



# **Child Protection Policy**

**March 2016 – March 2017**

**Reviewed by: Full Governing Body  
Coordinator: Lisa Cutmore  
Date: March 2016  
Review Date: March 2017**

## **1. Introduction**

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and optimising children's life chances.

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school. This policy is taken from the HCC CSF model Child Protection policy for schools, September 2015.

In particular this policy should be read in conjunction with the Safer Recruitment Policy, Behaviour Policy, Physical Intervention Policy and Anti-Bullying Policy and Staff Code of Conduct.

### **Purpose of a Child Protection Policy**

To inform staff, parents, volunteers and governors about Bowmansgreen's responsibilities for safeguarding children.

To enable everyone to have a clear understanding of how these responsibilities should be carried out.

### **Hertfordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures**

Bowmansgreen follows the procedures established by the Hertfordshire Safeguarding Children Board; a guide to procedure and practice for all agencies in Hertfordshire working with children and their families.

### **School Staff & Volunteers**

School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children. All school staff and volunteers will receive safeguarding children training, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. This training is refreshed every three years. It is good practice for the Designated Senior Person to deliver an annual update. Temporary staff will be made aware of the safeguarding policies and procedures by the Designated Senior Person.

### **Aim**

At Bowmansgreen we aim to:

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.
- Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well being of a child.
- Ensure children know that there are adults in the school whom they can approach if they are worried.
- Ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary.

- Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.
- Contribute to the five outcomes which are key to children's wellbeing:
  - be healthy
  - stay safe
  - enjoy and achieve
  - make a positive contribution
  - achieve economic wellbeing

## Implementation, Monitoring and Review of the Child Protection Policy

The policy will be reviewed annually by the governing body. It will be implemented through Bowmansgreen's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Person and through staff performance measures.

## 2. Statutory Framework

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

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- Hertfordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures
- Working Together to Safeguard Children (HM Government 2010)
- The Education (Pupil Information) (England) Regulations 2005
- Keeping Children Safe in Education DfE 2015
- Counter Terrorism and security Act 2015 (section 26)

Working Together to Safeguard Children (DfE 2015) requires Bowmansgreen to follow the procedures for protecting children from abuse which are established by the Hertfordshire Safeguarding Children Board. Bowmansgreen has appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

Bowmansgreen will also follow guidance in relation to the specific safeguarding issues outlined in Appendix 2. This will include the Prevent Duty Guidance 2015, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism. Furthermore Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon our **teachers (along with social workers and healthcare professionals) to report to the police** where we discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by "to discover that an act of FGM appears to have carried out" is used for all professionals to whom this mandatory reporting duty applies.

Keeping Children Safe in Education DfE 2015 places the following responsibilities on Bowmansgreen:

- To be aware of and follow the procedures established by the Hertfordshire Safeguarding Children Board
- For staff at Bowmansgreen to be alert to signs of abuse and know to whom they should report any concerns or suspicions
- To have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
- To have a Designated Senior Person with responsibility for co-coordinating action within the school and liaising with other agencies
- Staff with designated responsibility for child protection should receive appropriate training

Safeguarding Children and Safer Recruitment in Education (DfES 2006) also states:

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

### 3. The Designated Senior Person

The Designated Senior Person for Child Protection in this school is:

NAME: Mr Deena Chetty

Four Deputy DSP’s have been appointed to act in the absence/unavailability of the DSP.

The Deputy Designated Senior Persons for Child Protection in Bowmansgreen are:

NAMES: Mr Richard Wilding, Miss Lisa Cutmore, Mrs Jacky Potter, Ms Kim Spindler

At Bowmansgreen it is the role of the Designated Senior Person for Child Protection to:

- Ensure that he/she receives refresher training at two yearly intervals and to keep his or her knowledge and skills up to date
- Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training at three yearly intervals
- During the annual safeguarding training for all staff, their attention will be drawn to this policy. The importance of knowing, understanding and adhering to the policy will be stressed
- Ensure that new staff receive a safeguarding children induction within 7 working days of commencement of their contract

- Ensure that temporary staff and volunteers are made aware of Bowmansgreen's arrangements for safeguarding children within 7 working days of their commencement of work.
- Ensure that the school operates within the legislative framework and recommended guidance
- Ensure that all staff and volunteers are aware of the HSCB Inter-agency Child Protection and Safeguarding Children Procedures
- Ensure that the Headteacher is kept fully informed of any concerns
- Develop effective working relationships with other agencies and services
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Common Assessment Framework (CAF) or refer to Children, Schools and Families social care.
- Liaise and work with Children's Services: Safeguarding and Specialist Services over suspected cases of child abuse
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision
- Submit reports to, ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child
- Ensure that the school effectively monitors children about whom there are concerns, including notifying Children's Services: Safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan
- Provide guidance to parents, children and staff about obtaining suitable support
- Discuss with new parents the role of the DSP and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.

