



Policy for the Safeguarding of Children (Child Protection)

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Section 1: Introduction

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and development, ensuring that children grow up in the provision of safe and effective care and taking action to enable all children to have the best life chances.

The Safeguarding (Child Protection) Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the multi academy schools.

Purpose of the Safeguarding Policy:

To inform staff, parents, volunteers and governors about the schools responsibilities for safeguarding children. To enable all stakeholders to have a clear understanding of how these responsibilities should be carried out.

Southampton Local Safeguarding Children Board Procedures:

The Multi Academy schools follow the procedures established by the LSCB.

Multi Academy Staff and Volunteers:

School staff and volunteers are particularly well placed to observe outwards signs of abuse, changes in behaviour and failure to develop because they have daily contact with children. All staff and regular volunteers will receive safeguarding children training, so that they are knowledgeable and aware of their role in early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. This training is refreshed every three years. It is good practice for the designated CPLO to deliver an update every year to the rest of the school. All temporary staff are made aware of the designated CPLO and the policies and procedures to follow. This is through a sticker with the names of the CPLO's regarding reporting, and guidance for guest teachers in their folders.

Further to the disclosure pertaining to the Disqualification under the Child Care Act 2006, all staff will be required to attend a yearly staff briefing and to confirm that they are not Disqualified by Association from working in a school setting. This will be captured for new staff in the Employee Personal Details and Consent Form as well as pre-employment checklists. Staff must be made aware of the relevant legislation and must advise the Headteacher if they are concerned that they may be disqualified.

Implementation, monitoring and review of the Child Protection Policy:

The policy is reviewed annually by the Academic Board. It will be implemented through the individual schools induction and training programme and as part of day to day practice. Compliance with the policy will be monitored by the designated CPLO and through staff performance.

Consultation

This policy was written by the Safeguarding Lead and Senior Child Protection and Liaison Officer. This was supported by statutory guidance alongside the use of key documents directly related to the LSCB.

Section 2: Procedures and practice

Statutory Framework

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

- The Children Act (1989)
- The Children Act (2004)
- Safeguarding Children and Safer Recruitment in Education (2006)
- Dealing with allegations of abuse against teachers and other staff (2011)
- Working Together to Safeguard Children (2016)
- Keeping Children Safe in Education (May 2016)
- Southampton LSCB MASH guidance for professionals (2014)

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

Each school has the responsibility to ensure:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
- a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements;
- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;
- clear whistleblowing procedures, which reflect the principles in Sir Robert Francis's Freedom to Speak Up review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed;
- arrangements which set out clearly the processes for sharing information, with other professionals and with the Local Safeguarding Children Board (LSCB);
- a designated professional lead (or, for health provider organisations, named professionals) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;
- safer recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;
- appropriate supervision and support for staff, including undertaking safeguarding training;
- employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
- staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and
- all professionals should have regular reviews of their own practice to ensure they improve over time.
- clear policies in line with those from the LSCB for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who has:
 - behaved in a way that has harmed a child, or may have harmed a child;
 - possibly committed a criminal offence against or related to a child; or
 - behaved towards a child or children

Working together to Safeguard Children (March, 2015)

Parents are also made aware of the statutory expectations regarding safeguarding. This is policy is available on the USH website alongside other safeguarding support.

'All parents need to understand that schools and FE colleges have a duty to safeguard and promote the welfare of children who are their pupils or students, that this responsibility necessitates a child protection policy and procedures and that a school or FE college may need to share information and work in partnership with other agencies when there are concerns about a child's welfare'

Safeguarding Children and Safer Recruitment in Education (DfES, 2006)

The Designated Child Protection Liaison Officer (CPLO):

The Designated Child Protection Liaison Officer at USH is David Wilding, who receives annual training (Southampton Level 3 Safeguarding – September 2016).

The 2nd Designated Child Protection Liaison Officer is Anita Bradshaw. There are three further CPLOs – the Headteacher Stuart Woods, Tim Roberts and Aimee Floyd.

