

THE APOLLO EDUCATION PROJECT LIMITED

The Apollo Education Project: Safeguarding Policy

Policies at The Apollo Education Project are written in accordance with the five outcomes contained within Every Child Matters:

1. Being healthy.
2. Staying safe.
3. Enjoying and achieving.
4. Making a positive contribution.
5. Achieving economic wellbeing.

MODEL SAFEGUARDING POLICY FOR SCHOOLS AND EDUCATION SERVICES

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PART ONE: SAFEGUARDING POLICY

Ratified by the Director: 12th October 2016

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1. INTRODUCTION

1.1 Safeguarding is defined as –

1. Protecting children from maltreatment;
2. Preventing impairment of children's health or development;
3. Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
4. Taking action to enable all children to have the best life chances.

1.2 Child Protection is defined as –

1. The activity that is undertaken to protect specific children who are suffering or likely to suffer significant harm.

(Working Together, DfE 2015)

This includes, but is not limited to safeguarding children in specific circumstances

Neglect	Physical abuse
Emotional abuse	Sexual abuse
Bullying, including online and prejudice-based bullying	Racist, disability and homophobic or transphobic abuse
Gender based violence / violence against women and girls	Radicalisation and /or extremist behaviour
Child Sexual Exploitation and trafficking	The impact of new technologies on sexual behaviour: e.g. Youth Produced Sexual imagery
Teenage relationship abuse	Substance abuse
Gang / youth violence including initiation / hazing	Domestic abuse / violence
Female Genital Mutilation	Forced Marriage
Fabricated / induced illness	Poor parenting
Online including grooming via social networking, online gaming, video messaging	Peer on peer abuse
Self Harm behaviours	Children with mental health difficulties or illness

The Apollo Education Project is committed to safeguarding and promoting the welfare of all its children. We believe that:

1. All children/young people have equal right to be protected from harm;
2. Children/young people need support which matches their individual needs, including those who may have experienced abuse
3. All children/young people have the right to speak freely and voice their values and beliefs
4. All children/young people must be encouraged to respect each other's values and support each other
5. All children/young people have the right to be supported to meet their emotional, and social needs as well as their educational needs
6. The Project can and do contribute to the prevention of abuse, victimisation, bullying, exploitation, extreme behaviours, discriminatory views and risk taking behaviours and
7. All staff, volunteers and visitors have an important role to play in safeguarding children and protecting them from abuse.

The Apollo Education Project will fulfil their local and national responsibilities as laid out in the following documents:-

1. [Working Together to Safeguard Children](#) (DfE 2015)
2. Keeping Children Safe in Education (DfE July 2016)
3. The procedures of Luton Safeguarding Children Board
4. [The Children Act 1989](#)
5. [The Education Act 2002](#) s175 / s157
6. What to do if you are worried a child is being abused (DfE, 2015)
7. Mental Health and Behaviour in Schools: Departmental Advice (DfE, 2016)
8. Prevent Duty, Counter Terrorism and Security Act 2015
9. Serious Crime Act 2015
10. Sexting in Schools and Colleges: responding to incidents and safeguarding young people (UK Council for Child Internet Safety, 2016)

2. OVERALL AIMS

This policy will contribute to safeguarding our children and promoting their welfare by:

1. Clarifying standards of behaviour for staff and children
2. Contributing to the establishment of a safe, resilient and robust ethos in the Project, built on mutual respect, and shared values

3. Creating an organisational culture that is safe for children
4. Introducing appropriate work within the curriculum
5. Encouraging children and parents to participate
6. Developing staff's awareness of the risks and vulnerabilities children face to enable them to recognise and respond to concerns
7. Addressing concerns at the earliest possible stage in the least intrusive way

3. KEY PRINCIPLES

1. Always see the child first and consider what life is like for the child maintaining a culture of vigilance
1. Provide support and intervention at the earliest possible opportunity in the least intrusive way in accordance with Luton LSCB Thresholds Framework
2. Have conversations, build relationships and maintain professional curiosity
3. Focus on securing improved outcomes for children
4. Build a culture of openness and transparency where all staff are able to demonstrate understanding of their role and responsibility to safeguard and promote the welfare of children
5. Every child is entitled to a rich and rounded curriculum
1. When issues arise, The Director and Staff should speak out, addressing them internally where possible and engaging in a multi agency response when required in accordance with interagency procedures

4. KEY PROCESSES

All staff should be aware of the guidance issued by Luton Safeguarding Children Board within the Threshold Framework in order to secure support and intervention for children and young people at the earliest possible opportunity in the least intrusive way. (<http://lutonlscb.org.uk/pdfs/threshold-framework.pdf>). This document is integral to safeguarding children in Luton educational establishments and will always be used to underpin decision making.