#### **4. The Governing Body**

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

The nominated governor for child protection is:

NAME Abigail Bude

In particular the Governing Body must ensure:

- Child protection policy and procedures
- Safe recruitment procedures

- Appointment of a DSP who is a senior member of school leadership team
- Relevant safeguarding children training for school staff/volunteers is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- A member of the Governing Body (usually the Chair) is nominated to be responsible in the event of an allegation of abuse being made against the Head Teacher
- Safeguarding policies and procedures are reviewed annually and information provided to the local authority about them and about how the above duties have been discharged

## 5. School Procedures – Staff responsibilities

If any member of staff is concerned about a child he or she must inform the Designated Senior Person.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations using the school proforma. (available on the school's shared area). Attention to detail is required as robust record keeping is essential.

The Designated Senior Person will decide whether the concerns should be referred to CSF social care. If it is decided to make a referral to Children's Services: Safeguarding and Specialist Services this will be done with prior discussion with the parents, unless to do so would place the child at further risk of harm.

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

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

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

### Mandatory Reporting Duty

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon our **teachers (along with social workers and healthcare professionals) to report to the police** where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies.

## 6. When to be concerned

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

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

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

Generally, in an abusive relationship the child may:

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

## 7. Dealing with a Disclosure

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

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make an accurate written record (see Record Keeping) with attention to detail
- Pass the information to the Designated Senior Person without delay

## Support

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

### 8. Confidentiality

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

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

### 9. Communication with parents

Bowmansgreen Primary School will:

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

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

### 10. Record Keeping

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

- Make accurate notes, , paying attention to detail, as soon as possible after the conversation. Use the school record of concern sheet wherever possible.
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

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

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

## 11. Allegations involving school staff/volunteers

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

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved toward a child in a way which indicates s/he is unsuitable to work with children

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

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

Actions to be taken include making a written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, what was said and anyone else present. This record should be signed and dated and immediately passed on to the Headteacher.

If the concerns are about the Headteacher, then the Chair of Governors should be contacted. The Chair of Governors in Bowmansgreen is:

NAME:

Louise Calder via the School Office

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this school is:

NAME:

Lianne Howarth-Stanley via the School Office

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

The Headteacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to Children's Services: Safeguarding and Specialist Services in consultation with the Local Authority Designated Officer (07920 283106/07795 288271/01992 556986).

If it is decided that the allegation meets the threshold for further action through the HSCB Inter-agency Child Protection and Safeguarding Children Procedures, the Headteacher must immediately make a referral to Children's Services: Safeguarding and Specialist Services on 0300 123 4043.

If it is decided that the allegation does not meet the threshold for referral to CSF social care, the Head Teacher and Local Authority Designated Officer will consider the appropriate course of action, e.g. joint evaluation meeting, internal investigation.

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

For further information see:

HSCB Inter-agency Child Protection and Safeguarding Children Procedures (2010)  
Section 4.1.1 Managing Allegations Against Adults who work with Children and Young People

## APPENDIX 1 - INDICATORS OF HARM

### **PHYSICAL ABUSE**

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

### **Indicators in the child**

#### **Bruising**

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

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

#### **Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will

have had a fracture without the carers being aware of the child's distress.

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

There are grounds for concern if:

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

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

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

### **Mouth Injuries**

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

### **Poisoning**

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

### **Fabricated or Induced Illness**

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

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

### **Bite Marks**

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over

3cm in diameter are more likely to have been caused by an adult or older child.

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

### **Burns and Scalds**

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

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

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

The following points are also worth remembering:

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

### **Scars**

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

### **Emotional/behavioural presentation**

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

### **Indicators in the parent**

May have injuries themselves that suggest domestic violence  
Not seeking medical help/unexplained delay in seeking treatment  
Reluctant to give information or mention previous injuries  
Absent without good reason when their child is presented for treatment  
Disinterested or undisturbed by accident or injury  
Aggressive towards child or others  
Unauthorised attempts to administer medication  
Tries to draw the child into their own illness.  
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault  
Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids  
Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.  
May appear unusually concerned about the results of investigations which may indicate physical illness in the child  
Wider parenting difficulties may (or may not) be associated with this form of abuse.  
Parent/carer has convictions for violent crimes.

