

Title:	SAFEGUARDING POLICY – PART 1 CHILD PROTECTION (including low-level concerns about colleagues)
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Group:	SAFEGUARDING
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TARGET AUDIENCE (including bank, temporary, or agency colleagues)	
People who need to know this document in detail:	All CHF Colleagues, Governors and Volunteers
People who need to have a broad understanding of this document	CHF Trustees
People who need to know that this document exists	Parents, Carers, Local Authorities and Ofsted

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This document will remain valid during the review process	

Lead:	Headteacher
Support:	Director of Social Care

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Important contacts

ROLE/ORGANISATION	NAME	CONTACT DETAILS
Designated safeguarding lead (DSL)	Richard Green	01825 724 444 ext 102
Deputy DSL	Karen Hopkins	01825 724 444 ext 435
Local authority designated officer (LADO)	Donna Davis	LADO@eastsussex.gov.uk
Chair of governors	Jenny Clark	Via Emma Wasyliv 01825 724 444 ext 145
Channel helpline		020 7340 7264

1. Aims

All children and vulnerable adults, disabled and non-disabled, have the human rights to be safe from abuse and neglect, to be protected from harm, including bullying.

In order to ensure that the welfare of disabled children and vulnerable adults is safeguarded and promoted, it needs to be recognised that additional action is required. Research and inspection indicate that disabled children and vulnerable adults face an increased risk of abuse or neglect. Disabled children and vulnerable adults can be abused and neglected in ways that others cannot.

At Chailey Heritage Foundation (CHF), the client group is specifically children and young adults who are disabled, and vulnerable to harm. Therefore, all who are employed to work at CHF must be committed to safeguarding, must undergo safeguarding training and must be highly aware of safeguarding issues around disabled children and vulnerable young adults. All colleagues must be aware of the different requirements and procedures in relation to children and those aged 18 years and over. The Safeguarding Adults procedures apply to all young people aged 18 years and over, both in the school and social care provision. CHF has a fundamental duty to ensure that this is the case.

This policy outlines CHF's key safeguarding principles, policies & procedures, documents, training, people, meetings, and involved partners & agencies.

2. Legislation and statutory guidance

This policy is based on the Department for Education's (DfE's) statutory guidance [Keeping Children Safe in Education \(2024\)](#) and [Working Together to Safeguard Children \(2023\)](#) and the [Governance Handbook](#). We comply with this guidance and the arrangements agreed and published by our 3 local safeguarding partners (see section 3).

This policy is also based on the following legislation:

- › Part 1 of the schedule to the [Non-Maintained Special Schools \(England\) Regulations 2015](#), which places a duty on non-maintained special Foundations to safeguard and promote the welfare of CYP at the Foundation
- › [The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children
- › Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](#), which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18
- › [Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM
- › [The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children
- › Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what 'regulated activity' is in relation to children
- › [Statutory guidance on the Prevent duty](#), which explains Foundations' duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism

- › [The Human Rights Act 1998](#), which explains that being subjected to harassment, violence and/or abuse, including that of a sexual nature, may breach any or all of the rights which apply to individuals under the [European Convention on Human Rights](#) (ECHR)
- › [The Equality Act 2010](#), which makes it unlawful to discriminate against people regarding particular protected characteristics (including disability, sex, sexual orientation, gender reassignment and race). This means our governors and headteacher should carefully consider how they are supporting their children and young people (CYP) with regard to these characteristics. The Act allows the Foundation to take positive action to deal with particular disadvantages affecting CYP (where we can show it's proportionate). For example, it could include taking positive action to support girls where there's evidence that they're being disproportionately subjected to sexual violence or harassment
- › [The Public Sector Equality Duty \(PSED\)](#), which explains that we must have due regard to eliminating unlawful discrimination, harassment and victimisation. The PSED helps us to focus on key issues of concern and how to improve CYP outcomes. Some CYP may be more at risk of harm from issues such as sexual violence; homophobic, biphobic or transphobic bullying; or racial discrimination
- › The [Childcare \(Disqualification\) and Childcare \(Early Years Provision Free of Charge\) \(Extended Entitlement\) \(Amendment\) Regulations 2018](#) (referred to in this policy as the "2018 Childcare Disqualification Regulations") and [Childcare Act 2006](#), which set out who is disqualified from working with children
- › This policy also meets requirements relating to safeguarding and welfare in the [statutory framework for the Early Years Foundation Stage](#)

3. Definitions

Safeguarding and promoting the welfare of children means:

- › Providing help and support to meet the needs of children as soon as problems emerge
- › Protecting children from maltreatment, whether that is within or outside the home, including online
- › Preventing impairment of children's mental and physical health or development
- › Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- › Taking action to enable all children to have the best outcomes

Child protection is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

Abuse is a form of maltreatment of a child, and may involve inflicting harm or failing to act to prevent harm. Appendix 1 explains the different types of abuse.

Neglect is a form of abuse and 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. Appendix 1 defines neglect in more detail.

Sharing of nudes and semi-nudes (also known as sexting or youth-produced sexual imagery) is where children share nude or semi-nude images, videos or live streams.

Children includes everyone under the age of 18.

The following 3 **safeguarding partners** are identified in Keeping Children Safe in Education (and defined in the Children Act 2004, as amended by chapter 2 of the Children and Social Work Act 2017). They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs:

- › The local authority (LA)
- › Integrated care boards (previously known as clinical commissioning groups) for an area within the LA
- › The chief officer of police for a police area in the LA area

Victim is a widely understood and recognised term, but we understand that not everyone who has been subjected to abuse considers themselves a victim, or would want to be described that way. When managing an incident, we will be prepared to use any term that the child involved feels most comfortable with.

Alleged perpetrator(s) and **perpetrator(s)** are widely used and recognised terms. However, we will think carefully about what terminology we use (especially in front of children) as, in some cases, abusive behaviour can be harmful to the perpetrator too. We will decide what's appropriate and which terms to use on a case-by-case basis.

4. Equality statement

Some children have an increased risk of abuse, both online and offline, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- › Have special educational needs and/or disabilities (SEND) or health conditions (see section 10)
- › May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- › Have English as an additional language
- › Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- › Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- › Are asylum seekers
- › Are at risk due to either their own or a family member's mental health needs
- › Are looked after or previously looked after (see section 12)
- › Are missing or absent from education for prolonged periods and/or repeat occasions
- › Whose parent/carer has expressed an intention to remove them from Foundation to be home educated

5. Roles and responsibilities

Safeguarding and child protection is **everyone's** responsibility. This policy applies to all colleagues, volunteers and governors in the Foundation and is consistent with the procedures of the 3 safeguarding partners. Our policy and procedures also apply to the extended Foundation and off-site activities.

The Foundation plays a crucial role in preventative education. This is in the context of a whole-Foundation approach to preparing CYP for life in modern Britain, and a culture of zero tolerance of sexism, misogyny/misandry, homophobia, biphobia, transphobia and sexual violence/harassment. This will be underpinned by our:

- › Behaviour policy
- › Sex and health education (RSHE), is delivered and weaved through the CHILD Curriculum so that it is meaningful and purposeful for each young person.

5.1 All colleagues

Colleagues who work directly with children are expected to read at least part 1 of Keeping Children Safe in Education (KCSIE).

Colleagues who **don't** work directly with children must read at least annex A of KCSIE (a condensed version of part 1) or part 1, but these colleagues are expected to read at least either section.

All colleagues will:

- › Read and understand part 1 and annex B of the Department for Education's statutory safeguarding guidance, [Keeping Children Safe in Education](#), and review this guidance at least annually
- › Colleagues will acknowledge a declaration via People XD each academic year to say that they have reviewed the guidance
- › Reinforce the importance of online safety when communicating with parents and carers. Where appropriate this includes making parents and carers aware of what we ask children to do online (e.g. sites they need to visit or who they'll be interacting with online)
- › If required provide a safe space for CYP who are LGBTQ+ to speak out/communicate and share their concerns

All colleagues will be aware of:

- › Our systems which support safeguarding, including this child protection and safeguarding policy, the colleagues code of conduct, the role and identity of the designated safeguarding lead (DSL) and deputies/Safeguarding Team, the behaviour policy, online safety policy and the safeguarding response to children who go missing from education
- › The early help assessment process and their role in it, including identifying emerging problems, liaising with the DSL, and sharing information with other professionals to support early identification and assessment
- › The process for making referrals to local authority children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play
- › What to do if they identify a safeguarding issue or a CYP informs them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals
- › The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child-on-child abuse, child sexual exploitation (CSE), child criminal exploitation (CCE), indicators of being at risk from or involved with serious violent crime, FGM, radicalisation and serious violence (including that linked to county lines)
- › The importance of reassuring victims that they are being taken seriously and that they will be supported and kept safe
- › The fact that children can be at risk of harm inside and outside of their home, while at the Foundation and online
- › The fact that children who are (or who are perceived to be) lesbian, gay, bi or trans (LGBTQ+) can be targeted by other children
- › What to look for to identify children who need help or protection

Section 15 and appendix 4 of this policy outline in more detail how colleagues are supported to do this.

5.2 The designated safeguarding lead (DSL)

The DSL is a member of the senior leadership team. Our DSL is Headteacher, Richard Green. The DSL takes lead responsibility for child protection and wider safeguarding in the Foundation. This includes online safety, and understanding our filtering and monitoring processes on Foundation devices and Foundation networks to keep CYP safe online.

During term time, the DSL will be available during Foundation hours for colleagues to discuss any safeguarding concerns, in person via email rgreen@chf.org.uk or by phone via ext 102.

When the DSL is absent or not available any member of the safeguarding team will act as cover, these individuals can be found on the team posters shared around the site.

If the DSL and other members of the safeguarding team are not available, then whoever is holding the 24hr bag will act as cover (for example, during out-of-hours).