5. EXPECTATIONS

All staff and visitors will:

- 1.** Be familiar with this safeguarding policy and implement this consistently in the course of their work with children and young people
- 2.** Undertake referrals of child protection concern to Children's Services in the absence of the designated safeguarding officer

1. Be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, contractors, volunteers etc.

- 3.** Be involved in the implementation of individual education programmes, early help assessments and plans, child in need plans and interagency child protection plans;
2. Be alert to signs and indicators of safeguarding concerns and possible abuse
3. Record concerns and give the record to the Designated Safeguarding Lead Dr Michael Clarke ; and
4. Recognise and respond to concerns about the behaviour of staff, students and volunteers which indicates they may pose a risk of harm to children following interagency procedures agreed by the LSCB;

- 4.** Deal with a disclosure of abuse from a child in line with the guidance in Appendix Two

- 5.** All staff will receive single agency foundation training at the point of induction. This will be regularly updated at a minimum of three year intervals. The designated Safeguarding lead together with named deputies will undertake additional higher level training in order to ensure they have appropriate knowledge and skills to undertake the role and will utilise these training opportunities available from the LSCB and other organisations as agreed by the Governing Body. This training will be regularly updated at a minimum of two year intervals.

- 6.** In addition to the above, all staff will receive annual safeguarding updates which may include E-learning, circulation of information and guidance internally, staff meetings, inset training. The subject / topics for training and updates will take into consideration LSCB priorities, local context, needs of our pupils and identified training needs of staff.

6. THE DESIGNATED SAFEGUARDING LEAD

1. **Our Designated Safeguarding Lead: Dr Michael Clarke**, is a member of the Senior Leadership Team and takes lead responsibility for coordinating all child protection activity within the Project. They will provide support to staff members to carry out their safeguarding duties and who will liaise closely with other services such as the early help hub, children's social care. health, police etc. This person has lead responsibility and management oversight for safeguarding.

- 1.** When the Project has concerns about a child, the Designated Safeguarding Lead will decide what steps should be taken in accordance with the LSCB Thresholds Framework and initiate a response accordingly. This may include providing a singly agency early help response, undertaking an early help assessment or referral to Children's Social Care for a statutory social work assessment. The Director will be kept apprised of cases as appropriate

- 2.** The Designated Safeguarding Lead will support staff who make referrals to the Local Authority Children's Social Care and act as a source of support, advice and expertise for all staff.
- 3.** The Designated Safeguarding Lead will refer cases to the Police where a crime may have been committed
- 4.** Seek advice in regard to safeguarding matters related to radicalisation and make referrals to Channel as required
- 5.** Liaise with the Designated Senior Manager for allegations to ensure where necessary referrals have been made to the Disclosure and Barring Service when a person is dismissed or resigned due to risk/harm to a child
- 6.** The Designated Safeguarding Lead will lead regular case monitoring reviews of vulnerable children. These reviews, together with any actions arising from the review and the rationale for decision making will be recorded in case files.
- 7.** The Designated Safeguarding Lead will ensure safeguarding and child protection information will be dealt with in a confidential manner and in accordance with the LSCB information sharing guidance. Staff will be informed of relevant details only when the Designated Safeguarding Lead feels their having knowledge of a situation will improve their ability to deal with an individual child and / or family. A written record will be made of what information has been shared with whom, and when.
- 8.** The Designated Safeguarding Lead will ensure safeguarding and child protection records will be stored securely in a central place separate from academic records. Individual files will be kept for each child: the Project will not keep family files.
- 9.** The Designated Safeguarding Lead will ensure access to safeguarding and child protection records by staff other than by the Designated Safeguarding Lead will be restricted, and a written record will be kept of who has had access to them and when.
- 10.** The Designated Safeguarding Lead will ensure parents are usually (subject to the point below) aware of information held on their children and are kept up to date regarding any concerns or developments by the appropriate members of staff. General communications with parents will be in line with any home Project policies and give due regard to which adults have parental responsibility.

11. The Designated Safeguarding Lead will not disclose to a parent any information held on a child if this would put the child at risk of significant harm. In such circumstances advice will be sought from Children's Social Care.

12. If a child moves from our Project, the Designated Safeguarding Lead will ensure child protection records are forwarded on to the Designated Safeguarding Lead at the new school, with due regard to their confidential nature and in line with current government guidance on the transfer of such records. Direct contact between the Project and the school may be necessary, especially on transfer from primary to secondary schools. We will record where and to whom the records have been passed and the date. The practice guidance produced by Luton Safeguarding Children Board will be adhered to in relation to archiving child protection records.

13. If sending by post, children's records will be sent by "Special/Recorded Delivery". For audit purposes a note of all children's records transferred or received should be kept in either paper or electronic format. This will include the child's name, date of birth, where and to whom the records have been sent and the date sent and/or received.

14. If a child is permanently excluded and moves to a Pupil Referral Unit, child protection records will be forwarded on to the relevant organisation.

15. Where a vulnerable young person is moving to a Further Education establishment, consideration should be given to the student's wishes and feelings on their child protection information being passed on in order that the FE establishment can provide appropriate support.

16. When a Designated Safeguarding Lead resigns their post or no longer has child protection responsibility, there should be a full face to face handover/exchange of information with the new post holder.