### **Indicators in the family/environment**

Marginalised or isolated by the community  
History of mental health, alcohol or drug misuse or domestic violence  
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family  
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

### ***EMOTIONAL ABUSE***

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

***It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.***

***It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as***

***overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.***

***It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.***

***Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.***

### **Indicators in the child**

Developmental delay

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment

Aggressive behaviour towards others

Child scapegoated within the family

Frozen watchfulness, particularly in pre-school children

Low self esteem and lack of confidence

Withdrawn or seen as a 'loner' - difficulty relating to others

Over-reaction to mistakes

Fear of new situations

Inappropriate emotional responses to painful situations

Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)

Self harm

Fear of parents being contacted

Extremes of passivity or aggression

Drug/solvent abuse

Chronic running away

Compulsive stealing

Low self-esteem

Air of detachment – 'don't care' attitude

Social isolation – does not join in and has few friends

Depression, withdrawal

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

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

Poor peer relationships including withdrawn or isolated behaviour

### **Indicators in the parent**

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

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

Scapegoats one child in the family

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

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

### **Indicators of in the family/environment**

Lack of support from family or social network.

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

### **NEGLECT**

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

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

- ***provide adequate food, clothing and shelter (including exclusion from home or abandonment);***
- ***protect a child from physical and emotional harm or danger;***
- ***ensure adequate supervision (including the use of inadequate care-givers); or***
- ***ensure access to appropriate medical care or treatment.***

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

### **Indicators in the child**

#### **Physical presentation**

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

## **Development**

General delay, especially speech and language delay  
Inadequate social skills and poor socialization

## **Emotional/behavioural presentation**

Attachment disorders  
Absence of normal social responsiveness  
Indiscriminate behaviour in relationships with adults  
Emotionally needy  
Compulsive stealing  
Constant tiredness  
Frequently absent or late at school  
Poor self esteem  
Destructive tendencies  
Thrives away from home environment  
Aggressive and impulsive behaviour  
Disturbed peer relationships  
Self harming behaviour

## **Indicators in the parent**

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

## **Indicators in the family/environment**

History of neglect in the family  
Family marginalised or isolated by the community.  
Family has history of mental health, alcohol or drug misuse or domestic violence.  
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family  
Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating

Lack of opportunities for child to play and learn

## **SEXUAL ABUSE**

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

***The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.***

***They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).***

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

## **Child Sexual Exploitation**

*Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse. (Keeping Children Safe in Education – DfE, 2015)*

## **Indicators in the child**

### **Physical presentation**

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

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father

Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

### **Emotional/behavioural presentation**

Makes a disclosure.

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

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

Self-harm - eating disorders, self mutilation and suicide attempts

Poor self-image, self-harm, self-hatred

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)

Sudden changes in school work habits, become truant

Withdrawal, isolation or excessive worrying

Inappropriate sexualised conduct

Sexually exploited or indiscriminate choice of sexual partners

Wetting or other regressive behaviours e.g. thumb sucking

Draws sexually explicit pictures

Depression

### **Indicators in the parents**

Comments made by the parent/carer about the child.

Lack of sexual boundaries

Wider parenting difficulties or vulnerabilities

Grooming behaviour

Parent is a sex offender

### **Indicators in the family/environment**

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Family member is a sex offender



Department  
for Education

# Keeping children safe in education

**Statutory guidance for schools and  
colleges**

**July 2015**

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## Summary

### *About this guidance*

This is statutory guidance from the Department for Education issued under Section 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 and the Education (Non-Maintained Special Schools) (England) Regulations 2011. Schools and colleges must have regard to it when carrying out their duties to safeguard and promote the welfare of children.

Unless otherwise specified, 'school' means all schools whether maintained, non-maintained or independent schools, including academies and free schools, alternative provision academies and pupil referral units. 'School' includes maintained nursery schools.<sup>1</sup> 'College' means further education colleges and sixth-form colleges as established under the Further and Higher Education Act 1992, and relates to their responsibilities towards children under the age of 18, but excludes 16-19 academies and free schools (which are required to comply with relevant safeguarding legislation by virtue of their funding agreement).