The DSL will be given the time, funding, training, resources and support to:

- › Provide advice and support to other colleagues on child welfare and child protection matters
- › Take part in strategy discussions and inter-agency meetings and/or support other colleagues to do so
- › Contribute to the assessment of children
- › Refer suspected cases, as appropriate, to the relevant body (local authority children's social care, Channel programme, Disclosure and Barring Service, and/or police), and support colleagues who make such referrals directly
- › Have a good understanding of harmful sexual behaviour
- › Have a good understanding of the filtering and monitoring systems and processes in place at the Foundation

The DSL will also:

- › Keep the Safeguarding peer group informed of any issues and where appropriate the chief executive.
- › Liaise with local authority case managers and designated officers for child protection concerns as appropriate
- › Be confident that they know what local specialist support is available to support all children involved (including victims and alleged perpetrators) in sexual violence and sexual harassment, and be confident as to how to access this support
- › Be aware that children must have an 'appropriate adult' to support and help them in the case of a police investigation or search.

The full responsibilities of the DSL and members of the safeguarding team are set out in their job description.

5.3 The governing board

The governing board will:

- › Facilitate a whole-Foundation approach to safeguarding, ensuring that safeguarding and child protection are at the forefront of, and underpin, all relevant aspects of process and policy development
- › Evaluate and approve this policy at each review, ensuring it complies with the law, and hold the headteacher to account for its implementation
- › Be aware of its obligations under the Human Rights Act 1998, the Equality Act 2010 (including the Public Sector Equality Duty), and our Foundation's local multi-agency safeguarding arrangements
- › Appoint a link governor to monitor the effectiveness of this policy in conjunction with the full governing board. This is always a different person from the DSL
- › Ensure all colleagues undergo safeguarding and child protection training, including online safety, and that such training is regularly updated.
- › Ensure that the Foundation has appropriate filtering and monitoring systems in place, and review their effectiveness. This includes:
 - Making sure that the leadership team and colleagues are aware of the provisions in place, and that they understand their expectations, roles and responsibilities around filtering and monitoring as part of safeguarding training
 - Reviewing the [DfE's filtering and monitoring standards](#), and discussing with IT colleagues and service providers what needs to be done to support the Foundation in meeting these standards
- › Make sure:
 - The DSL has the appropriate status and authority to carry out their job, including additional time, funding, training, resources and support
 - Online safety is a running and interrelated theme within the whole-Foundation approach to safeguarding and related policies

- The DSL has lead authority for safeguarding, including online safety and understanding the filtering and monitoring systems and processes in place
- The Foundation has procedures to manage any safeguarding concerns (no matter how small) or allegations that do not meet the harm threshold (low-level concerns) about colleagues (including supply colleagues, volunteers and contractors). Appendix 3 of this policy covers this procedure
- That this policy reflects that children with SEND, or certain medical or physical health conditions, can face additional barriers to any abuse or neglect being recognised
- › Where another body is providing services or activities (regardless of whether or not the children who attend these services/activities are children on the Foundation roll):
 - Seek assurance that the other body has appropriate safeguarding and child protection policies/procedures in place, and inspect them if needed
 - Make sure there are arrangements for the body to liaise with the Foundation about safeguarding arrangements, where appropriate
 - Make sure that safeguarding requirements are a condition of using the Foundation premises, and that any agreement to use the premises would be terminated if the other body fails to comply

The chair of governors will act as the 'case manager' in the event that an allegation of abuse is made against the headteacher or director of social care, where appropriate (see appendix 3).

All governors will read Keeping Children Safe in Education in its entirety.

Section 15 of this policy has information on how governors are supported to fulfil their role.

5.4 The Headteacher and Director of Social Care

The Headteacher and Director of Social Care are responsible for the implementation of this policy, including:

- › Ensuring that colleagues (including temporary colleagues) and volunteers:
 - Are informed of our systems which support safeguarding, including this policy, as part of their induction
 - Understand and follow the procedures included in this policy, particularly those concerning referrals of cases of suspected abuse and neglect
- › Communicating this policy to parents/carers when their child joins the Foundation and via the Foundation website
- › Ensuring that the DSL has appropriate time, funding, training and resources, and that there is always adequate cover if the DSL is absent
- › Acting as the 'case manager' in the event of an allegation of abuse made against another colleague or volunteer, where appropriate (see appendix 3)
- › Making decisions regarding all low-level concerns, though they may wish to collaborate with the DSL on this
- › Ensuring the relevant staffing ratios are met, where applicable
- › Making sure each child in the Early Years Foundation Stage is assigned a key person
- › Overseeing the safe use of technology, mobile phones and cameras in the setting

5.5 Virtual School heads

Virtual school heads have a non-statutory responsibility for the strategic oversight of the educational attendance, attainment and progress of CYP with a social worker.

They should also identify and engage with key professionals, e.g. DSLs, special educational needs co-ordinators (SENCOs), social workers, mental health leads and others.

6. Confidentiality

The Foundation's has a set of data protection policies including the Data Protection Policy which also applies to safeguarding.

Colleagues should note that:

- › Timely information sharing is essential to effective safeguarding
- › Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children
- › The Data Protection Act (DPA) 2018 and UK GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe
- › If colleagues need to share 'special category personal data', the DPA 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information without consent if: it is not possible to gain consent; it cannot be reasonably expected that a practitioner gains consent; or if to gain consent would place a child at risk
- › Colleagues should never promise a child that they will not tell anyone about a report of abuse, as this may not be in the child's best interests
- › If a victim asks the Foundation not to tell anyone about the sexual violence or sexual harassment:
 - There's no definitive answer, because even if a victim doesn't consent to sharing information, colleagues may still lawfully share it if there's another legal basis under the UK GDPR that applies
 - The DSL will have to balance the victim's wishes against their duty to protect the victim and other children
 - The DSL should consider that:
 - Parents or carers should normally be informed (unless this would put the victim at greater risk)
 - The basic safeguarding principle is: if a child is at risk of harm, is in immediate danger, or has been harmed, a referral should be made to local authority children's social care
 - Rape, assault by penetration and sexual assault are crimes. Where a report of rape, assault by penetration or sexual assault is made, this should be referred to the police. While the age of criminal responsibility is 10, if the alleged perpetrator is under 10, the starting principle of referring to the police remains
- › Regarding anonymity, all colleagues will:
 - Be aware of anonymity, witness support and the criminal process in general where an allegation of sexual violence or sexual harassment is progressing through the criminal justice system
 - Do all they reasonably can to protect the anonymity of any children involved in any report of sexual violence or sexual harassment, for example, carefully considering which colleagues should know about the report, and any support for children involved
 - Consider the potential impact of social media in facilitating the spreading of rumours and exposing victims' identities
- › The government's [information sharing advice for safeguarding practitioners](#) includes 7 'golden rules' for sharing information, and will support colleagues who have to make decisions about sharing information
- › If colleagues are in any doubt about sharing information, they should speak to the DSL (or deputy)

7. Recognising abuse and taking action

Colleagues, volunteers and governors must follow the procedures set out below in the event of a safeguarding issue.

Please note – in this and subsequent sections, you should take any references to the DSL to mean “the DSL (or deputy DSL)”.

7.1 If a child is suffering or likely to suffer harm, or in immediate danger

Make a referral to children’s social care and/or the police **immediately** if you believe a child is suffering or likely to suffer from harm, or is in immediate danger. **Anyone can make a referral.**

Colleagues should always speak to the DSL or deputy DSL about any concern with a child.

If colleagues have any concerns about a child’s welfare, they should act on them immediately.

Colleagues should not assume a colleague, or another professional will take action.

The DSL or a deputy should always be available to discuss safeguarding concerns. If in exceptional circumstances, the DSL (or deputy) is not available, this should not delay appropriate action being taken.

Colleagues should consider speaking to a member of the senior leadership team and/or take advice from SPoA (up to date details of which can be found on all safeguarding posters around the Foundation). In these circumstances, any action taken should be shared with the DSL (or deputy) as soon as is practically possible.

All information and factual details of the concern, the decisions made and the reason why those decision were made should be record by the DSL on CPOMs as soon as is practicably possible.

Link for SPOA in East Sussex <https://www.eastsussex.gov.uk/children-families/professional-resources/spoa>

7.2 If a child makes a disclosure to you

If a child discloses a safeguarding issue to you, you should:

- › Listen to and believe them. Allow them time to talk/communicate freely and do not ask leading questions, if the CYP has a yes/no response then please ensure that the range of questions when asked elicit both yes and no responses to ensure the reliability of the communication.
- › Stay calm and do not show that you are shocked or upset
- › Tell the CYP they have done the right thing in telling you. Do not tell them they should have told you sooner
- › Explain what will happen next and that you will have to pass this information on. Do not promise to keep it a secret
- › Write up your conversation as soon as possible in the CYP’s own words or communication method. If symbols/pictures are used please state or if signs are used please state. Stick to the facts, and do not put your own judgement on it
- › Sign and date the write-up and pass it on to the DSL. Alternatively, if appropriate due to immediate risk or the DSL not being immediately available, make a referral to children’s social care and/or the police directly (see 7.1), and tell the DSL as soon as possible that you have done so. Aside from these people, do not disclose the information to anyone else unless told to do so by a relevant authority involved in the safeguarding process

Bear in mind that some CYP may:

- › Not feel ready, or know how to tell or communicate to someone that they are being abused, exploited or neglected
- › Not recognise their experiences as harmful
- › Feel embarrassed, humiliated or threatened. This could be due to their vulnerability, disability, sexual orientation and/or language and communication barriers

None of this should stop you from having a 'professional curiosity' and speaking to the DSL if you have concerns about a child or young person.

7.3 If you discover that FGM has taken place or a CYP is at risk of FGM

Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs".

FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.

