



We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn;

Academy Archway will support all its pupils by:

- encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying;
- promoting a caring, safe and positive environment within the school;
- liaising and working together with all other support services and those agencies involved in the safeguarding of children;
- notifying Social Care services and relevant agencies as soon as there is a significant concern;
- providing continuing support to a child about whom there have been concerns who leaves the school by ensuring that appropriate information is copied under confidential cover to the child's new setting and ensuring the school medical records are forwarded as a matter of priority.

## **Confidentiality**

We recognise that all matters relating to Safeguarding are confidential.

The Proprietor & Executive Managing Director or DSL will disclose any information about a child to other members of staff on a need to know basis only.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children;

All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing;

We will always undertake to share our intention to refer a child to Social Care services and relevant agencies with their parents unless to do so could put the child at greater risk of harm or impede a criminal investigation. If in doubt, we will consult with the relevant Council's Information, Advice and Support Service (IASS) on this point.



## Supporting Staff

We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.

We will support such staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support as appropriate.

## Allegations against Staff

All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults;

All staff should be aware of the school's staff Code of Conduct.

Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction.

We understand that a pupil may make an allegation against a member of staff. If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Proprietor & Executive Managing Director<sup>1</sup>.

The Proprietor & Executive Managing Director on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO).

If the allegation made to a member of staff concerns the Proprietor & Executive Managing Director, the person receiving the allegation will report this to the Local Authority Designated Officer, without notifying the Proprietor & Executive Managing Director.

The school will follow the local procedures for managing allegations against staff. Under no circumstances will we send a child home, pending such an investigation, unless this advice is given exceptionally, as a result of a consultation with the LADO.

Suspension of the member of staff (excluding the Proprietor & Executive Managing Director) against whom an allegation has been made, needs

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<sup>1</sup> or Chair of Governance Committee Members in the event of an allegation against the Proprietor & Executive Managing Director



careful consideration, and the Proprietor & Executive Managing Director will seek the advice of the LADO in making this decision.

In the event of an allegation against the Proprietor & Executive Managing Director, the decision to suspend will be made by the Chair of Governance Committee.

## **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 safeguarding, 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 and follow the Whistleblowing Policy.

Whistle-blowing in relation to the Proprietor & Executive Managing Director should be made to the Chair of the Governance Committee whose contact details are readily available to staff (as pertinent to setting).

## **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.

We understand that physical intervention of a nature that causes injury or distress to a child may be considered under safeguarding or disciplinary procedures.

We recognise that touch is appropriate in the context of working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.<sup>2</sup>

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<sup>2</sup> 'Guidance on Safer Working Practices is available on the DfE website



## **Anti Bullying**

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

## **Racist Incidents**

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 safeguarding procedures. We keep a record of racist incidents.

## **Prevention**

We recognise that the school plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults, supportive friends and an ethos of protection.

The school community will therefore:

- work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to;
- include regular consultation with children e.g. through safety questionnaires, participation in anti - bullying week, asking children to report whether they have had happy/sad lunchtimes/break times;
- ensure that all children know there is an adult in the school
- include safeguarding across the curriculum, including PSHE, opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help. In particular this will include anti-bullying work, e-safety, road safety, pedestrian safety, personal safety and independent travel;
- ensure all staff are aware of school guidance for the use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.



## **Health and Safety**

Our Health and Safety policy, set out in a separate document, reflects the consideration we give to the protection of our children both physically within the school environment, and for example in relation to internet use, and when away from the school and when undertaking school trips and visits.

## **Monitoring and evaluation**

Our Safeguarding Policy and Procedures will be monitored and evaluated by:

- Governor's visits to the school;
- pupil surveys and questionnaires;
- scrutiny of attendance data;
- scrutiny of range of risk assessments;
- scrutiny of governance committee minutes;
- logs of bullying/racist/behaviour incidents for Governance Committee to monitor;
- review of parental concerns and parent questionnaires/



## Appendix 1

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### Recognising child abuse

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#### Categories of Abuse:

- physical abuse;
  - emotional abuse (including domestic abuse);
  - sexual abuse;
  - neglect.
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#### Signs of Abuse in Children:

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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.
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## Risk Indicators

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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.

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).

The parent or guardian 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.

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

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## Recognising Physical Abuse

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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 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.

## Bruising

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.

### **Bite Marks**

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.

### **Burns and Scalds**

It can be difficult to distinguish between accidental and non-accidental burn 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.

### **Fractures**

Fractures may cause pain, swelling and discolouration 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.

### **Scars**

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

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## **Recognising Emotional Abuse**

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Emotional abuse may be difficult to recognise, as the signs are usually behavioural 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/guardian/carer
- indiscriminate attachment or failure to attach;
- aggressive behaviour towards others;
- scape - goated 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.