This document contains information on what schools and colleges **should** do and sets out the legal duties with which schools and colleges **must** comply. It should be read alongside statutory guidance [Working Together to Safeguard Children 2015](#) which applies to all the schools referred to above, and departmental advice [What to do if you are worried a child is being abused 2015-Advice for practitioners](#).

Legislation this guidance refers to is listed at Annex A.

### *Who this guidance is for*

- Governing bodies of maintained (including maintained nursery schools), non-maintained special schools, and colleges, proprietors of independent schools (including academies, free schools and alternative provision academies) and management committees of pupil referral units (PRUs), further education colleges and sixth form colleges.
- The above persons should ensure that **all staff in schools and colleges read at least part one of this guidance.**

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<sup>1</sup> The [Early Years Foundation Stage Framework](#) (EYFS) is mandatory for all early years providers. It applies to all schools that provide early years provision including maintained nursery schools. Maintained nursery schools, like the other schools listed, must have regard to Keeping Children Safe in Education 2015 (by virtue of section 175(2) of the Education Act 2002 – see footnote 8 for further detail on this requirement).

## ***What it replaces***

This guidance replaces Keeping Children Safe in Education 2014, which replaced:

- *Safeguarding Children and Safer Recruitment in Education* (December 2006); and,
- *Dealing with allegations of abuse made against teachers and other staff 2012*.

## Part one: Safeguarding information for all staff

### ***What school and college staff should know and do***

1. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.
2. Children includes everyone under the age of 18.
3. Where a child is suffering significant harm, or is likely to do so, action should be taken to protect that child.<sup>2</sup> Action should also be taken to promote the welfare of a child in need of additional support, even if they are not suffering harm or are at immediate risk.<sup>3</sup>

### **The role of the school or college**

4. Everyone who comes into contact with children and their families has a role to play in safeguarding children. School and college staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. Schools and colleges and their staff form part of the wider safeguarding system for children. This system is described in statutory guidance [Working Together to Safeguard Children 2015](#). Schools and colleges should work with social care, the police, health services and other services to promote the welfare of children and protect them from harm.
5. Each school and college should have a designated safeguarding lead who will provide support to staff members to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.

### **The role of school and college staff**

6. The *Teachers' Standards 2012* state that teachers, including headteachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.<sup>4</sup>

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<sup>2</sup> Such action might be taken under section 47 and section 44 of the Children Act 1989.

<sup>3</sup> Such action might be taken under section 17 of the Children Act 1989.

<sup>4</sup> The [Teachers' Standards](#) apply to: trainees working towards QTS; all teachers completing their statutory induction period (newly qualified teachers [NQTs]); and teachers in maintained schools, including maintained special schools, who are subject to the Education (School Teachers' Appraisal) (England) Regulations 2012.

7. All school and college staff have a responsibility to provide a safe environment in which children can learn.
8. All school and college staff have a responsibility to identify children who may be in need of extra help or who are suffering, or are likely to suffer, significant harm. All staff then have a responsibility to take appropriate action, working with other services as needed.
9. In addition to working with the designated safeguarding lead staff members should be aware that they may be asked to support social workers to take decisions about individual children.

### **What school and college staff need to know**

10. All staff members should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction. This includes: the school's or college's child protection policy; the school's or college's staff behaviour policy (sometimes called a code of conduct); and the role of the designated safeguarding lead.
11. All staff members should also receive appropriate child protection training which is regularly updated.

### **What school and college staff should look out for**

12. All school and college staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection.
13. Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.
14. There are various expert sources of advice on the signs of abuse and neglect. Each area's Local Safeguarding Children Board (LSCB) should be able to advise on useful material, including training options.<sup>5</sup> One good source of advice is provided on the [NSPCC website](#). Types of abuse and neglect, and examples of specific safeguarding issues, are described in paragraphs 24-29 of this guidance.
15. Knowing what to look for is vital to the early identification of abuse and neglect. If staff members are unsure they should always speak to the designated safeguarding lead. In exceptional circumstances, such as in emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to children's social care.

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<sup>5</sup> Department for Education [training materials on neglect](#).

## What school and college staff should do if they have concerns about a child

16. If staff members have concerns about a child they should raise these with the school's or college's designated safeguarding lead. The safeguarding lead will usually decide whether to make a referral to children's social care, but it is important to note that any staff member can refer their concerns to children's social care directly. Where a child and family would benefit from coordinated support from more than one agency (for example education, health, housing, police) there should be an inter-agency assessment. These assessments should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989. The early help assessment should be undertaken by a lead professional who could be a teacher, special educational needs coordinator, General Practitioner (GP), family support worker, and/or health visitor.