It is the role of the designated Child Protection Liaison Officer to:

- Ensure that he/she receives refresher training at 2 year intervals to keep knowledge and skills updated. This includes an online course on safeguarding, Prevent and safety
- Ensure that all staff who work with children undertake the appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is refreshed every three years (as above)
- Ensure that new staff receive a safeguarding children induction within 7 working days of commencement of their contract of work
- Ensure that all precautions are taken in terms of visitors to the site and the access they have dependent upon the DBS status. At USH, this includes the use of coloured lanyards (**Red** – must be accompanied around school, **Green** – has a DBS and is in school but not member of staff but is allowed access to the school unaccompanied, **Blue** – member of staff).
- Ensure that temporary staff and volunteers are made aware of the arrangements for safeguarding children
- Ensure that the individual school operates within the legislative framework and recommended guidance
- Ensure that the Headmaster is kept fully informed of any concerns
- Develop effective working relationships with other agencies and services
- Decide upon the appropriate level of response to specific concerns about a child e.g discuss with parents, referral to MASH, referral for Child Protection
- Liaise with Children's Services over suspected cases of child abuse
- Ensure that accurate safeguarding records relating to individual children are kept separate from academic files, in a secure place and are passed securely should the child transfer placement
- Submit reports to and ensure the schools attendance at Child Protection Conferences and contribute to decision making and delivery of actions planned to safeguard the child
- Ensure the school effectively monitors children about whom there are concerns, including notifying Children's Services when there are unexplained absences of more than 2 days for a child who is subject to a child protection plan
- Provide guidance to parents, carers, staff and children about obtaining suitable support
- Discuss with new parents the role of safeguarding in the individual school.
- Make parents aware of the safeguarding procedures
- Chair the weekly safeguarding meetings (Friday morning – 8am)

The Governing Body:

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

The named governor for Safeguarding is **Sharon Jackopson**.

In particular the Governing Body must ensure:

- Child Protection and procedures are followed
- Relevant safeguarding children training for school staff and volunteers is attended
- Safe management of allegations
- A member of the governing body is nominated to be responsible in the event of an allegation of abuse being made against the Head Teacher
- Safeguarding policies and procedures are reviewed annually

Safer Recruitment

When shortlisting and recruiting new members of staff, there will always be involvement from a member of the SLT who has undertaken Safer Recruitment training (NSPCC online training). This can be evidenced and the certificates for those members of staff can be found on their staff files.

All shortlisting and interview processes reflect this training (safer recruitment) and all of our recruitment processes are subject to an audit by the JET's HR Manager.

School Procedures – Staff Responsibilities:

If any member of staff is concerned about a child, they must report this to the CPLO on the same day.

The member of staff must record information regarding the concerns on the same day. The recording must be clear, precise and a factual account of the observations. Further information on this can be found on Pages 6 and 7 of this policy.

The CPLO must decide whether the concerns should be referred to the MASH team. If it is decided to make a referral, this will be discussed with the parents, unless to do so would place the child at further risk of harm. Guidance regarding this will be discussed with the MASH team.

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

The Headteacher, Business Manager and PA to the Headteacher will ensure the SCR Single Central Register is reviewed weekly, and is up to date.

The CPLO is responsible for making the Senior Leadership Team aware of trends in behaviour that may affect the pupil welfare.

As a person who works with children, staff have a duty to refer all safeguarding concerns to the CPLO, however if:

- Concerns are not taken seriously

- Actions to safeguard the child is not taken by professionals
- The child is considered to be at continued risk of harm

then staff should speak to CPLO or contact MASH on 023 80832300.

When to be concerned:

All staff and volunteers should be aware that the main categories of abuse are: All staff will have read Pages 6-11 from the DFE document *Keeping Children Safe in Education* (May 2016). The key indicators of abuse are;

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

Staff should also be aware of the following in terms of identifying safeguarding concerns:

- child missing from education
- child missing from home or care
- child sexual exploitation (CSE)
- bullying including cyberbullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM)
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering
- preventing radicalisation
- sexting
- teenage relationship abuse
- trafficking

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/carer or other household member
- Act in a way that is inappropriate to his/her age or development
- Display insufficient sense of boundaries or lack stranger awareness
- Further information regarding specific indicators of abuse can be found in Appendix 1.

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm, and report to a CPLO.

Dealing with a disclosure:

If a child discloses that he or she is being or has been abused in some way, the member of staff/volunteer should:

- Listen without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely and in language suitable for them to express themselves
- Reassure the child, but never make promises which are not possible to keep
- Never promise confidentiality
- Stress that it is the right thing to tell someone
- Only ask questions to gain further clarification
- Not criticise the alleged perpetrator
- Explain clearly what has to be done next and who has to be told
- Make a written record
- Pass the information to the CPLO without delay

Support – dealing with a disclosure from a child and safeguarding issues can be stressful. The member of staff should seek support from himself/herself and discuss this with the CPLO.

Children Missing in Education Indicators;

- have been taken out of school by their parents and are being educated outside the school system e.g. home education;
- have ceased to attend school and no longer live within reasonable distance of the school at which they are registered;
- have been certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age;
- are in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe they will be returning to the school at the end of that period; or,
- have been permanently excluded

If a child is 'Missing in Education' this will be reported to the Eliza Johnson in Southampton Local Education.