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## Recognising Signs of Sexual Abuse

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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.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural 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).

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.



## **Sexual Abuse by Young People**

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.

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.

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.

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.

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

## **Financial abuse**

Everyone has the right to money and property that is legally theirs. Financial abuse is when someone takes your money or belongings without asking and uses this for their personal gain.

Financial abuse can include:

- money or possessions stolen, borrowed or withheld without permission;
- preventing someone from buying goods, services or leisure activities;
- staff or volunteers borrowing/accepting gifts or money from service users;
- goods or services purchased in someone's name but without their consent;



- being deliberately overcharged for goods or services or being asked to part with money on false pretences;
- being asked to sign or give consent to financial agreements when a person does not have the mental capacity to understand or give an informed consent.

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## Assessment

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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 that 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.

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



## Recognising Neglect

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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 unresponsive 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.

## Child Sexual Exploitation

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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.

### **Recognising signs of abuse in children with special educational needs and disabilities**

Staff should never assume that specific behaviours, moods or injuries are related to a child's disability if there is the slightest possibility that they are indicators of possible abuse;

Staff should always be aware that children with special educational needs and disabilities may not always show signs of the extent to which the negative behaviour of others affects them;

Staff should also be aware that children with SEN or disabilities may not be able or willing to speak to a responsible person about matters of abuse;

Because of all the above staff should always be vigilant when supervising pupils with SEN or disabilities in order to identify signs of possible abuse and speak to the DSL as soon as they have any concerns.



## Appendix 2

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### Forced Marriage (FM)

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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. Whistleblowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.

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### Female Genital Mutilation (FGM)

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Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). **It is a form of child abuse and violence against women.** FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act<sup>1</sup> introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report ‘known’ cases of FGM in under 18s which they identify in the course of their professional work to the police. The word “teacher” in this case refers to anyone who is employed or engaged to carry out teaching work whether or not they have qualified teacher status. “Teaching work” is defined as any of the following activities: planning and preparing lessons and courses for pupils; assessing and/or reporting on the development, progress and attainment of pupils. The duty applies from 31st October 2015 onwards. If it is found that a member of staff failed to comply with the duty the matter will be dealt with according to Archway Academy’s disciplinary procedure. If the result is a dismissal the DSL will refer the case to the National College of Teaching and Leadership (NCTL).

‘Known’ cases are those where either a girl informs the person that an act of FGM - however described - has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act 2003<sup>2</sup>. At Archway Academy, due to the nature of our work the only way we can know is if a girl makes a disclosure to a member of staff. The duty only applies if the victim herself discloses - if a friend or sibling or someone else discloses the reporting duty **does not** apply, follow the usual safeguarding procedures (Appendix 4).

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?**

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

### **4 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?

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

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 Leone, 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.

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.