**17. If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.**

**18. Staff should be aware of new reporting requirements with regards to known cases of female genital mutilation (FGM). Further details can be found on page 14.**

19. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes: failing to act on and refer the early signs of abuse and neglect, poor record keeping, failing to listen to the views of the child, failing to re-assess concerns when situations do not improve, sharing information too slowly and a lack of challenge to those who appear not to be taking action.<sup>6</sup>

20. The Department for Education has produced advice [What to do if you are worried a child is being abused 2015- Advice for practitioners](#) to help practitioners identify child abuse and neglect and take appropriate action in response.

## What school and college staff should do if they have concerns about another staff member

21. If staff members have concerns about another staff member then this should be referred to the headteacher or principal. Where there are concerns about the headteacher or principal this should be referred to the chair of governors, chair of the management committee or proprietor of an independent school as appropriate. Full details can be found in Part 4 of this guidance.

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<sup>6</sup> [Brandon et al- Learning from Serious Case Reviews \(SCRs\) 2011](#)

## **What school or college staff should do if they have concerns about safeguarding practices within the school or college**

22. Staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or college's safeguarding regime. Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school or college's management team.

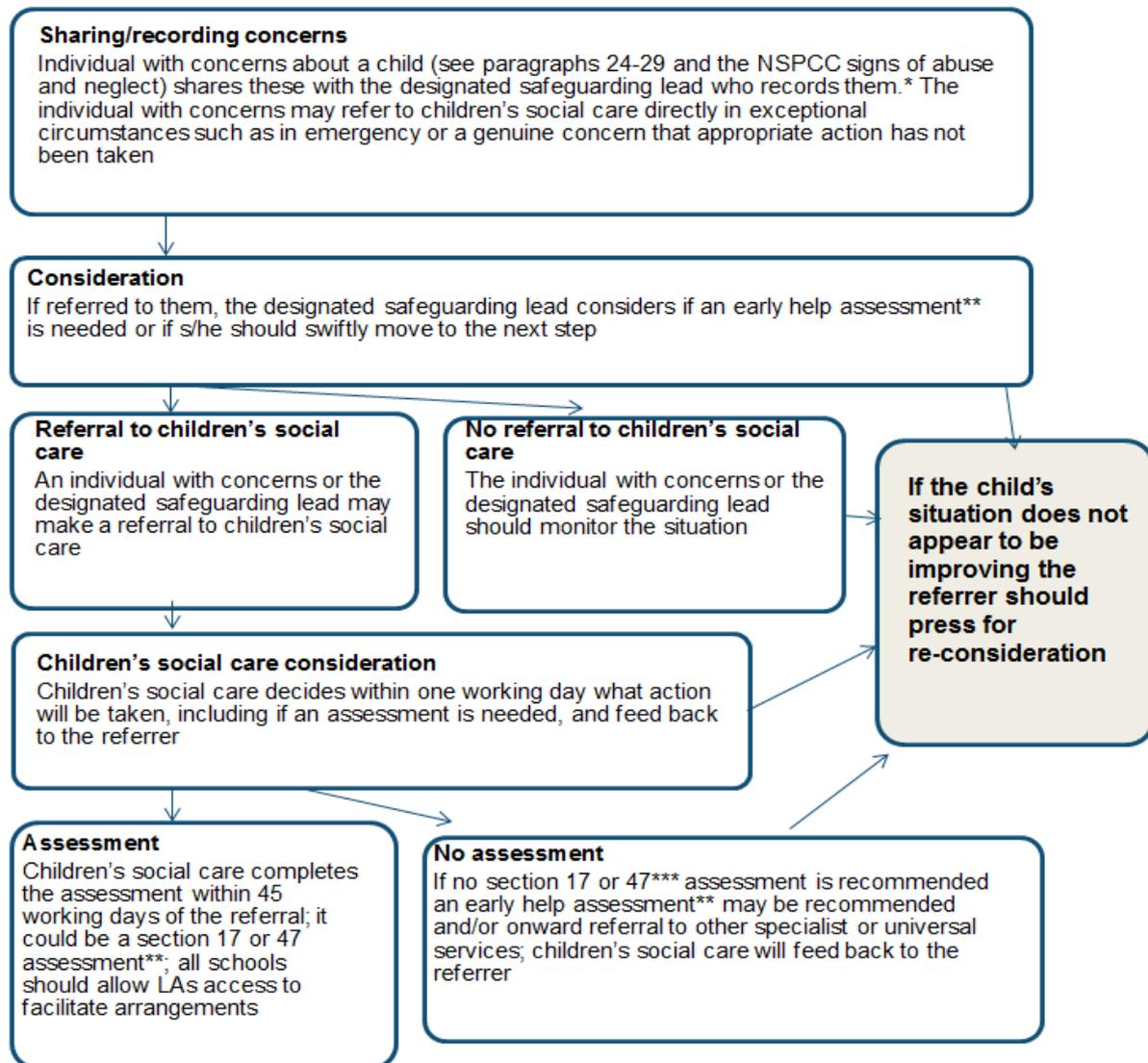
23. Where a staff member feels unable to raise the issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them.<sup>7</sup>