Confidentiality:

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff and volunteers within the Multi Academy Education Trust.

- All staff, both teaching and non-teaching, have a responsibility to share relevant information about the protection of children with other professionals.
- If a child confides in a member of staff and requests confidentiality, it is important that the member of staff makes the child aware, in a manner appropriate to age and stage of development, that this is not possible. Instead they should make the child aware that the information must be shared to ensure the safety of the child.

- Staff and volunteers who receive information about children and families should only share information within appropriate professional contexts.

Communication with parents:

Appropriate discussion with parents should be undertaken with parents prior to the involvement of other agencies, unless to do so would place the child at further risk of harm.

Parents should be made aware of and have an understanding of the responsibilities placed on the school and the staff for safeguarding children.

Record Keeping:

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

- Make brief notes as soon as possible after the conversation
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions
- The safeguarding team meet every week to discuss safeguarding issues. These meetings are chaired by the lead CPLO.

All records need to be given to the CPLO promptly. No copies should be retained.

Allegations involving school staff and volunteers:

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

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

To reduce the risk of allegations, all staff should be aware of the safer working practices. This is evident within the staff handbook that is written and published each September, and IT guidance is explained in the acceptable use policy, that is signed by all staff.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. They should not investigate or ask leading questions. Confidentiality should not be promised.

Actions should be taken to include making an immediate written record of the allegation using the informants words – including time, date and placed where the alleged incident took place, brief details of what happened, what was said and who was present. The record should be signed, dated and immediately handed to the Head Teacher. The recipient of an allegation must NOT unilaterally determine its validity and failure to report it in accordance with procedures is a potential disciplinary matter.

The Head Teacher will not investigate the allegation itself or take written detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer LADO.

If the concerns are about the Head Teacher, then the Chair of Governors or the Governor responsible for Safeguarding should be contacted.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with the Local Safeguarding Children's Board procedures. If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the schools internal procedures.

The Head Teacher should, as soon as possible, following briefing from the LADO inform the subject of the allegation.

Whistle blowing

All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues. This can be found within Southampton City Council's 'Duty to Act' Whistle Blowing Policy June 2011. Further clarification can be found in Keeping Children Safe in Education (May 2016).

Appendix 1 – Indicators of harm:

Physical Abuse:

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Indicators in the child:

Bruising

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

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead.
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under arm, neck, genital areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used, such as a belt, hand print etc
- Linear bruising at any site, particularly the buttocks, back or face
- Bruising or tears around the ear lobes indicating injury by pulling or twisting
- Bruising around the face
- Grab marks to the upper arms, fore arms or legs
- Petechiae haemorrhages (pinpoint blood spots under the skin) associated with slapping, smothering / suffocation, strangling or squeezing

Fractures

Fractures may cause pain, swelling and discolouration over the bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using the limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern is:

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

Mouth injuries

Tears to the frenulum (tissue attaching the upper lip to gum) often indicates force feeding of a baby or a child with disability. There will often be finger bruising to the cheeks and over the mouth.

Poisoning

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

Fabricated or induced illness

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

- Discrepancies between reported and observed medical conditions
- Attendance at various hospitals in different areas
- Development of feeding / eating disorders
- Child developing abnormal attitudes to own health
- Non organic failure to thrive
- Speech, language or motor development delays
- Dislike of physical contact
- Attachment disorders
- Low self esteem
- Poor quality of peer relations
- Poor attendance at school and under achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. Those over 3cm in diameter are more likely to have been caused by an adult or older child. Medical or dental opinion should be sought within the first 24 hours where there is doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded. Any burn with a clear outline may be suspicious.

Scars

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

Indicators in the parent:

- Injuries that suggest domestic violence
- Delay in or not seeking medical attention or help
- Reluctant to give out information or mention previous injuries
- Absent when child is present for treatment
- Aggression towards the child
- Wider parenting difficulties may be associated with this form of abuse
- Convictions for violent crimes
- Marginalised from or isolated from community

Emotional Abuse:

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

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed upon the children. These may include interactions that are beyond the child's developmental capability, as well as over protection and limitation of exploration and learning, or prevention of participation in normal social interaction.