17. In exceptional circumstances when a face to face handover is unfeasible, the Director will ensure that the new post holder is fully conversant with all procedures and case files.

7. THE DIRECTOR

The Director will:

1. Ensure that they comply with their duties under legislation. They will have regard to Keeping Children Safe in Education 2016 to ensure that the policies, procedures and training in our Project are effective and comply with the law at all times

The Director will ensure that:

1. The Project contributes to inter-agency working in line with statutory guidance Working Together to Safeguard Children 2015. This includes providing a co-ordinated offer of early help when additional

needs of children are identified and contributing to inter-agency plans to provide additional support to children subject to child protection plans

2. The Project provides an appropriate safeguarding response in accordance with the Luton LSCB Thresholds Framework in order to safeguard children.
3. The Project pays due regard to the need to safeguard children in specific circumstances such as Child Sexual Exploitation (CSE), vulnerability to radicalisation, Female Genital Mutilation (FGM) or peer on peer abuse which can include gang related violence, cyber-bullying, sexually harmful behaviours or youth produced sexual imagery
4. The Project maintains information about the legal status of all children including whether a looked after child is subject to S20 voluntary arrangements, interim or full care order, contact details for persons with parental responsibility, level of delegated authority, details of the social worker and the virtual head in the authority that looks after the child.
5. There is a designated teacher with the appropriate training skills and knowledge appointed to promote the academic achievement of looked after children
6. The Project's safeguarding arrangements take into account the procedures and practice of the local authority as part of the inter-agency safeguarding procedures set up by the Local Safeguarding Children Board (LSCB). This includes working with Children's Social Care from other areas when children attend the Project in Luton however live outside of Luton.
7. The Project shares information with other professionals in the interests of safeguarding children in accordance with the guidance within Working Together to Safeguard Children 2015 and Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers, 2015.
8. The Project will follow local procedures for sharing intelligence in relation to Child Sexual Exploitation with Bedfordshire Police and the Single Point of Contact for CSE within Luton Borough Council
9. The Project initiates appropriate safeguarding responses to children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse, exploitation or radicalisation and to help prevent the risks of their going missing in future.
10. That the Director ensures that safeguarding policies and procedures which have been adopted by the Project are consistently implemented
11. The Project has a staff behaviour policy (sometimes called the code of conduct) which should amongst other things include - staff/child relationships and communications including the use of social media and other online platforms
12. The Project has procedures for managing allegations and concerns about adults that work or volunteer with children and that these include the procedures for making referrals to the Disclosure and Barring Service and NCTL as the teaching professional body where appropriate.
13. The Project operates, "safer recruitment" procedures and ensures that appropriate checks are carried out on all new staff and relevant volunteers in accordance with Keeping Children Safe in Education 2016;
14. The Designated Safeguarding Lead is a member of the Senior Leadership Team and has lead responsibility for safeguarding which is not delegated. This is clearly defined within the role

holder's job description and that this person has the appropriate authority, time, training, funding and resources to undertake this role as per Appendix B Keeping Children Safe in Education, 2016

- 15.** That any Deputy Designated Safeguarding Lead has the appropriate training skills and knowledge to undertake the operational function of the Designated Safeguarding Lead as per appendix B of Keeping Children Safe in Education 2016.
- 16.** The Designated Safeguarding Lead and any Deputies undertake LSCB multi agency higher level training to ensure they have the appropriate training, skills and knowledge to carry out this role. In addition, the designated safeguarding lead and any Deputies will update their knowledge by receiving safeguarding updates via the designated safeguarding officer network events, attendance at training and learning events offered by the LSCB, online updates via NSPCC or attendance at professional development events.
- 17.** The Director and all other staff who work with children undertake safeguarding training in accordance with Keeping Children Safe in Education 2016 and that they receive annual safeguarding updates to ensure their continued professional development. These updates take account of LSCB priorities, the local context, the needs of the pupils and other identified training needs.
- 18.** All training will incorporate safeguarding children in specific a circumstance which includes, but is not limited to Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM), vulnerability to radicalisation and peer on peer abuse. The training will ensure that Peer on Peer abuse is never seen as 'banter' or part of growing up and incorporates issues of sexually harmful behaviours such as sexual touching or assault and gang initiation or hazing type violence. The training recognises how alcohol use, drug use, truancy and youth generated sexualised imagery increases risks of harm to children. In addition the training will also ensure staff have the skills and knowledge about the additional vulnerability of Looked After Children.
- 19.** Temporary staff and volunteers are made aware of the Project's arrangements for child protection and their responsibilities;
- 20.** The Project remedies any deficiencies or weaknesses brought to its attention without delay; and recognises the importance of utilising the expertise of the Designated Safeguarding Lead and Deputies in shaping safeguarding arrangements
- 21.** There are appropriate online filtering and monitoring systems within the Project which safeguards children from accessing inappropriate or harmful online material. Over blocking of material which could impair children's independent research and learning will be avoided.
- 22.** That the curriculum is delivered in such a way to include educating children about how to stay safe which will include Sex and Relationship Education (SRE), online safety and broader safeguarding messages within PSHE.
- 23.** Ensure that there are processes in place which enables children and young people to express their wishes and feelings and provide feedback
- 24.** The Director reviews its policies/procedures annually