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<sup>7</sup> [Advice on whistleblowing](#)

## Action when a child has suffered or is likely to suffer harm

This diagram illustrates what action should be taken and who should take it where there are concerns about a child. If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. **Anybody can make a referral.**



\*In cases which also involve an allegation of abuse against the staff member, see part four of this guidance which explains action the school or college should take in respect of the staff member.

\*\* Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These assessments should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989. The early help assessment should be undertaken by a lead professional who could be a teacher, special educational needs coordinator, General Practitioner (GP), family support worker, and/or health visitor.

\*\* Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns local authority services must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989, see Chapter 1 of [Working Together to Safeguard Children 2015](#) for more information.

## *Types of abuse and neglect*

24. **Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

25. **Physical abuse:** a form of abuse which 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.

26. **Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It 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. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

27. **Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

28. **Neglect:** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## ***Specific safeguarding issues***

29. Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example information for schools and colleges can be found on the [TES website](#) and [NSPCC website](#). Schools and colleges can also access broad government guidance on the issues listed below via the GOV.UK website:

- [child missing from education](#) – and see page 13
- [child missing from home or care](#)
- [child sexual exploitation \(CSE\)](#) – and see page 14
- [bullying including cyberbullying](#)
- [domestic violence](#)
- [drugs](#)
- [fabricated or induced illness](#)
- [faith abuse](#)
- [female genital mutilation \(FGM\)](#) – and see page 14
- [forced marriage](#)
- [gangs and youth violence](#)
- [gender-based violence/violence against women and girls \(VAWG\)](#)
- [mental health](#)
- [private fostering](#)
- [preventing radicalisation](#) – and see page 15
- [sexting](#)
- [teenage relationship abuse](#)
- [trafficking](#)

## ***Further information on a Child Missing from Education***

All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area.

A child going missing from education is a potential indicator of abuse or neglect. School and college staff should follow the school's or college's procedures for dealing with children that go missing 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 their going missing in future.

Schools should put in place appropriate safeguarding policies, procedures and responses for children who go missing from education, particularly on repeat occasions. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, FGM and forced marriage.

The law requires all schools to have an admission register and, with the exception of schools where all pupils are boarders, an attendance register. All pupils must be placed on both registers<sup>8</sup>.

**All** schools must inform their local authority<sup>9</sup> of any pupil who is going to be deleted from the admission register where they:

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

The local authority must be notified when a school is to delete a pupil from its register under the above circumstances. This should be done as soon as the grounds for deletion are met, but no later than deleting the pupil's name from the register. It is essential that schools comply with this duty, so that local authorities can, as part of their duty to identify

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<sup>8</sup> Regulation 4 of the Education (Pupil Registration) (England) Regulations 2006

<sup>9</sup> Regulation 12(3) of the Education (Pupil Registration) (England) Regulations 2006

children of compulsory school age who are missing education, follow up with any child who might be in danger of not receiving an education and who might be at risk of abuse or neglect.

**All schools must inform the local authority of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority (or in default of such agreement, at intervals determined by the Secretary of State)<sup>10</sup>.**

## **Further information on Child Sexual Exploitation**

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

## ***Further information on Female Genital Mutilation***

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

## **Indicators**

There is a range of potential indicators that a girl may be at risk of FGM. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 16-17 of the [Multi-Agency Practice Guidelines](#), and Chapter 9 of those Guidelines (pp42-44) focuses on the role of schools and colleges.