Indicators in the child:

- Developmental delay
- Abnormal attachment to parent / carer
- Aggressive behaviour towards others
- Child scapegoated by the family
- Frozen watchfulness, particularly in preschool children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a loner
- Over reaction to mistakes
- Fear of new situations
- Self-harm
- Drug / solvent abuse
- Chronic running away
- Social isolation
- Behavioural problems
- Depression or withdrawal

Indicators in the parent:

- Domestic abuse
- Adult mental health problems
- Parental substance misuse
- Abnormal attachment to the child
- Imposes inappropriate expectations on the child
- Wider parenting difficulties

Neglect:

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

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

- Provide adequate food, clothing and shelter. This include exclusion from home or abandonment
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision
- Ensure access to appropriate medical care or treatment

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

Indicators in the child:

- Failure to thrive
- Under weight
- Frequently hungry
- Dirty and unkempt condition
- Inadequately clothed or clothing in a poor state of repair
- Recurrent or untreated infections or skin conditions
- Unmanaged and untreated medical conditions including poor dental hygiene
- Frequent accidents or injuries
- Speech and language delay developmentally
- Inadequate social skills and poor socialisation
- Constant tiredness
- Frequently absent from school

Indicators in the parent:

- Dirty and unkempt presentation
- Failure to meet basic needs e.g. Food, clothes, warmth, hygiene
- Failure to meet the child's medical needs
- Child left with inappropriate adults
- Child left for periods of time or abandoned
- Dangerous or hazardous home environment, including failure to use home safety equipment
- Poor state of home environment e.g. Lack of sleeping arrangements, unhygienic facilities, lack of heating

Sexual Abuse:

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

The activities may involve physical contact, including assault by penetration or non-penetrative acts. This may also include non-contact activities, the production of sexual images, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse. Sexual abuse is not solely perpetrated by adult males; women can commit acts of sexual abuse, as well as other children.

Indicators in the child:

- Urinary infections, bleeding or soreness of the genital areas

- Sexually transmitted diseases
- Pregnancy of a younger girl with undisclosed or vague information about the father
- Makes a disclosure
- Demonstrates sexual knowledge or inappropriate behaviour to age/stage of development
- Self-harm
- Withdrawal, isolation or excessive worrying
- Sexually exploited or indiscriminate choice of sexual partners
- Inappropriate sexualised conduct and lack of sexual boundaries

Indicators in the parent:

- Wider parenting difficulties or vulnerabilities
- Grooming behaviours
- History of mental health, alcohol, drug misuse or domestic violence
- Family member or know family associate is a sex offender

Mandatory reporting of FGM (Female Genital Mutilation)

- From 31 October 2015, teachers now have a **legal duty** to report any cases of Female Genital Mutilation (FGM), to the police. In a change to the [FGM Act 2003](#), they will have to report any 'known' cases of FGM where, in the course of their professional duties, they either:

Indicators of FGM:

- have difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

Further information can be found in *Mandatory Reporting of Female Genital Mutilation – procedural information* (October 2015) (<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>)

Breast Ironing:

Breast ironing, also known as breast flattening, is the pounding and massaging of a pubescent girl's breasts using hard or heated objects to try to stop them developing, or to make them disappear entirely.

Breast ironing is typically carried out by the girl's mother with the belief that she is:

- Protecting her daughter from sexual harassment and / or rape;
- Preventing the risk of early pregnancy, which would tarnish the family name;
- Preventing her daughter from being forced into marriage, so she will have the opportunity to continue with her education.

Signs to look out for:

- Periods of absence from school.
- Soreness in the breast area (due to the pounding or heated objects).
- Strapping around the torso

Child Sexual Exploitation:

Child Sexual Exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops.

- Sexual exploitation involves varying degrees of coercion
- Intimidation
- Enticement, including unwanted pressure from peers to have sex.
- Sexual bullying including cyberbullying and grooming.

However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse. *Keeping Children Safe in Education (July 2015)*

Extremist Behaviour –Prevent

From 1 July 2015 all schools are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty. It applies to a wide range of public-facing bodies.

The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

Staff will be given training annually regarding the signs to watch out for and record these concerns on a 'safeguarding concern form'. The Prevent strategy has three specific strategic objectives:

- respond to the ideological challenge of terrorism and the threat faced from those who promote it;
- prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and
- work with sectors and institutions where there are risks of radicalisation that need to be addressed.

Any concerns raised will be passed to one of the CPLO's in school who will refer to MASH (Multi Agency Safeguarding Hub) and the police. The referral needs to include;

- identifying individuals at risk;
- assessing the nature and extent of that risk;

- developing the most appropriate support plan for the individuals concerned.

Any concerns regarding these indicators and specific student must follow the guidance as outlined on P 6 and 7 of this policy.

Policy Review

This policy is reviewed in full by the Local Governing Body on an annual basis. The policy was last reviewed and agreed on 17.10.16. It is due for review in October 2017.