- 25.** Dr Mick Clarke is nominated to liaise with the designated officer(s) from the relevant local authority and partner agencies in the event of allegations of abuse made against the principal of a college or proprietor or member of governing body of an independent school

8. A SAFER PROJECT CULTURE

- 1.** The culture of this Project is one that is safe for children and unsafe for adults that may pose a risk to children. There is a belief that safeguarding is the responsibility of all adults working or volunteering within the organisation and that all concerns will be reported to the Designated Safeguarding Lead when concerns relate to an adult.
- 2.** The Project has a culture of listening to, and hearing the voice of the child

9. SAFER RECRUITMENT AND SELECTION

- 1.** The Project pays full regard to 'Keeping Children Safe in Education' (DfE 2016). Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and undertaking appropriate checks through the Disclosure and Barring Service (DBS) and prohibition order checks in relation to qualified teachers and section 128 Directions in relation to management of Independent schools.
- 2.** All recruitment materials will include reference to the Project's commitment to safeguarding and promoting the wellbeing of children
- 3.** Dr Mick Clarke has undertaken Safer Recruitment training. One of the above will be involved in **all** staff / volunteer recruitment processes and sit on the recruitment panel.

10. OUR ROLE IN THE PREVENTION OF ABUSE

In accordance with Working Together 2015, the Project recognises the need to safeguard children from:

- 1.** Neglect
- 2.** Emotional Abuse
- 3.** Physical Abuse
- 4.** Sexual Abuse

Appendix one contains more information about definitions and indicators

- 1.** In addition, the Project is alerted to the need to safeguard children in specific circumstances as defined within Keeping Children Safe in Education 2016.
- 2.** Our safeguarding policy cannot be separated from the general ethos of the Project, which should ensure that children are treated with respect and dignity, taught to treat each other with respect, feel safe, have a voice, and are listened to.

Other areas of work

All our policies which address issues of power and potential harm to ensure a whole Project approach such as

- | | |
|--------------------------------|---|
| 1. Safe Recruitment | Physical Restraint & Restriction of Liberty |
| 2. Code of Conduct | PSHE |
| 3. Visitor / External speakers | Disqualification |
| 4. Online safety | Social Networking |
| 5. Whistleblowing | Health and Safety |
| 6. Children missing Education | Bullying |
| 7. Inclusion | Code of Behaviour/conduct |

11. The curriculum

1. We will provide opportunities for children to develop skills, concepts, attitudes and knowledge that promote their safety and well-being together with preparing children for life in modern Britain and embedding Fundamental British Values.

1. Relevant issues will be addressed through the PSHE curriculum, for example self-esteem, emotional literacy, assertiveness, power, sex and relationship education, online and bullying. This will be undertaken with reference to guidance around how to promote children's spiritual, moral, social and cultural development. Issues will also be addressed through other areas of the curriculum, for example, circle time, English, History, Drama, Art.

12. Safeguarding in specific circumstances: Children who are vulnerable to extremism

2. The Apollo Education Project seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.
3. In accordance with the Prevent Duty placed upon the Project by the Counter Terrorism and Security Act 2015 we understand the specific need to safeguard children, young people and families from violent extremism. The Apollo Education Project is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.
4. The Apollo Education Project values freedom of speech and the expression of beliefs / ideology as fundamental rights underpinning our society's values. Both children and teachers have the right to speak freely and voice their opinions. However, free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion. Essential to this Project is fundamental British values of Democracy, Rule of Law, Equality of Opportunity, Freedom of Speech and the rights of all Women and Men to live free from persecution of any kind and it would be expected that views and opinions expressed would be commensurate with these.
5. Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in Appendix Four.

Risk reduction

1. The Designated Safeguarding Lead will assess the level of risk within the Project and put actions in place to reduce that risk. Risk assessment may include consideration of the Project's RE curriculum, SEND policy, assembly policy, the use of Project premises by external agencies, integration of children by gender and SEN, anti-bullying policy and other issues specific to the Project's profile, community and philosophy. In addition, the Project Prevent Action Plan template may be used to demonstrate how the organisation is fulfilling the prevent duty.
2. This risk assessment will be reviewed as part of the annual s175 return that is monitored by the local authority and the local safeguarding children board.
3. In accordance with the Prevent Duty, Dr Mick Clarke is the Prevent Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism.
4. When any member of staff has concerns that a child may be at risk of radicalisation or involvement in terrorism, they should speak with the SPOC and to the Designated Safeguarding Lead if this is not the same person. If a child or Young Person is thought to be at risk of radicalisation, advice will be sought from the Early Help Hub, and if advised, information will be shared with the Channel Panel using the Early Help Assessment form
5. In all cases, in accordance with advice provided from the Early Help Hub the Project will ensure appropriate interventions are secured which are in line with local procedures in order to safeguard children assessed as being vulnerable to radicalisation
6. If the Project is concerned that a child may be at risk of significant harm in relation to radicalisation or involvement in violent extremism a child protection referral will be made to the Multi Agency Safeguarding Hub.