Possible indicators that CYP has already been subjected to FGM, and factors that suggest a CYP may be at risk, are set out in appendix 4 of this policy.

Any teacher who either:

- Is informed by a girl under 18 that an act of FGM has been carried out on her; or
- Observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth, it would be appropriate to consult with RSNT to ensure the presentation is appropriate for them.

Must immediately report this to the police, personally. This is a mandatory statutory duty, and teachers will face disciplinary sanctions for failing to meet it.

Unless they have been specifically told not to disclose, they should also discuss the case with the DSL and involve children's social care as appropriate.

Any other colleague who discovers that an act of FGM appears to have been carried out on a **CYP under 18** must speak to the DSL and follow our local safeguarding procedures.

The duty for teachers mentioned above does not apply in cases where a CYP is *at risk* of FGM or FGM is suspected but is not known to have been carried out. Colleagues should not examine CYP.

Any colleague who suspects a CYP is *at risk* of FGM or suspects that FGM has been carried out should speak to the DSL and follow safeguarding procedures.

Some female CYP at Chailey Heritage have genitalia that present uniquely so it will be appropriate to consult with medical colleagues to see if the CYP has been subject to FGM or if their presentation is natural for them.

7.4 If you have concerns about a child (as opposed to believing a child is suffering or likely to suffer from harm, or is in immediate danger)

Figure 1 below, before section 7.7, illustrates the procedure to follow if you have any concerns about a child's welfare.

Where possible, speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Speak to a member of the senior leadership team and/or take advice from local authority children's social care. <https://www.eastsussex.gov.uk/children-families/professional-resources/spoa>

You can also seek advice at any time from the NSPCC helpline on 0808 800 5000. Share details of any actions you take with the DSL as soon as practically possible.

Make a referral to local authority children's social care directly, if appropriate (see 'Referral' below). Share any action taken with the DSL as soon as possible.

Early help assessment

If an early help assessment is appropriate, the DSL will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Colleagues may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead practitioner.

We will discuss and agree, with statutory safeguarding partners, levels for the different types of assessment, as part of local arrangements.

The DSL will keep the case under constant review and the Foundation will consider a referral to local authority children's social care if the situation does not seem to be improving. Timelines of interventions will be monitored and reviewed.

Referral

If it is appropriate to refer the case to local authority children's social care or the police, the DSL will make the referral or support you to do so.

If you make a referral directly (see section 7.1), you must tell the DSL as soon as possible.

The local authority will make a decision within 1 working day of a referral about what course of action to take and will let the person who made the referral know the outcome. The DSL or person who made the referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.

If the CYP's situation does not seem to be improving after the referral, the DSL or person who made the referral must follow local escalation procedures to ensure their concerns have been addressed and that the child's situation improves.

7.5 If you have concerns about extremism

If a CYP is not suffering or likely to suffer from harm, or in immediate danger, where possible speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Speak to a member of the senior leadership team and/or seek advice from local authority children's social care. Make a referral to local authority children's social care directly, if appropriate (see 'Referral' above). Inform the DSL or deputy as soon as practically possible after the referral.

Where there is a concern, the DSL will consider the level of risk and decide which agency to make a referral to. This could include [Channel](#), the government's programme for identifying and supporting individuals at risk of being drawn into terrorism, or the local authority children's social care team.

The DfE also has a dedicated telephone helpline, 020 7340 7264, which Foundation colleagues and governors can call to raise concerns about extremism with respect to a CYP. You can also email counter.extremism@education.gov.uk. Note that this is not for use in emergency situations.

In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you:

- › Think someone is in immediate danger
- › Think someone may be planning to travel to join an extremist group
- › See or hear something that may be terrorist-related

7.6 If you have a concern about mental health

Mental health problems can, in some cases, be an indicator that a CYP has suffered or is at risk of suffering abuse, neglect or exploitation.

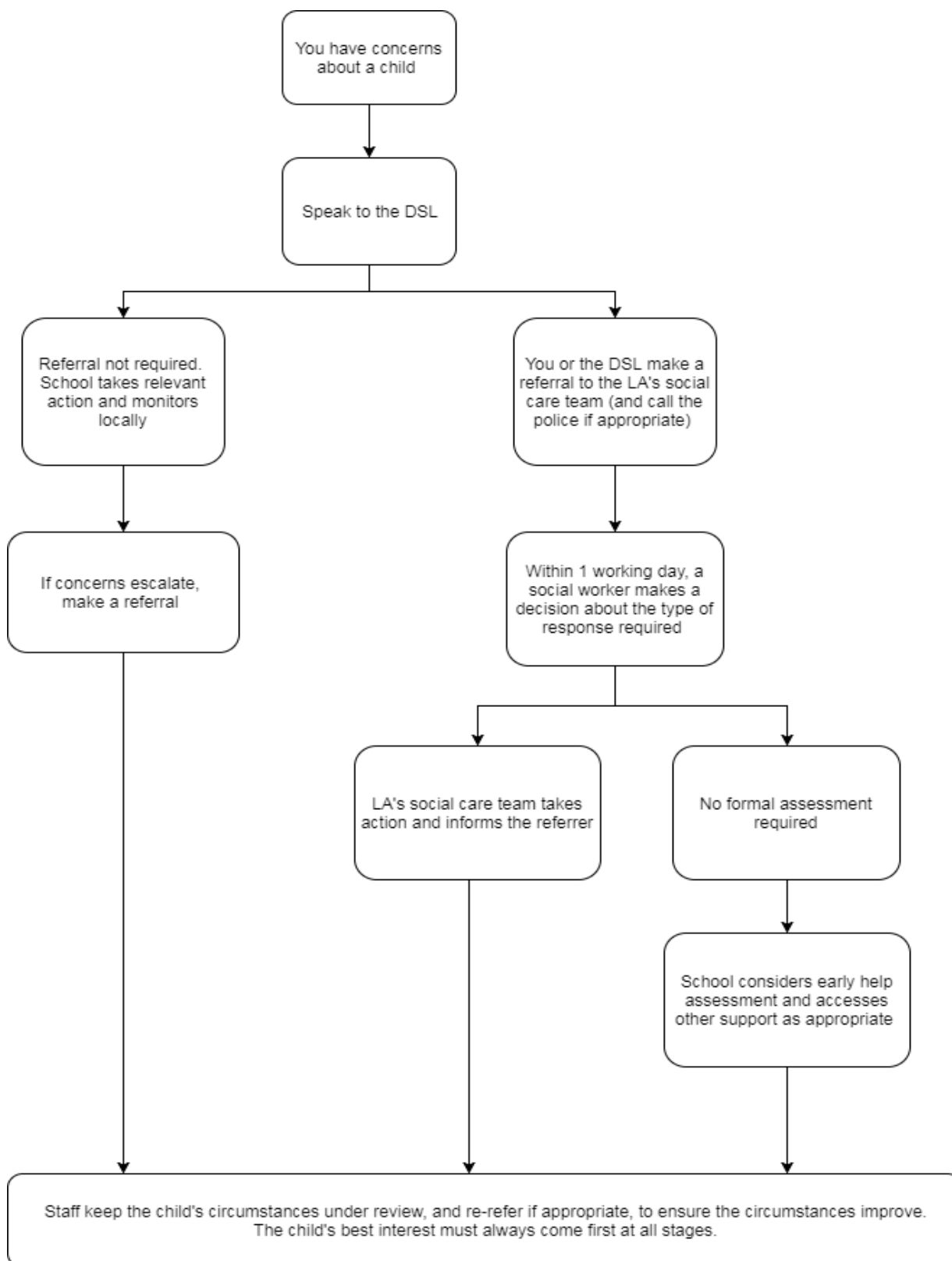
Colleagues will be alert to behavioural signs that suggest a child may be experiencing a mental health problem or be at risk of developing one.

If you have a mental health concern about a child that is also a safeguarding concern, take immediate action by following the steps in section 7.4.

If you have a mental health concern that is **not** also a safeguarding concern, speak to the DSL to agree a course of action.

Figure 1: procedure if you have concerns about a child’s welfare (as opposed to believing a child is suffering or likely to suffer from harm, or in immediate danger)

(Note – if the DSL is unavailable, this should not delay action. See section 7.4 for what to do.)



7.7 Concerns about a colleague, supply teacher, volunteer, contractor or agency

If you have concerns about a colleague (including a supply teacher, volunteer, contractor or agency), or an allegation is made about a colleague (including a supply teacher, volunteer, contractor or agency) posing a risk of harm to children, speak to the headteacher or director of social care as soon as possible. If the concerns/allegations are about the headteacher or director of social care, speak to the Chief executive or chair of governors.

The headteacher/director of social care/chief executive or chair of governors will then follow the procedures set out in appendix 3, if appropriate.

Where you believe there is a conflict of interest in reporting a concern or allegation about a colleague (including a supply teacher, volunteer, contractor or agency) to the headteacher/director of social care, you can report it to the chief executive or report it directly to the local authority designated officer (LADO).

Where appropriate, the Foundation will inform Ofsted of the allegation and actions taken, within the necessary timescale (see appendix 3 for more detail).

7.8 Allegations of abuse made against other CYP

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”, as this can lead to a culture of unacceptable behaviours and an unsafe environment for CYP.

We also recognise the gendered nature of child-on-child abuse. However, all child-on-child abuse is unacceptable and will be taken seriously.

Most cases of CYP hurting other CYP will be dealt with under our Foundation’s behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- › Is serious, and potentially a criminal offence
- › Could put CYP in the Foundation at risk
- › Is violent
- › Involves CYP being forced to use drugs or alcohol
- › Involves sexual exploitation, sexual abuse or sexual harassment, such as indecent exposure, sexual assault, upskirting or sexually inappropriate pictures or videos (including the sharing of nudes and semi-nudes)

See appendix 4 for more information about child-on-child abuse.