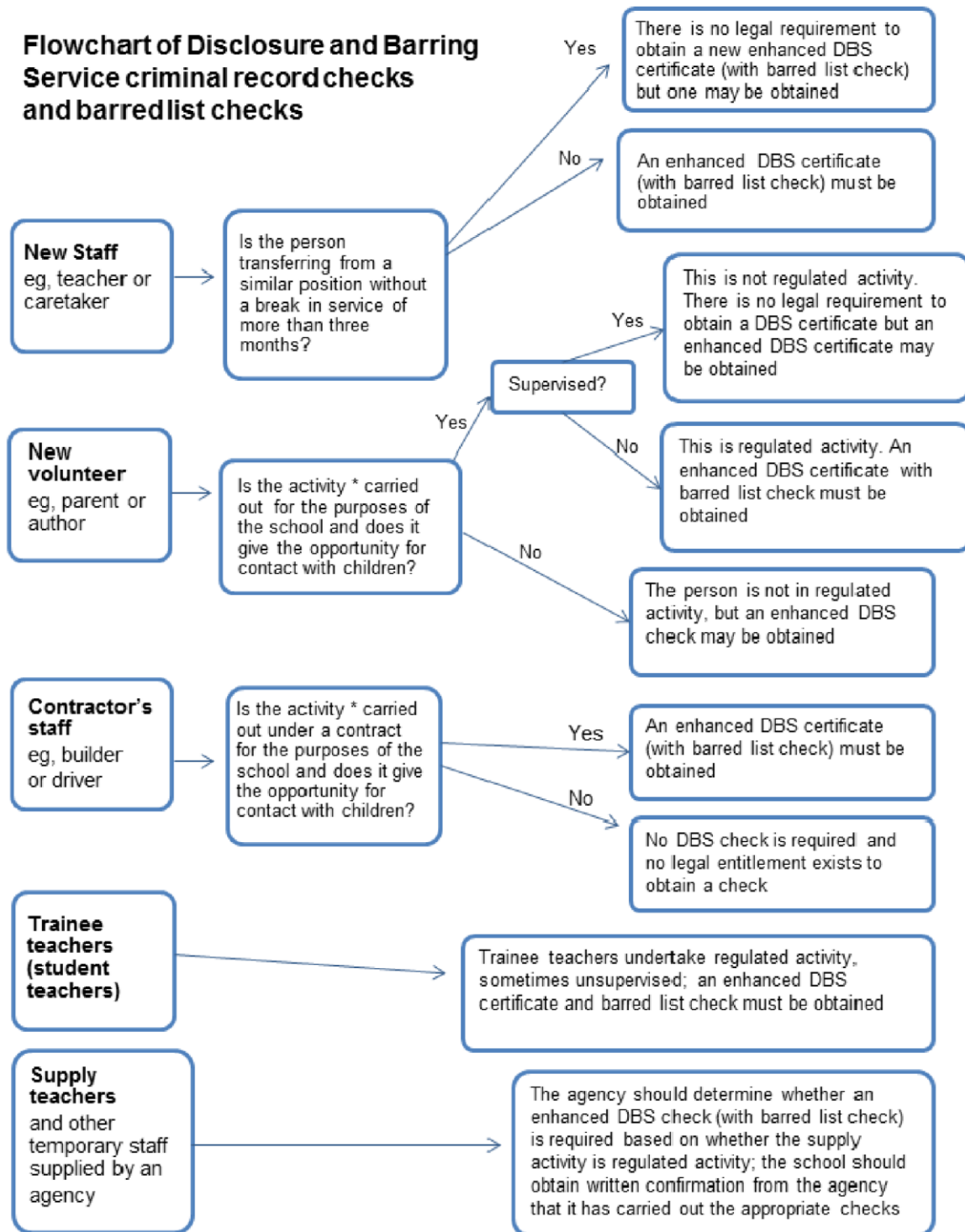
## The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings take action **without delay**. If you see any of the signs described and suspect that FGM has occurred, refer to the DSL. The duty to make a report does not apply when FGM is suspected only when it is known.



### Appendix 3

#### Flowchart of Disclosure and Barring Service criminal record checks and barred list checks



\* Activities listed under the guidance's definition of regulated activity and which are carried out 'frequently'



## Appendix 4

### What to do if you have safeguarding concerns

#### Concerns regarding a child

- if a child is in immediate danger you should report it to the police (**999**) and/or refer to the relevant Local Authority immediately;
- if you discover that an act of FGM appears to have been carried out on a girl aged below 18 (because the child discloses this to you) you must report this to the police (**101**). The duty to make this report applies to the person who has received the disclosure. The report should be made as soon as possible after the case is discovered ideally by the close of the next working day. If you have concerns that making the report is likely to result in an immediate safeguarding risk to the child or another child (such as a sibling) consult the DSL before making the report. When making the report dial **101** and you will be connected to the police force covering the local area around the school. You will hear a message asking you to choose which police force you want to be connected to. The duty requires you to make the report to the police force in the area where the girl resides so you need to know where the girl lives before you make the call. You should be prepared to provide the following information when you make the call:
  - explain that you are making a report under the FGM mandatory reporting duty;
  - your details:
    - name;
    - contact details (work telephone number and e-mail address) and times when you will be available to be called back;
    - role;
    - place of work.
  - details of your organisation's designated safeguarding lead:
    - name;
    - contact details (work telephone number and e-mail address);
    - place of work.
  - the girl's details:



- name;
- age/date of birth;
- address.
- wherever possible you should inform the girl's parents before making a report unless you believe that informing them may result in a risk of serious harm to the child or sibling, or the family fleeing the country;
- if your concerns are different from the above, you must either inform the DSL or refer to the relevant Local Authority;
- if you decide to make the referral to the relevant Local Authority directly you must inform the DSL as soon as possible;
- for information about what happens after a referral is made, see the flowchart - Appendix 5;
- you should keep written comprehensive records of all concerns, discussions, decisions made and reasons for decisions made throughout the process.

#### Concerns about a member of staff

- if you have concerns about a member of staff refer this to the Executive Managing Director;
- if you receive allegations about a member of staff refer this to the Executive Managing Director;
- if you have concerns or receive allegations about the Executive Managing Director (who happens to be the sole proprietor of the school) refer to the LADO directly. If you wish you may discuss the concerns with the DSL and make the referral through them.

#### Concerns about the safeguarding practices of the school

- if you have concerns about the safeguarding practices of the school, raise your concerns with a member of the Senior Management (SM);
- if you feel that your concerns are not being addressed or feel unable to raise your issues with SM, follow the school's whistleblowing procedure;



## Appendix 5: What happens after referrals are made?

### Actions where there are concerns about a child