13. Safeguarding Children in Specific Circumstances: Female Genital Mutilation

1. FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It can be known as female circumcision or female genital cutting and is often carried out for cultural, religious and social reasons within families and communities.
2. FGM is illegal in the UK and it's also illegal to take a British national or permanent resident abroad for FGM, or help someone trying to do this.
3. Female Genital Mutilation Act 2003 (section 74 of the Serious Crime Act 2015) places a statutory duty upon **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. This is in addition to following the Project's safeguarding reporting procedures.
4. Those failing to report such cases will face disciplinary sanctions.
5. If the Project are concerned that a child / young person has experienced or is at risk of FGM a Child Protection referral will be made to the Multi Agency Safeguarding Hub in accordance with interagency procedures produced by the LSCB. In addition, all teachers will follow mandatory reporting duties.
6. Further information regarding FGM can be found in Appendix five

14. Safeguarding Children in Specific Circumstances: Peer on Peer abuse

1. The Project recognises that children can abuse other children and such behaviours are never viewed simply as 'banter' or as part of growing up. We recognise that peer on peer abuse can take many different forms such as:

1. Cyber-bullying
2. Sending or posting sexually suggestive images including nude or semi-nude photographs via mobiles or over the internet by persons aged under 18 (referred to as Youth Produced Sexual Imagery)
3. Sexual assault
4. Sexually harmful or problematic behaviour
5. Gang initiation or hazing type violence

15. Safeguarding Children in Specific Circumstances: Sexualised behaviours

1. Where children display sexualised behaviours, the behaviours will be considered in accordance with the children's developmental understanding, age and impact on the alleged victim. Tools such as Brook Traffic Light Tool will be used to assist in determining whether the behaviour is developmental or a cause for concern. This will assist in ensuring the child/ren receive the right support at the right time either via an Early Help response or referral to Children's Social Care
2. In all cases of peer on peer abuse the Project will consider the vulnerability of all children including those alleged to have caused the harm and those alleged to be victims and provide a safeguarding response consistent with the LSCB Thresholds Framework.
3. Where necessary, the Project behaviour policies will be invoked and any sanctions applied will be consistent with these procedures
4. Where issues indicate that a criminal offence may have been committed a report will be made to Bedfordshire police

16. Safeguarding Children in Specific Circumstances: Gang related violence

1. The Project recognises the risks posed to children in relation to involvement in gang related activity which may be street gang, peer group or organised crime. Young people who are involved in gangs are more like to suffer harm themselves, through retaliatory violence, displaced retaliation, territorial violence with other gangs or other harm suffered whilst committing a crime. In addition children may experience violence as part of an initiation or hazing practices.
2. The Project understands that Early Help can be crucial in the early identification of children who may need additional support due to gang related activity and as such will provide an early help response when concerns are raised about indicators of gang activity
3. If, however information suggests a child may be at risk of significant harm due to gang related activity, a referral will be made to the Multi Agency Safeguarding Hub within Children's Social Care.
4. Where there are concerns that a child or young person may be, or is at risk of becoming involved in gang related activity, a referral will be made to the MAG panel in accordance with Local procedures as part of the safeguarding response

See Appendix seven for more information

17. Safeguarding Children in Specific Circumstances: Youth Generated Sexualised imagery

1. The Project recognises the impact of online social communication and the issue of sending or posting sexually suggestive images including nude or semi-nude photographs via mobiles or over the internet. We pay due regard to the Guidance issued by the UK Council for Child Internet Safety in relation to how we respond to incidents.
2. In all cases where an incident of youth produced sexual imagery is reporting the following actions will be undertaken:

1. The incident should be reported to the Designated Safeguarding Lead as soon as possible.
2. The Designated Safeguarding Lead should hold an initial review discussion or meeting with appropriate Project staff.
3. There should be subsequent interviews with the young people involved (if appropriate).
4. Parents should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm.
5. At any point in the process if there is a concern a young person has been harmed or is at risk of harm a referral should be made to children's social care and/or the police immediately.

1. An immediate referral will be made to the Police and Social care in the following circumstances:

1. The incident involves an adult
 2. 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 special educational needs)
 3. the imagery suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
 4. The imagery involves sexual acts and any pupil in the imagery is under 13
 5. There is reason to believe a young person is at immediate risk of harm owing to the sharing of the imagery, for example, the young person is presenting as suicidal or self-harming
1. If none of the above applies the Project may choose to deal with the incident without involving the police or social care. This will usually be the case where the Designated Safeguarding Lead is confident that they have enough information to assess the risks to the pupils involved and the risks can be managed within the Project pastoral support and disciplinary framework. All decisions and rationale for decision making will be recorded. All decisions will be based on the best interests of the child/ren
2. The Project will pay due regard to the Department for Education guidance: Searching, Screening and Confiscation advice
 3. Adults in the Project will not view youth produced sexual imagery unless there is a good and clear reason to do so. Wherever possible the designated safeguarding lead will respond to an incident based on what they have been told about the imagery.
 4. All incidents will be recorded.