Procedures for dealing with allegations of child-on-child abuse

If a CYP makes an allegation of abuse against another CYP:

- › You must record the allegation and tell the DSL, but do not investigate it
- › The DSL will contact the local authority children’s social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence
- › The DSL will put a risk assessment and support plan into place for all children involved (including the victim(s), the child(ren) against whom the allegation has been made and any others affected) with a named person they can talk to if needed. This will include considering Foundation transport as a potentially vulnerable place for a victim or alleged perpetrator(s)
- › The DSL will contact the children and adolescent mental health services (CAMHS), if appropriate

If the incident is a criminal offence and there are delays in the criminal process, the DSL will work closely with the police (and other agencies as required) while protecting children and/or taking any disciplinary measures against the alleged perpetrator. We will ask the police if we have any questions about the investigation.

Creating a supportive environment in the Foundation and minimising the risk of child-on-child abuse

We recognise the importance of taking proactive action to minimise the risk of child-on-child abuse, and of creating a supportive environment where victims feel confident in reporting incidents.

To achieve this, where appropriate we will:

- › Challenge any form of derogatory or sexualised language or inappropriate behaviour between peers, including requesting or sending sexual images
- › Be vigilant to issues that particularly affect different genders – for example, sexualised or aggressive intentional touching or grabbing towards female CYP,
- › Ensure our curriculum helps to educate CYP about appropriate behaviour and consent
- › Ensure CYP where appropriate are able to easily and confidently report abuse
- › Ensure colleagues reassure victims that they are being taken seriously
- › Be alert to reports of sexual violence and/or harassment that may point to environmental or systemic problems that could be addressed by updating policies, processes and the curriculum, or could reflect wider issues in the local area that should be shared with safeguarding partners
- › Support children who have witnessed sexual violence, especially rape or assault by penetration. We will do all we can to make sure the victim, alleged perpetrator(s) and any witnesses are not bullied or harassed
- › Consider intra-familial harms and any necessary support for siblings following a report of sexual violence and/or harassment
- › Ensure colleagues are trained to understand:
 - How to recognise the indicators and signs of child-on-child abuse, and know how to identify it and respond to reports
 - That even if there are no reports of child-on-child abuse in Foundation - colleagues should maintain an attitude of “it could happen here”
 - That if they have any concerns about a child’s welfare, they should act on them immediately rather than wait to be told, and that victims may not always make a direct report. For example:
 - Children can show signs or act in ways they hope adults will notice and react to
 - A friend may make a report
 - A colleague may overhear a conversation
 - A child’s behaviour might indicate that something is wrong
 - That certain children may face additional barriers to telling someone because of their vulnerability, disability, gender, ethnicity and/or sexual orientation
 - That a CYP harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy
 - The important role they have to play in preventing child-on-child abuse and responding where they believe a child may be at risk from it
 - That they should speak to the DSL if they have any concerns
 - That social media is likely to play a role in the fall-out from any incident or alleged incident, including for potential contact between the victim, alleged perpetrator(s) and friends from either side

The DSL will take the lead role in any disciplining of the alleged perpetrator(s). We will provide support at the same time as taking any disciplinary action.

Disciplinary action can be taken while other investigations are going on, e.g. by the police. The fact that another body is investigating or has investigated an incident doesn’t (in itself) prevent our Foundation from coming to its own conclusion about what happened and imposing a penalty accordingly. We will consider these matters on a case-by-case basis, taking into account whether:

- › Taking action would prejudice an investigation and/or subsequent prosecution – we will liaise with the police and/or local authority children’s social care to determine this
- › There are circumstances that make it unreasonable or irrational for us to reach our own view about what happened while an independent investigation is ongoing

7.9 Sharing of nudes and semi-nudes (‘sexting’)

This is a suggested approach based on [guidance from the UK Council for Internet Safety](#) for all colleagues and for DSLs and senior leaders.

It is highly unlikely that any CYP would be in the position of taking any nude or semi-nude photos or be in a position to be able to share those images, but if it did occur you would:

Your responsibilities when responding to an incident

If you are made aware of an incident involving the consensual or non-consensual sharing of nude or semi-nude images/videos (also known as ‘sexting’ or ‘youth produced sexual imagery’), you must report it to the DSL immediately.

You must **not**:

- › View, copy, print, share, store or save the imagery yourself, or ask a CYP to share or download it (if you have already viewed the imagery by accident, you must report this to the DSL)
- › Delete the imagery or ask the CYP to delete it
- › Ask the CYP(s) who are involved in the incident to disclose information regarding the imagery (this is the DSL’s responsibility)
- › Share information about the incident with other colleagues, the CYP(s) it involves or their, or other, parents and/or carers
- › Say or do anything to blame or shame any young people involved

You should explain that you need to report the incident, and reassure the CYP(s) that they will receive support and help from the DSL.

Initial review meeting

Following a report of an incident, the DSL will hold an initial review meeting with appropriate Foundation colleagues – this may include the colleague who reported the incident and the safeguarding or leadership team that deals with safeguarding concerns. This meeting will consider the initial evidence and aim to determine:

- › Whether there is an immediate risk to CYP(s)
- › If a referral needs to be made to the police and/or children’s social care
- › If it is necessary to view the image(s) in order to safeguard the young person (in most cases, images or videos should not be viewed)
- › What further information is required to decide on the best response
- › Whether the image(s) has been shared widely and via what services and/or platforms (this may be unknown)
- › Whether immediate action should be taken to delete or remove images or videos from devices or online services
- › Any relevant facts about the CYP involved which would influence risk assessment
- › If there is a need to contact another Foundation, college, setting or individual
- › Whether to contact parents or carers of the CYP involved (in most cases parents/carers should be involved)

The DSL will make an immediate referral to police and/or children’s social care if:

- › The incident involves an adult

- › There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example, owing to SEN)
- › What the DSL knows about the images or videos suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
- › The imagery involves sexual acts and any CYP in the images or videos is under 13
- › The DSL has reason to believe a CYP is at immediate risk of harm owing to the sharing of nudes and semi-nudes (for example, the young person is presenting as suicidal or self-harming)

If none of the above apply then the DSL, in consultation with the headteacher and other colleagues as appropriate, may decide to respond to the incident without involving the police or children's social care. The decision will be made and recorded in line with the procedures set out in this policy.

Further review by the DSL

If at the initial review stage a decision has been made not to refer to police and/or children's social care, the DSL will conduct a further review to establish the facts and assess the risks.

They will hold interviews with the CYP involved (if appropriate).

If at any point in the process there is a concern that a CYP has been harmed or is at risk of harm, a referral will be made to children's social care and/or the police immediately.

Informing parents/carers

The DSL will inform parents/carers at an early stage and keep them involved in the process, unless there is a good reason to believe that involving them would put the CYP at risk of harm.

Referring to the police

If it is necessary to refer an incident to the police, this will be done through the DSL contacting 101.

Recording incidents

All incidents of sharing of nudes and semi-nudes, and the decisions made in responding to them, will be recorded. The record-keeping arrangements set out in section 14 of this policy also apply to recording these incidents.

Curriculum coverage

If and when appropriate CYP are taught about the issues surrounding the sharing of nudes and semi-nudes as part of our CHILD curriculum. Teaching when appropriate would cover the following in relation to the sharing of nudes and semi-nudes:

- › What it is
- › How it is most likely to be encountered
- › The consequences of requesting, forwarding or providing such images, including when it is and is not abusive and when it may be deemed as online sexual harassment
- › Issues of legality
- › The risk of damage to people's feelings and reputation

CYP also learn the strategies and skills needed to manage:

- › Specific requests or pressure to provide (or forward) such images
- › The receipt of such images

This policy on the sharing of nudes and semi-nudes, when and if appropriate, would be also shared with CYP so they are aware of the processes the Foundation will follow in the event of an incident.

7.10 Reporting systems for our CYP

Where there is a safeguarding concern, we will take the child's wishes and feelings into account when determining what action to take and what services to provide.

We recognise the importance of ensuring CYP feel safe and comfortable to come forward and report any concerns and/or allegations.

To achieve this, we will:

- › Put systems in place to support CYP to confidently report abuse
- › make it clear to CYP that their concerns will be taken seriously, and that they can safely express their views and give feedback
- › If there was a concern or a CYP expressed a wish to report abuse then the CYP would be supported by an appropriate communication partner who knows their communication well and they trust.
- › CYP using a CCS has a "problem page" readily accessible to them to alter colleagues to any concerns.

8. Online safety and the use of mobile technology

We recognise the importance of safeguarding children from potentially harmful and inappropriate online material, and we understand that technology is a significant component in many safeguarding and wellbeing issues.