Section 5C of the Female Genital Mutilation Act 2003 (as inserted by section 75 of the Serious Crime Act 2015) gives the Government powers to issue statutory guidance on

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<sup>10</sup> Regulation 12(1) of the Education (Pupil Registration) (England) Regulations 2006

FGM to relevant persons. Once the government issues any statutory multi-agency guidance this will apply to schools and colleges.

## Actions

If staff have a concern they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. When mandatory reporting commences in October 2015 these procedures will remain when dealing with concerns regarding the potential for FGM to take place. Where a teacher discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there will be a statutory duty upon that individual to report it to the police.

## Mandatory Reporting Duty

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) will place a statutory duty upon **teachers<sup>11</sup>, along with social workers and healthcare professionals, to report to the police** where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies.

The Mandatory reporting duty will commence in October 2015. Once introduced, teachers must report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should still consider and discuss any such case with the school's designated safeguarding lead and involve children's social care as appropriate.

## Further information on Preventing Radicalisation

Protecting children from the risk of radicalisation should be seen as part of schools' wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism<sup>12</sup>. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and

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<sup>11</sup> Section 5B(11) of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) provides a definition for the term 'teacher'.

<sup>12</sup> Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

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

## Prevent

From 1 July 2015 specified authorities, including all schools as defined in the summary of this guidance, are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 ("the CTSA 2015"), in the exercise<sup>13</sup> of their functions, to have "due regard<sup>13</sup> to the need to prevent people from being drawn into terrorism"<sup>14</sup>. This duty is known as the Prevent duty. It applies to a wide range of public-facing bodies. Bodies to which the duty applies [must have regard to statutory guidance issued under section 29 of the CTSA 2015](#) ("the Prevent guidance"). Paragraphs 57-76 of the Prevent guidance are concerned specifically with schools (but also cover childcare). It is anticipated that the duty will come into force for sixth form colleges and FE colleges early in the autumn.

The statutory Prevent guidance summarises the requirements on schools in terms of four general themes: risk assessment, working in partnership, staff training and IT policies.

- Schools are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them. Schools and colleges should have clear procedures in place for protecting children at risk of radicalisation. These procedures may be set out in existing safeguarding policies. It is not necessary for schools and colleges to have distinct policies on implementing the Prevent duty.
- The Prevent duty builds on existing local partnership arrangements. For example, governing bodies and proprietors of all schools should ensure that their safeguarding arrangements take into account the policies and procedures of Local Safeguarding Children Boards (LSCBs).
- The Prevent guidance refers to the importance of Prevent awareness training to equip staff to identify children at risk of being drawn into terrorism and to

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<sup>13</sup> According to the Prevent duty guidance 'having due regard' means that the authorities should place an appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors relevant to how they carry out their usual functions.

<sup>14</sup> "Terrorism" for these purposes has the same meaning as for the Terrorism Act 2000 (section 1(1) to (4) of that Act).

challenge extremist ideas. Individual schools are best placed to assess the training needs of staff in the light of their assessment of the risk to pupils at the school of being drawn into terrorism. As a minimum, however, schools should ensure that the designated safeguarding lead undertakes Prevent awareness training and is able to provide advice and support to other members of staff on protecting children from the risk of radicalisation.

- Schools must ensure that children are safe from terrorist and extremist material when accessing the internet in schools. Schools should ensure that suitable filtering is in place. It is also important that schools teach pupils about online safety more generally.

The Department for Education has also [published advice for schools on the Prevent duty](#). The advice is intended to complement the Prevent guidance and signposts other sources of advice and support.

## Channel

School staff should understand when it is appropriate to make a referral to the Channel programme.<sup>15</sup> Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages.

Section 36 of the CTSA 2015 places a duty on local authorities to ensure Channel panels are in place. The panel must be chaired by the local authority and include the police for the relevant local authority area. Following a referral the panel will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, and, where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals. Section 38 of the CTSA 2015 requires partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in providing information about a referred individual. Schools and colleges which are required to have regard to Keeping Children Safe in Education are listed in the CTSA 2015 as partners required to cooperate with local Channel panels<sup>16</sup>.

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<sup>15</sup> Guidance issued under section 36(7) and section 38(6) of the CTSA 2015 in respect of Channel is available at: <https://www.gov.uk/government/publications/channel-guidance>

<sup>16</sup> Such partners are required to have regard to guidance issued under section 38(6) of the CTSA 2015 when co-operating with the panel and police under section 38 of the CTSA 2015