More information is available in Appendix Six

18. Safeguarding Children in specific circumstances: Child Sexual Exploitation

1. The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.
2. Child sexual exploitation can occur through use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability

3. The Project recognises that both boys and girls can be vulnerable to Child Sexual Exploitation and as such ensure staff are alert to signs and indicators
4. The Project recognises that there are various 'models' of CSE which include but not limited to:

Gangs and groups	Boyfriend/Girlfriend model
Peer on Peer	Familial
Online	Abuse of authority
1. Where concerns are identified in relation to Child Sexual Exploitation the LSCB thresholds framework will be consulted in order to ensure the child receives support at the earliest possible opportunity.
2. An Early Help multi agency response may be initiated by completing an Early Help Assessment form and engaging with the Early Help Hub or Stronger family's team. Where parental consent cannot be obtained, advice will be sought from the Early Help Hub
3. If a child is thought to be at risk of significant harm through child sexual exploitation a referral will be made to the Multi Agency Safeguarding Hub within children's social care.
4. In all cases intelligence will be shared with Bedfordshire Police using the intelligence form which will also be copied to the Single Point Of Contact for CSE within Luton Borough Council

19. CHILDREN IN SPECIFIC CIRCUMSTANCES

1. Further guidance in relation to safeguarding children in specific circumstances can be located in the Luton Safeguarding Children Board / Luton Borough Council procedures as listed below
 1. Abuse Linked to Spiritual Belief
 2. Child Sexual Exploitation
 3. Safeguarding Children vulnerable to Gang Activity
 4. Supporting individuals vulnerable to violent extremism
 5. Private Fostering
 6. Children missing from home or care
 7. Children missing education
 8. Children of Parents who Misuse Substances
 9. Children of Parents with Learning Difficulties
 10. [Working](#) with parents/carers with mental health problems
 11. Working with parents/carers with disabilities
 12. Disabled Children

13. Protocol for dealing with domestic violence when children are involved
14. Online – Children Exposed to Abuse through the Digital Media
15. Fabricated or Induced Illness
16. Female Genital Mutilation
17. [Forced Marriage](#) / Honour Based Violence
18. Practice Guidance & Procedures to distinguish between healthy and abusive sexual behaviours in children and young people
19. Safeguarding children who may have been trafficked
20. Protocol & Guidance; Working with Sexually Active Young People
21. Working with hostile, non-compliant clients and those who use disguised compliance

20. CHILDREN WITH ADDITIONAL NEEDS

2. The Apollo Education Project recognises that while all children have a right to be safe, some children may be more vulnerable to abuse, for example those with a disability or special educational need, those living with domestic violence or drug / alcohol abusing parents, etc.
3. When the Project is considering excluding, either fixed term or permanently, a vulnerable child and / or a child who is the subject of a child protection plan or where there is an existing child protection file, we will call a multi-agency risk-assessment meeting prior to making the decision to exclude. In the event of a one-off serious incident resulting in an immediate decision to exclude, the risk assessment *must* be completed prior to convening a meeting.

21. WHAT WE DO WHEN WE ARE CONCERNED ABOUT A CHILD

4. All concerns will be viewed alongside the LSCB Thresholds Framework in order to ensure the appropriate support or intervention is provided at the earliest opportunity in the least intrusive way. The Project also places due regard to the guidance contained in What to do if you are worried a child is being abused, 2015
5. If, in consultation with the LSCB Thresholds Framework the level on concern sits at Level 2 or 3 and Early Help Assessment should be completed with the consent of the parent / carer. Early help may also be provided on a single agency basis by the Project, or additional support or advice for this work may be sought from the Early Intervention Hub / Stronger Families team as a multi-agency response. In cases where it is not possible to obtain consent from the Parent / Carer the Project will seek advice from the Early Help Hub.
6. The Project will review each case to ensure that any support or intervention provided has impacted positively on the welfare / safety of the child or young person and that improvement is sustained.
1. In the event that provision of Early Help has not led to improvements for the child / young person, or concerns escalate, the Project will follow the step-up procedures published by the LSCB
2. In consultation with the LSCB Thresholds Framework, if the concerns about the child or young person indicate that they may be at risk of or suffering significant harm a referral will be made to the Multi Agency Safeguarding Hub. The parent will be informed of the referral unless informing the parent may place the child / young person at increased risk of harm.

3. In the event of a professional disagreement in relation to a specific concern, the Project will follow the LSCB procedures for resolution of professional disagreements, also known as escalation procedures.