To address this, our Foundation aims to:

- › Have robust processes (including filtering and monitoring systems) in place to ensure the online safety of CYP, colleagues, volunteers and governors
- › Protect and educate the whole Foundation community in its safe and responsible use of technology, including mobile and smart technology (which we refer to as 'mobile phones')
- › Set clear guidelines for the use of mobile phones, cameras and all smart technology for the whole Foundation community
- › Establish clear mechanisms to identify, intervene in and escalate any incidents or concerns, where appropriate

The 4 key categories of risk

Our approach to online safety is based on addressing the following categories of risk:

- › **Content** – being exposed to illegal, inappropriate or harmful content, such as pornography, fake news, racism, misogyny, self-harm, suicide, antisemitism, radicalisation and extremism
- › **Contact** – being subjected to harmful online interaction with other users, such as peer-to-peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes
- › **Conduct** – personal online behaviour that increases the likelihood of, or causes, harm, such as making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography), sharing other explicit images and online bullying; and
- › **Commerce** – risks such as online gambling, inappropriate advertising, phishing and/or financial scams

To meet our aims and address the risks above, we will where and when appropriate:

- › Educate CYP about online safety as part of their curriculum if appropriate. For example:
 - The safe use of social media, the internet and technology
 - Keeping personal information private
 - How to recognise unacceptable behaviour online
 - Who to tell if they see or witness anything on line they do not like.
- › Train colleagues, as part of their induction, on safe internet use and online safeguarding issues including cyber-bullying, the risks of radicalisation, and the expectations, roles and responsibilities around filtering

and monitoring. All colleagues will receive refresher training as required and at least once each academic year

- › Support parents/carers about online safety via communications sent directly to them.
 - › Make sure colleagues are aware of any restrictions placed on them with regards to the use of their mobile phone, cameras and smart technology, for example that:
 - Colleagues are allowed to bring their personal phones to Foundation for their own use, but will limit such use to non-contact time when CYP are not present
 - Colleagues will not take pictures or recordings of CYP on their personal phones or cameras
 - › Make all CYP, parents/carers, colleagues, volunteers and governors aware that they are expected to sign an agreement regarding the acceptable use of the internet in Foundation, use of the Foundation's ICT systems and use of their mobile and smart technology
 - › Make sure all colleagues, CYP and parents/carers are aware that colleagues have the power to search CYP' phones, as set out in the [DfE's guidance on searching, screening and confiscation](#)
- Put in place robust filtering and monitoring systems to limit children's exposure to the 4 key categories of risk (described above) from the Foundation's IT systems.
- › Carry out an annual review of our approach to online safety, supported by an annual risk assessment that considers and reflects the risks faced by our Foundation community
 - › Provide regular safeguarding and children protection updates including online safety to all colleagues, at least annually, in order to continue to provide them with the relevant skills and knowledge to safeguard effectively
 - › Review the child protection and safeguarding policy, including online safety, annually and ensure the procedures and implementation are updated and reviewed regularly

This section summarises our approach to online safety. For full details about our Foundation's policies in these areas, please refer to our online safety policy and IT Acceptable Use policies which can be found on the intranet.

8.1 Artificial intelligence (AI)

Generative artificial intelligence (AI) tools are now widespread and easy to access. Colleagues, CYP and parents/carers may be familiar with generative chatbots such as ChatGPT and Google Bard.

Chailey Heritage recognises that AI has many uses, including enhancing teaching and learning, and in helping to protect and safeguard CYP. However, AI may also have the potential to facilitate abuse (e.g. bullying and grooming) and/or expose CYP to harmful content. For example, in the form of 'deepfakes', where AI is used to create images, audio or video hoaxes that look real.

Chailey Heritage will treat any use of AI to access harmful content or bully CYP in line with this policy and our behaviour policy.

Colleagues should be aware of the risks of using AI tools whilst they are still being developed and should carry out risk assessments for any new AI tool being used by the Foundation.

9. Notifying parents or carers

Where appropriate, we will discuss any concerns about a child with the child's parents or carers. The DSL will normally do this in the event of a suspicion or disclosure.

Other colleagues will only talk to parents or carers about any such concerns following consultation with the DSL.

If we believe that notifying the parents or carers would increase the risk to the child, we will discuss this with the local authority children's social care team before doing so.

In the case of allegations of abuse made against other children, we will normally notify the parents or carers of all the children involved. We will think carefully about what information we provide about the other child

involved, and when. We will work with the police and/or local authority children's social care to make sure our approach to information sharing is consistent.

The DSL will, along with any relevant agencies (this will be decided on a case-by-case basis):

- › Meet with the victim's parents or carers, with the victim, to discuss what's being put in place to safeguard them, and understand their wishes in terms of what support they may need and how the report will be progressed
- › Meet with the alleged perpetrator's parents or carers to discuss support for them, and what's being put in place that will impact them, e.g. moving them out of classes with the victim, and the reason(s) behind any decision(s)

10. CYP with special educational needs, disabilities and health issues

We recognise that all CYP at Chailey Heritage have SEND and complex health needs and can face additional safeguarding challenges, they are 3 times more likely to be abused than their mainstream peers. Additional barriers can exist when recognising abuse and neglect in this group, including:

- › Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the CYP's condition without further exploration
- › CYP being more prone to peer group isolation or bullying (including prejudice-based bullying) than other CYP
- › The potential for CYP with SEN, disabilities or certain health conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- › Communication barriers and difficulties in managing or reporting these challenges

We offer full support for all our CYP across the whole Foundation.

11. CYP with a social worker

Most CYP at the Foundation has access to a social worker due to safeguarding or welfare needs. We recognise that a CYP's experiences of adversity and trauma can leave them vulnerable to further harm as well as potentially creating barriers to attendance, learning, behaviour and mental health.

The DSL and all colleagues will work with and support social workers to help protect vulnerable children.

Where we are aware that a CYP has a social worker, the DSL will always consider this fact to ensure any decisions are made in the best interests of the CYP's safety, welfare and educational outcomes. For example, it will inform decisions about:

- › Responding to unauthorised absence or missing education where there are known safeguarding risks
- › The provision of full pastoral and/or academic support to all CYP

12. Looked-after and previously looked-after children

We will ensure that colleagues have the skills, knowledge and understanding to keep looked-after children and previously looked-after children safe. In particular, we will ensure that:

- › Appropriate colleagues have relevant information about children's looked after legal status, contact arrangements with birth parents or those with parental responsibility, and care arrangements
- › The DSL has details of CYP's social workers and relevant virtual School heads

We have appointed a designated teacher, Oner Ozdamar, who is responsible for promoting the educational achievement of looked-after children and previously looked-after children in line with [statutory guidance](#).

The designated teacher is appropriately trained and has the relevant qualifications and experience to perform the role.

As part of their role, the designated teacher will:

- › Work closely with the DSL to ensure that any safeguarding concerns regarding looked-after and previously looked-after children are quickly and effectively responded to
- › Work with virtual School heads to promote the educational achievement of looked-after and previously looked-after children, including discussing how CYP premium plus funding can be best used to support looked-after children and meet the needs identified in their personal education plans

13. Complaints and concerns about Foundation safeguarding policies

13.1 Complaints against colleagues

Complaints against colleagues that are likely to require a child protection investigation will be handled in accordance with our Allegations Against Staff and Volunteers Policy. Low level concerns or allegations will be handled in accordance with Appendix 3 of this document.

13.2 Other complaints

Other complaints are handled through the Foundation's Compliments and Complaints Policy and the Joint Working Protocol for Complaints CHF CCS.

13.3 Whistle-blowing

The Foundation has a separate Whistleblowing Policy.

14. Record-keeping

We will hold records in line with our records retention schedule.

All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded in writing. If you are in any doubt about whether to record something, discuss it with the DSL.

Records will include:

- › A clear and comprehensive summary of the concern
- › Details of how the concern was followed up and resolved
- › A note of any action taken, decisions reached and the outcome

Concerns and referrals will be recorded for each child on CPOMs (Child Protection Online System).

Any non-confidential records will be readily accessible and available.

Confidential information and records will be held securely and only available to those who have a right or professional need (DSL and DDSLs) to see them on CPOMs.

Safeguarding records relating to individual CYP will be retained for a reasonable period of time after they have left the Foundation.

If a child for whom the Foundation has, or has had, safeguarding concerns moves to another School or organisation, the DSL will ensure that their child protection file is forwarded as soon as possible, securely, and separately from the main CYP file.

To allow the new School/college/organisation to have support in place when the CYP arrives, this should be within:

- › **5 days** for an in-year transfer, or within
- › **The first 5 days** of the start of a new term

In addition, if the concerns are significant or complex, and/or social services are involved, the DSL will speak to the DSL of the receiving School/college/organisation and provide information to enable them to have time to make any necessary preparations to ensure the safety of the CYP.

We record concerns on CPOMs and all members of the Foundation's safeguarding team has secure access to CPOMs. Information is shared when appropriate with other agencies when required in line with local safeguarding procedures.

In addition:

- › Appendix 2 sets out our policy on record-keeping specifically with respect to recruitment and pre-appointment checks
- › Appendix 3 sets out our process on record-keeping with respect to low level allegations made against colleagues

15. Training

15.1 All colleagues

All colleagues will undertake safeguarding and child protection training at induction, including on whistle-blowing procedures and online safety, to ensure they understand the Foundation's safeguarding systems and their responsibilities, and can identify signs of possible abuse or neglect.

This training will be regularly updated and will:

- › Be integrated, aligned and considered as part of the whole-Foundation safeguarding approach and wider colleagues training, and curriculum planning
- › Be in line with advice from the 3 safeguarding partners
- › Include online safety, including an understanding of the expectations, roles and responsibilities for colleagues around filtering and monitoring

All colleagues will have training on the government's anti-radicalisation strategy, Prevent, to enable them to identify children at risk of being drawn into terrorism and to challenge extremist ideas.

Colleagues will also receive regular safeguarding and child protection updates, including on online safety, as required but at least annually (for example, through emails, e-bulletins, colleague meetings, training and online videos).

Volunteers will receive appropriate training, where applicable.

15.2 The DSLs and safeguarding team/Deputies.

The DSL and safeguarding team/deputies will undertake child protection and safeguarding training at least every 2 years.

In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments).

They will also undertake Prevent awareness training.

15.3 Governors

All governors receive training about safeguarding and child protection (including online safety) at induction, which is regularly updated. This is to make sure that they:

- › Have the knowledge and information needed to perform their functions and understand their responsibilities, such as providing strategic challenge
- › Can be assured that safeguarding policies and procedures are effective and support the Foundation to deliver a robust whole-Foundation approach to safeguarding

As the chair of governors may be required to act as the 'case manager' in the event that an allegation of abuse is made against the headteacher or director of social care, they receive training in managing allegations for this purpose.

15.4 Recruitment – interview panels

At least 1 person conducting any interview for any post at the Foundation will have undertaken safer recruitment training. This will cover, as a minimum, the contents of Keeping Children Safe in Education, and will be in line with local safeguarding procedures.