22. INVOLVING PARENTS / CARERS

In general, we will discuss any safeguarding and child protection concerns with parents / carers before approaching other agencies, and will seek their consent to making a referral to another agency. Appropriate staff will approach parents / carers after consultation with the Designated Safeguarding Lead. However there may be occasions when the Project will contact another agency **before** informing parents/carers because it considers that contacting them may increase the risk of significant harm to the child.

Parents / carers will be informed about our safeguarding policy through: the website

23. MULTI-AGENCY WORK

- 1.** We work in partnership with other agencies in the best interests of the children. The Project will, where necessary, liaise with the school nurse, initiate an Early Help Assessment, and make referrals to children's social care. Referrals and contacts should be made by the Designated Safeguarding Lead to either the Early Help Hub, or the Multi Agency Safeguarding Hub depending on the level of need. Where the child already has a social worker, the request for service will go immediately to the social worker involved, or in their absence to their team manager or Duty Worker.
- 2.** We will co-operate with any child protection enquiries conducted by children's social care: the Project will ensure representation at appropriate inter-agency meetings such as team around the family meetings, initial and review child protection conferences, together with core group meetings.
- 3.** We will provide reports as required for these meetings in accordance with the LSCB interagency procedures. If the Project is unable to attend, a written report will be sent. The report will, wherever possible, be shared with parents / carers at least 24 hours prior to the meeting. .
- 4.** Where a child is subject to an inter-agency child protection plan, child in need plan or early help assessment, the Project will contribute to the preparation, implementation and review of the plan as appropriate.
- 5.** If a child is subject to a referral to a multi-agency safeguarding panel such as MARAC, MAGPAN OR CHANNEL the Project will contribute to such arrangements

24. RESPONDING TO AN ALLEGATION OR CONCERN ABOUT A MEMBER OF STAFF

- 1.** The Project will comply with the LSCB procedures for managing allegations and concerns about adults that work or volunteer with children in all circumstances

2. This procedure should be used in any case in which it is alleged that a member of staff, the Director, visiting professional or volunteer has:

1. Behaved in a way that has harmed a child or may have harmed a child;

2. Possibly committed a criminal offence against or related to a child; or

3. Behaved in a way that indicates s/he may pose a risk of harm to children

Although it is an uncomfortable thought, it needs to be acknowledged that there is the potential for staff in Project to abuse or mistreat children.

1. All staff working within our organisation must report any potential safeguarding concerns about an individual's behaviour towards children and young people immediately. Allegations or concerns about colleagues and visitors must be reported direct to the Director unless the concern relates to the Director. If the concern relates to the Director it must be reported immediately to the Local Authority. Alternatively concerns can be reported directly to the Local Authority Designated Officer (LADO) in children's social care, who will liaise with the Director and they will decide on any action required.

1. If the Director is not available the member of staff should report their concerns to the most senior member of staff available who will make contact with the LADO and discuss the concerns. Contact into the LADO should happen at the earliest possible opportunity and within 1 working day.

The LADO in Luton can be contacted on 01582 548069.

2. The LADO may request a referral, if this is requested the referral will be completed and submitted within 1 working day

3. The Project will engage with the LADO at all stages of the management of the allegation / concern and comply with the Statutory Guidance contained within Keeping Children Safe in Education (2016) and the local procedures published by the LSCB. In this regard, the Project will consider whether it is necessary to suspend the member of staff while the allegation or concern is investigated, however all reasonable alternatives to manage the risk will be considered. Due consideration will be given to the view of the LADO in relation to suspension or in-work safeguards while a matter is investigated.

4. Should the Project dismiss a member of staff/volunteer as a result of a substantiated allegation, or should a member of staff/volunteer resign before an investigation has been completed, in accordance with Statutory Duty a referral to the Disclosure and Barring Service will be made. If

the member of staff is a qualified teacher, the Project will in accordance with published guidance from the Department for Education consider whether a referral to the National College of Teaching and Leadership (NCTL) should be made.

- 5.** The Project will adhere to the Statutory Guidance contained within Keeping Children Safe in Education (2016) with regard to record keeping, references and compromise or settlement agreements.

APPENDICES

APPENDIX ONE

DEFINITIONS AND INDICATORS OF ABUSE

1. 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 maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

1. Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
2. Protect a child from physical and emotional harm or danger;
3. Ensure adequate supervision (including the use of inadequate care-givers); or
4. Ensure access to appropriate medical care or treatment.