See appendix 2 of this policy for more information about our safer recruitment procedures.

15.5 Colleagues who have contact with CYP and families

All colleagues who have contact with children and families will have supervisions which will provide them with support, coaching and training, promote the interests of children and allow for confidential discussions of sensitive issues.

16. Monitoring arrangements

This policy will be reviewed **annually** by The Safeguarding Committee. At every review, it will be approved by the full governing board.

17. Links with other policies

This policy links to the following policies and procedures:

- › Behaviour -Positive Behaviour Support Policy
- › Colleague Code of Conduct
- › Anti-bullying policy
- › Missing Children and YP policy and procedure
- › Safe operating procedures for residential
- › Safe operating procedures for school
- › Online safety Policy and suite of Data Protection policies

A full list of all Policies and Procedures can be found on the intranet.

Types of Abuse

Abuse, including neglect, and safeguarding issues are rarely standalone events that can be covered by 1 definition or label. In most cases, multiple issues will overlap. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear or experience its effects. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

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

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Emotional abuse may involve:

- › Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- › Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- › Age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- › Seeing or hearing the ill-treatment of another
- › Serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children

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

- › Physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing
- › Non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet)

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

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

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

- › Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- › Protect a child from physical and emotional harm or danger

- › Ensure adequate supervision (including the use of inadequate care-givers)
- › Ensure access to appropriate medical care or treatment

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

Safer recruitment

Recruitment and selection process

To make sure we recruit suitable people, we will ensure that those involved in the recruitment and employment of colleagues to work with children have received appropriate safer recruitment training.

Please see the CHF Recruitment and Selection Policy on the intranet.

In addition to that policy:

The majority of colleagues, but not all, employed by CHF are engaged in regulated activity.

Regulated activity means a person who will be:

- › Responsible, on a regular basis in a school or college, for teaching, training, instructing, caring for or supervising children; or
- › Carrying out paid, or unsupervised unpaid, work regularly in a school or college where that work provides an opportunity for contact with children; or
- › Engaging in intimate or personal care or overnight activity, even if this happens only once and regardless of whether they are supervised or not

Agency and third-party colleagues

We will obtain written notification from any agency or third-party organisation that it has carried out the necessary safer recruitment checks that we would otherwise perform. We will also check that the person presenting themselves for work is the same person on whom the checks have been made.

Contractors

We will ensure that any contractor, or any employee of the contractor, who is to work at the Foundation has had the appropriate level of DBS check This will be:

- › An enhanced DBS check with barred list information for contractors engaging in regulated activity
- › An enhanced DBS check, not including barred list information, for all other contractors who are not in regulated activity but whose work provides them with an opportunity for regular contact with children

We will obtain the DBS check for self-employed contractors.

We will not keep copies of such checks for longer than 6 months.

Contractors who have not had any checks will not be allowed to work unsupervised or engage in regulated activity under any circumstances.

We will check the identity of all contractors and their colleagues on arrival at the Foundation.

If any self-employed contractors such as music teachers or sports coaches, were to be used, we will ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006. Where we decide that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment. This will include our evaluation of any risks and control measures put in place, and any advice sought.

Trainee/student teachers

Where applicants for initial teacher training are salaried by us, we will ensure that all necessary checks are carried out.

Where trainee teachers are fee-funded, we will obtain written confirmation from the training provider that necessary checks have been carried out and that the trainee has been judged by the provider to be suitable to work with children or see a copy of their DBS certificate.

In both cases, this includes checks to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006.

Volunteers

We will:

- › Never leave an unchecked volunteer unsupervised or allow them to work in regulated activity
- › Obtain an enhanced DBS check with barred list information for all volunteers who are new to working in regulated activity
- › Carry out a risk assessment when deciding whether to seek an enhanced DBS check without barred list information for any volunteers not engaging in regulated activity. We will retain a record of this risk assessment
- › Ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006. Where we decide that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment. This will include our evaluation of any risks and control measures put in place, and any advice sought

Governors for Chailey Heritage School as a Non-maintained school, as part of Chailey Heritage Foundation

The chair of the board will have their DBS check countersigned by the secretary of state.

All governors will also have the following checks:

- › Identity
- › Right to work in the UK
- › Other checks deemed necessary if they have lived or worked outside the UK

Low-level concerns or allegations against colleagues

Concerns that do not meet the harm threshold

The section is based on 'Section 2: Concerns that do not meet the harm threshold' in part 4 of Keeping Children Safe in Education.

This section applies to all concerns (including allegations) about colleagues, including supply teachers, volunteers and contractors, which do not meet the harm threshold.

Concerns may arise through, for example:

- › Suspicion
- › Complaint
- › Safeguarding concern or allegation from another colleague
- › Disclosure made by a child, parent or other adult within or outside the Foundation
- › Pre-employment vetting checks

We recognise the importance of responding to and dealing with any concerns in a timely manner to safeguard the welfare of children.

Definition of low-level concerns

The term 'low-level' concern is any concern – no matter how small – that an adult working in or on behalf of the Foundation may have acted in a way that:

- › Is inconsistent with the colleague code of conduct, including inappropriate conduct outside of work, **and**
- › Does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the designated officer at the local authority

Examples of such behaviour could include, but are not limited to:

- › Being overly friendly with children
- › Having favourites
- › Taking photographs of children on their mobile phone
- › Engaging with a child on a one-to-one basis in a secluded area or behind a closed door
- › Humiliating CYP

Sharing low-level concerns

We recognise the importance of creating a culture of openness, trust and transparency to encourage all colleagues to confidentially share low-level concerns so that they can be addressed appropriately.

We will create this culture by:

- › Ensuring colleagues are clear about what appropriate behaviour is, and are confident in distinguishing expected and appropriate behaviour from concerning, problematic or inappropriate behaviour, in themselves and others
- › Empowering colleagues to share any low-level concerns
- › Empowering colleagues to self-refer
- › Addressing unprofessional behaviour and supporting the individual to correct it at an early stage
- › Providing a responsive, sensitive and proportionate handling of such concerns when they are raised
- › Helping to identify any weakness in the Foundation's safeguarding system

Responding to low-level concerns

If the concern is raised via a third party, the headteacher/director of social care will collect evidence where necessary by speaking:

- › Directly to the person who raised the concern, unless it has been raised anonymously
- › To the individual involved and any witnesses

The headteacher/director of social care will use the information collected to categorise the type of behaviour and determine any further action, in line with the Foundation's code of conduct. The headteacher/director of social care will be the ultimate decision-maker in respect of all low-level concerns, though they may wish to collaborate with the DSL.

Record keeping

All low-level concerns will be recorded in writing and saved securely in the Foundation's secure safeguarding folder. In addition to details of the concern raised, records will include the context in which the concern arose, any action taken and the rationale for decisions and action taken.

Records will be:

- › Kept confidential, held securely and comply with the DPA 2018 and UK GDPR
- › Reviewed so that potential patterns of concerning, problematic or inappropriate behaviour can be identified. Where a pattern of such behaviour is identified, we will decide on a course of action, either through our disciplinary procedures or, where a pattern of behaviour moves from a concern to meeting the harm threshold as described in section 1 of this appendix, we will refer it to the designated officer at the local authority
- › Retained at least until the individual leaves employment at the Foundation

Where a low-level concern relates to a supply teacher or contractor, we will notify the individual's employer, so any potential patterns of inappropriate behaviour can be identified.

References

We will not include low-level concerns in references unless:

- › The concern (or group of concerns) has met the threshold for referral to the designated officer at the local authority and is found to be substantiated; and/or
- › The concern (or group of concerns) relates to issues which would ordinarily be included in a reference, such as misconduct or poor performance

Appendix 4: specific safeguarding issues

Children who are absent from education

A child being absent from education, particularly repeatedly, can be a warning sign of a range of safeguarding issues. This might include abuse or neglect, such as sexual abuse or exploitation or child criminal exploitation, or issues such as mental health problems, substance abuse, radicalisation, FGM or forced marriage.

There are many circumstances where a child may be absent or become missing from education, but some children are particularly at risk. These include children who:

- › Are at risk of harm or neglect
- › Are at risk of forced marriage or FGM
- › Come from Gypsy, Roma, or Traveller families
- › Come from the families of service personnel
- › Go missing or run away from home or care
- › Are supervised by the youth justice system
- › Cease to attend a School
- › Come from new migrant families

We will follow our procedures for unauthorised absence and for dealing with children who are absent from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. This includes informing the local authority if a child leaves the Foundation without a new Organisation being named, and adhering to requirements with respect to sharing information with the local authority, when applicable, when removing a child's name from the admission register at non-standard transition points.

Colleagues will be trained in signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns which may be related to being absent, such as travelling to conflict zones, FGM and forced marriage.

If a colleague suspects that a CYP is suffering from harm or neglect, we will follow local child protection procedures, including with respect to making reasonable enquiries. We will make an immediate referral to the local authority children's social care team, and the police, if the child is suffering or likely to suffer from harm, or in immediate danger.

Child criminal exploitation

Child criminal exploitation (CCE) is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into criminal activity, in exchange for something the victim needs or wants, and/or for the financial or other advantage of the perpetrator or facilitator, and/or through violence or the threat of violence. This is highly unlikely to occur at the Foundation.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. It does not always involve physical contact and can happen online. For example, young people may be forced to work in cannabis factories, coerced into moving drugs or money across the country (county lines), forced to shoplift or pickpocket, or to threaten other young people.

Indicators of CCE can include a child:

- › Appearing with unexplained gifts or new possessions
- › Associating with other young people involved in exploitation
- › Suffering from changes in emotional wellbeing
- › Misusing drugs and alcohol

- › Going missing for periods of time or regularly coming home late
- › Regularly missing Foundation or education
- › Not taking part in education

If a colleague suspects CCE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

Child sexual exploitation

Child sexual exploitation (CSE) is a form of child sexual abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity, in exchange for something the victim needs or wants and/or for the financial advantage or increased status of the perpetrator or facilitator. It may, or may not, be accompanied by violence or threats of violence.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. Children or young people who are being sexually exploited may not understand that they are being abused. They often trust their abuser and may be tricked into believing they are in a loving, consensual relationship.

CSE can include both physical contact (penetrative and non-penetrative acts) and non-contact sexual activity. It can also happen online. For example, young people may be persuaded or forced to share sexually explicit images of themselves, have sexual conversations by text, or take part in sexual activities using a webcam. CSE may also occur without the victim's immediate knowledge, for example through others copying videos or images.

In addition to the CCE indicators above, indicators of CSE can include a child:

- › Having an older boyfriend or girlfriend
- › Suffering from sexually transmitted infections or becoming pregnant

If a colleague suspects CSE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

Child-on-child abuse

Child-on-child abuse is when children abuse other children. This type of abuse can take place inside and outside of the Foundation. It can also take place both face-to-face and online, and can occur simultaneously between the 2.

Chailey Heritage Foundation has a zero-tolerance approach to sexual violence and sexual harassment. We recognise that even if there are there no reports, that doesn't mean that this kind of abuse isn't happening although it would be very likely given the cohort of CYP we support.

Child-on-child abuse more widely, although unlikely with the cohort of CYP we support, is most likely to include, but may not be limited to:

- › Bullying (including cyber-bullying, prejudice-based and discriminatory bullying)
- › Abuse in intimate personal relationships between children (this is sometimes known as 'teenage relationship abuse')
- › Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- › Sexual violence, such as rape, assault by penetration and sexual assault (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- › Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse

- › Causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- › Consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)
- › Upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm
- › Initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element)

Where children abuse their peers online, this can take the form of, for example, abusive, harassing, and misogynistic messages; the non-consensual sharing of indecent images, especially around chat groups; and the sharing of abusive images and pornography, to those who don't want to receive such content.

If colleagues have any concerns about child-on-child abuse, or a child makes a report to them, they will follow the procedures set out in section 7 of this policy.

When considering instances of harmful sexual behaviour between children, we will consider their ages and stages of development. We recognise that children displaying harmful sexual behaviour have often experienced their own abuse and trauma, and will offer them appropriate support.

Domestic abuse

CYP can witness and be adversely affected by domestic abuse and/or violence at home where it occurs between family members. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse (abuse in intimate personal relationships between children) and child/adolescent to parent violence and abuse. It can be physical, sexual, financial, psychological or emotional. It can also include ill treatment that isn't physical, as well as witnessing the ill treatment of others – for example, the impact of all forms of domestic abuse on children.

Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socioeconomic status, sexuality or background, and domestic abuse can take place inside or outside of the home. Children who witness domestic abuse are also victims.

Older children may also experience and/or be the perpetrators of domestic abuse and/or violence in their own personal relationships. This can include sexual harassment.

Exposure to domestic abuse and/or violence can have a serious, long-lasting emotional and psychological impact on children and affect their health, wellbeing, development and ability to learn.

If police are called to an incident of domestic abuse and any children in the household have experienced the incident, the police will inform the key adults in the Foundation through the generic safeguarding email address before the child or children arrive at Foundation the following day as part of Operation Encompass.

The DSL will provide support according to the child's needs and update records about their circumstances.

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare.

The DSL DDSs and safeguarding team will be aware of contact details and referral routes in to the local housing authority so they can raise/progress concerns at the earliest opportunity (where appropriate and in accordance with local procedures).

Where a child has been harmed or is at risk of harm, the DSL will also make a referral to children's social care.

So-called 'honour-based' abuse (including FGM and forced marriage)

So-called 'honour-based' abuse (HBA) encompasses incidents or crimes committed to protect or defend the honour of the family and/or community, including FGM, forced marriage, and practices such as breast ironing.

Abuse committed in this context often involves a wider network of family or community pressure and can include multiple perpetrators.

All forms of HBA are abuse and will be handled and escalated as such. All colleagues will be alert to the possibility of a child being at risk of HBA or already having suffered it. If colleagues have a concern, they will speak to the DSL, who will activate local safeguarding procedures.

FGM

The DSL will make sure that colleagues have access to appropriate training to equip them to be alert to children affected by FGM or at risk of FGM.

Section 7.3 of this policy sets out the procedures to be followed if a colleague discovers that an act of FGM appears to have been carried out or suspects that a CYP is at risk of FGM.

Indicators that FGM has already occurred include:

- › A CYP confiding in a professional that FGM has taken place
- › A mother/family member disclosing that FGM has been carried out
- › A family/CYP already being known to social services in relation to other safeguarding issues
- › A girl:
 - Having difficulty walking, sitting or standing, or looking uncomfortable
 - Finding it hard to sit still for long periods of time (where this was not a problem previously)
 - Spending longer than normal in the bathroom or toilet due to difficulties urinating
 - Having frequent urinary, menstrual or stomach problems
 - Avoiding physical exercise or missing PE
 - Being repeatedly absent from Foundation, or absent for a prolonged period
 - Demonstrating increased emotional and psychological needs – for example, withdrawal or depression, or significant change in behaviour
 - Being reluctant to undergo any medical examinations
 - Asking for help, but not being explicit about the problem
 - Talking about pain or discomfort between her legs

Potential signs that a CYP may be at risk of FGM include:

- › The girl's family having a history of practising FGM (this is the biggest risk factor to consider)
- › FGM being known to be practised in the girl's community or country of origin
- › A parent or family member expressing concern that FGM may be carried out
- › A family not engaging with professionals (health, education or other) or already being known to social care in relation to other safeguarding issues
- › A girl:
 - Having a mother, older sibling or cousin who has undergone FGM
 - Having limited level of integration within UK society
 - Confiding to a professional that she is to have a "special procedure" or to attend a special occasion to "become a woman"
 - Talking about a long holiday to her country of origin or another country where the practice is prevalent, or parents/carers stating that they or a relative will take the girl out of the country for a prolonged period

- Requesting help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM
- Talking about FGM in conversation – for example, a girl may tell other children about it (although it is important to take into account the context of the discussion)
- Being unexpectedly absent from Foundation
- Having sections missing from her 'red book' (child health record) and/or attending a travel clinic or equivalent for vaccinations/anti-malarial medication

The above indicators and risk factors are not intended to be exhaustive.

Forced marriage

Forcing a person into marriage is a crime. A forced marriage is one entered into without the full and free consent of 1 or both parties and where violence, threats, or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological.

It is also illegal to cause a child under the age of 18 to marry, even if violence, threats or coercion are not involved.

Colleagues will receive training around forced marriage and the presenting symptoms. We are aware of the '1 chance' rule, i.e. we may only have 1 chance to speak to the potential victim and only 1 chance to save them.

If a colleague suspects that a CYP is being forced into marriage, they will speak to the CYP about their concerns in a secure and private place. They will then report this to the DSL.

The DSL/DDSL will:

- › Speak to the CYP about the concerns in a secure and private place
- › Activate the local safeguarding procedures and refer the case to the local authority's designated officer
- › Seek advice from the Forced Marriage Unit on 020 7008 0151 or fm@fco.gov.uk
- › Refer the CYP to an education welfare officer, pastoral tutor, learning mentor, or Foundation counsellor, as appropriate

Preventing radicalisation

- › **Radicalisation** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups
- › **Extremism** is vocal or active opposition to fundamental British values, such as democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces
- › **Terrorism** is an action that:
 - Endangers or causes serious violence to a person/people;
 - Causes serious damage to property; or
 - Seriously interferes or disrupts an electronic system

The use or threat of terrorism must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

Schools have a duty to prevent children from being drawn into terrorism. The DSL will undertake Prevent awareness training and make sure that colleagues have access to appropriate training to equip them to identify children at risk. The CYP who are supported across the Foundation are very unlikely to be drawn into any radicalised behaviours.

We will assess the risk of children in the Foundation being drawn into terrorism. This assessment will be based on an understanding of the potential risk in our local area, in collaboration with our local safeguarding partners and local police force.

We will ensure that suitable internet filtering is in place, and equip our CYP to stay safe online at Foundation.

There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. Radicalisation can occur quickly or over a long period.

Colleagues will be alert to changes in CYP' behaviour.

The government website [Educate Against Hate](#) and charity [NSPCC](#) say that signs that a CYP is being radicalised can include:

- › Refusal to engage with, or becoming abusive to, peers who are different from themselves
- › Becoming susceptible to conspiracy theories and feelings of persecution
- › Changes in friendship groups and appearance
- › Rejecting activities they used to enjoy
- › Converting to a new religion
- › Isolating themselves from family and friends
- › Talking as if from a scripted speech
- › An unwillingness or inability to discuss their views
- › A sudden disrespectful attitude towards others
- › Increased levels of anger
- › Increased secretiveness, especially around internet use
- › Expressions of sympathy for extremist ideologies and groups, or justification of their actions
- › Accessing extremist material online, including on Facebook or Twitter
- › Possessing extremist literature
- › Being in contact with extremist recruiters and joining, or seeking to join, extremist organisations

Children who are at risk of radicalisation may have low self-esteem, or be victims of bullying or discrimination. It is important to note that these signs can also be part of normal teenage behaviour – colleagues should have confidence in their instincts and seek advice if something feels wrong.

If colleagues are concerned about a CYP, they will follow our procedures set out in section 7.5 of this policy, including discussing their concerns with the DSL.

Colleagues should **always** take action if they are worried.

Sexual violence and sexual harassment between children at the Foundation

Sexual violence and sexual harassment, is unlikely to occur at the Foundation due to the additional needs of the CYP we support but it can occur:

- › Between 2 children of any age and sex
- › Through a group of children sexually assaulting or sexually harassing a single child or group of children
- › Online and face to face (both physically and verbally)

Sexual violence and sexual harassment exist on a continuum and may overlap.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment and will be exacerbated if the alleged perpetrator(s) attends the same Foundation.

If a victim reports an incident, it is essential that colleagues make sure they are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting any form of abuse or neglect. Nor should a victim ever be made to feel ashamed for making a report.

When supporting victims, colleagues will:

- › Reassure victims that the law on child-on-child abuse is there to protect them, not criminalise them

- › Regularly review decisions and actions, and update policies with lessons learnt
- › Look out for potential patterns of concerning, problematic or inappropriate behaviour, and decide on a course of action where we identify any patterns
- › Consider if there are wider cultural issues within the Foundation that enabled inappropriate behaviour to occur and whether revising policies and/or providing extra colleague training could minimise the risk of it happening again
- › Remain alert to the possible challenges of detecting signs that a child has experienced sexual violence, and show sensitivity to their needs

Some groups are potentially more at risk. Evidence shows that girls, children with SEN and/or disabilities, and lesbian, gay, bisexual and transgender (LGBT) children are at greater risk.

Colleagues should be aware of the importance of:

- › Challenging inappropriate behaviours
- › Making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up
- › Challenging physical behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them

Serious violence

Indicators which may signal that a child is at risk from, or involved with, serious violent crime may include:

- › Increased absence from School
- › Change in friendships or relationships with older individuals or groups
- › Significant decline in performance or progress
- › Signs of self-harm or a significant change in wellbeing
- › Signs of assault or unexplained injuries
- › Unexplained gifts or new possessions (this could indicate that the child has been approached by, or is involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation (see above))

Risk factors which increase the likelihood of involvement in serious violence include:

- › Being male
- › Having been frequently absent
- › Having experienced child maltreatment

Colleagues will be aware of these indicators and risk factors. If a colleague has a concern about a CYP being involved in, or at risk of, serious violence, they will report this to the DSL.

Children with medical conditions

Children with medical conditions will be supported in accordance with the Supporting Students with Medical Conditions in School Policy and the statutory guidance Supporting Pupils at School with Medical Conditions 2015.

The school will ensure that arrangements are in place to support children with medical conditions. These arrangements will be informed through liaison with the parents and medical professionals, where appropriate, and dependent on the age and capacity, the child as well.

Most ongoing conditions will require an individual healthcare plan, unless it is agreed that this would be inappropriate and disproportionate.

The healthcare plan will be shared with colleagues as necessary, to ensure that colleagues are aware of what arrangements are in place, as well as any emergency procedures.

The DSL will consult with Health Professionals and consider further safeguarding actions in the event of:

- concerns about attendance
- if a medical condition is impacting on a child's ability to access their curriculum or participate in school activities
- if emergency treatment is being provided regularly
- If there has been a significant health event at school

In respect of health concerns for a child the DSL will give due consideration to the possibility of fabricated or induced illness and perplexing presentations.

Checking the identity and suitability of visitors

All visitors will be required to verify their identity to the satisfaction of colleagues and to leave their belongings, including their mobile phone(s), in a safe place during their visit.

If the visitor is unknown to the setting, we will check their credentials and reason for visiting before allowing them to enter the setting. Visitors should be ready to produce identification.

Visitors are expected to sign the visitors' log and wear a visitor's badge.

Visitors to the Foundation who are visiting for a professional purpose, such as educational psychologists and Local Authority officers, will be asked to show photo ID.

All other visitors, including visiting speakers, will be accompanied by a colleague at all times. We will not invite into the Foundation any speaker who is known to disseminate extremist views, and will carry out appropriate checks to ensure that any individual or organisation using Foundation facilities is not seeking to disseminate extremist views or radicalise CYP or colleagues.

Appendix 5

Bruising in children and young people who are not independently mobile (NIM)

It is recognised that children and young people who are not independently mobile will sometimes suffer bruising that has an innocent explanation. This will often be due to the equipment and aids that are required to support them, and their inability to take control of their limbs.

However, serious case reviews have shown that professionals have sometimes underestimated the significance of the presence of bruising. As a result, NICE guidelines 'When to Suspect Child Maltreatment (Clinical Guideline 89, 2009) states bruising in a child or young person who is not independently mobile should prompt suspicion of maltreatment.

Therefore, if a colleague observes bruising or any skin mark, the following process needs to be followed in line with Pan Sussex Bruising in Children who are Not Independently Mobile (NIM) Guidance for Professionals:

Whenever a bruise or blemish is discovered, a body map form must be completed. The site of the bruise/blemish must be indicated on the body map, and relevant boxes on the form completed. Please refer to the Bruising Guidance and Body Mapping advice document (appendix 6).

In cases where the mark is unusual and/ or concerning, a nurse must be called to acknowledge a new mark has been found, and where necessary check the bruise/skin mark and note whether any treatment is required. CHF colleagues are not authorised to take photographs of bruising or skin marks. Should nursing colleagues require a photograph for medical monitoring this must be organised via Chailey Clinical Services.

SCHOOL PROCESS: CHF colleagues must complete the first part of the form in regard to a possible cause, the incident must be passed to a member of the Safeguarding Team immediately if there is a cause for concern – as per safeguarding posters. If there is no immediate cause for concern then please hand in to reception the completed body map for the Headteacher/DSL to review.

SOCIAL CARE PROCESS: CHF colleagues must complete the first part of the form in regard to a possible cause, the incident must be passed to a member of the Safeguarding Team immediately if there is a cause for concern – as per safeguarding posters. If there is no immediate cause for concern then please give the completed body map to the relevant Registered Manager for your department to review at the end of your shift. If this is at a weekend/ overnight and there are NO concerns then this can be the next working day.

The Headteacher or Registered Manager will use the body map database to look for patterns and trends to support their decision making.

Should a referral be required, the usual referral protocol should be followed.

Appendix 6

Bruising guidance and body mapping

This guidance must be used to assist colleagues who discover bruising or blemishes on the skin of a young person. The information and advice has been taken from three sources:

1. Information and guidelines on bruising in children and young people who are not independently mobile (NIM) was developed by The National Institute for Health and Care Excellence (NICE) and known as Clinical Guideline 89, 2009. This guidance was incorporated into the NICE guidelines 'When to Suspect Child Maltreatment'. These were last updated in October 2017.
2. Following a systematic review on international information about bruising on children, the National Society for the Prevention of Cruelty to Children (NSPCC) produced a leaflet in 2012 – 'Core Info: Bruises on children'.
3. The Royal College of Paediatrics and Child Health (RCPCH) 'Systematic Review on Bruising' Feb 2016

IF YOU DISCOVER A BRUISE OR BLEMISH PLEASE CONSIDER THE FOLLOWING WHEN COMPLETING THE BODY MAP FORM:

- Colleagues completing body map forms need to have read and be familiar with these guidelines, and must know and understand the process for completing the forms.
- An explanation for any bruise or blemish must always be sought and the explanation must fit with the bruise/blemish itself
- A bruise/blemish should never be interpreted in isolation and must always be assessed in the context of the person's medical and social history.
- Historical patterns should be explored by checking previous records with serious consideration given to the number of incidents
- Consideration will need to be given to any equipment and aids used by the person as well as any recent activities
- Consideration of recent activities will be particularly relevant for those young people who have some independent mobility
- Any young person prone to bruising will have an individual profile which should also be considered

What is known about bruising:

- Bruising is strongly related to mobility – most children able to walk independently have bruises. Bruising in a child or young person who has no independent mobility is therefore unusual.
- Although increasing age and mobility clearly make a difference in the number of bruises a typically functioning child sustains, these factors are not relevant when evaluating bruises on a child with disabilities. Other factors such as muscle tone, cognition, and equipment should be considered when evaluating a child with significant disabilities who presents with bruises.
- **Accidental** bruising in children with a disability is related to the child's level of mobility, equipment used, muscle tone and learning ability.
- There are some patterns of bruising that may mean physical abuse has taken place. **Abusive** bruises often occur on soft parts of the body – such as the abdomen, back and buttocks.

Bruising in disabled children (review findings)

- Bruising patterns in disabled children showed the feet, knees and thighs as a frequent site of accidental bruising
- Lower legs, ears, neck, chin, anterior chest and genitalia were rarely bruised accidentally
- Bruising to the hands, arms and abdomen were significantly more common in disabled than able bodied children
- Causes of injury varied by mobility with falls predominating in the walkers in comparison to equipment usage and self-infliction for wheelchair users

When to be concerned

Most accidental bruises are seen over bony parts of the body – such as the knees and elbows – and are often seen on the front of the body. The following are some patterns of bruising that may mean physical abuse has taken place:

- Abusive bruises often occur on soft parts of the body –such as the abdomen, back and buttocks.
- The head is by far the commonest site of bruising in child abuse.
- Other common sites include the ear and the neck.
- As a result of defending themselves, abused children may have bruising on the forearm, upper arm, back of the leg, hands or feet.
- Clusters of bruises are a common feature in abused children. These are often on the upper arm, outside of the thigh, or on the body.
- Bruises which have petechiae (dots of blood under the skin) around them are found more commonly in children who have been abused than in those injured accidentally.
- Abusive bruises can often carry the imprint of the implement used or the hand.
- Non-accidental head injury or fractures can occur without bruising.
- Severe bruising to the scalp, with swelling around the eyes and no skull fracture, may occur if the child has been “scalped” – ie, had their hair pulled violently.
- Suspect maltreatment if a child or young person has bruising in the shape of a hand, ligature, stick, teeth mark, grip or implement.

As per the policy, all bruises must be recorded, an explanation sought, and an assessment made in regard to potential safeguarding.