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

The following may be indicators of neglect (this is not designed to be used as a checklist):

1. Constant hunger;
2. Stealing, scavenging and/or hoarding food;
3. Frequent tiredness or listlessness;
4. Frequently dirty or unkempt;
5. Often poorly or inappropriately clad for the weather;
6. Poor Project attendance or often late for Project;
7. Poor concentration;

8. Affection or attention seeking behaviour;
9. Illnesses or injuries that are left untreated;
10. Failure to achieve developmental milestones, for example growth, weight;
11. Failure to develop intellectually or socially;
1. Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
2. The child is regularly not collected or received from Project; or
3. The child is left at home alone or with inappropriate carers

2. 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.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

1. Multiple bruises in clusters, or of uniform shape;
2. Bruises that carry an imprint, such as a hand or a belt;
3. Bite marks;
4. Round burn marks;
5. Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
6. An injury that is not consistent with the account given;
7. Changing or different accounts of how an injury occurred;
8. Bald patches;
9. Symptoms of drug or alcohol intoxication or poisoning;
10. Unaccountable covering of limbs, even in hot weather;
11. Fear of going home or parents being contacted;
12. Fear of medical help;
13. Fear of changing for PE;

14. Inexplicable fear of adults or over-compliance;

15. Violence or aggression towards others including bullying; or

16. Isolation from peers.

3. 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.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

17. Sexually explicit play or behaviour or age-inappropriate knowledge;

18. Anal or vaginal discharge, soreness or scratching;

19. Reluctance to go home;

20. Inability to concentrate, tiredness;

21. Refusal to communicate;

22. Thrush, persistent complaints of stomach disorders or pains;

23. Eating disorders, for example anorexia nervosa and bulimia;

24. Attention seeking behaviour, self-mutilation, substance abuse;

- 25.** Aggressive behaviour including sexual harassment or molestation;
- 26.** Unusual compliance;
- 27.** Regressive behaviour, enuresis, soiling;
- 28.** Frequent or open masturbation, touching others inappropriately;
- 29.** Depression, withdrawal, isolation from peer group;
- 30.** Reluctance to undress for PE or swimming; or
- 31.** Bruises or scratches in the genital area.

4. SEXUAL EXPLOITATION

Child sexual exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to children’s social care. The significant indicators are:

- 32.** Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
- 33.** Entering and/or leaving vehicles driven by unknown adults;
- 34.** Possessing unexplained amounts of money, expensive clothes or other items;
- 35.** Frequenting areas known for risky activities;
- 36.** Being groomed or abused via the Internet and mobile technology; and

37. Having unexplained contact with hotels, taxi companies or fast food outlets.

The intelligence reporting form on the LSCB website will be used to share information with Police and children's social care that raises a concern around CSE.

In addition to making referrals to children's social care, referrals of children thought to be at risk of, or experiencing CSE will be referred to the Child Sexual Exploitation panel.

5. 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 also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying), 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

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

1. The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
2. Over-reaction to mistakes;
3. Delayed physical, mental or emotional development;
4. Sudden speech or sensory disorders;
5. Inappropriate emotional responses, fantasies;
6. Behaviours such as rocking, banging head, regression, tics and twitches;
7. Self harming, drug or solvent abuse;
 1. Fear of parents being contacted;
 2. Running away;
 3. Compulsive stealing;
8. **Appetite disorders - anorexia nervosa, bulimia; or**
9. Soiling, smearing faeces, enuresis.

N.B.: Some situations where children stop communication suddenly (known as "traumatic mutism") can indicate maltreatment.

6. RESPONSES FROM PARENTS

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

- 1.** Delay in seeking treatment that is obviously needed;
- 2.** Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
- 3.** Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
- 4.** Reluctance to give information or failure to mention other known relevant injuries;
- 5.** Frequent presentation of minor injuries;
6. A persistently negative attitude towards the child;
- 7.** Unrealistic expectations or constant complaints about the child;
- 8.** Alcohol misuse or other drug/substance misuse;
- 9.** Parents request removal of the child from home; or
- 10.** Violence between adults in the household.

7. DISABLED CHILDREN

When working with children with disabilities, practitioners need to be aware that additional vulnerabilities to abuse and neglect such as:

- 1.** Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- 2.** Children with SEN and disabilities can be disproportionately impacted by things like bullying without outwardly showing any signs
- 3.** Communication barriers and difficulties in overcoming these barriers

Possible indicators of abuse and/or neglect may also include:

1. A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child;
 2. Not getting enough help with feeding leading to malnourishment;
 3. Poor toileting arrangements;
 4. Lack of stimulation;
 5. Unjustified and/or excessive use of restraint;
 6. Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;
-
1. Unwillingness to try to learn a child's means of communication;
 2. Ill-fitting equipment. for example callipers, sleep boards, inappropriate splinting;
 3. Misappropriation of a child's finances; or
-
1. Inappropriate invasive procedures.

DEALING WITH A DISCLOSURE OF ABUSE

When a child tells me about abuse s/he has suffered, what must I remember?

1. Stay calm.
2. Do not communicate shock, anger or embarrassment.
3. Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
4. Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
5. Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
6. Tell the child that it is not her/his fault.
7. Encourage the child to talk but do not ask "leading questions" or press for information.
8. Listen and remember.
9. Check that you have understood correctly what the child is trying to tell you.
10. Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
11. Do not tell the child that what s/he experienced is dirty, naughty or bad.
12. It is inappropriate to make any comments about the alleged offender.
13. Be aware that the child may retract what s/he has told you. It is essential to record all you have heard.
14. At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
15. As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.

NB It is not education staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

Immediately afterwards

You must not deal with this yourself. Clear indications or disclosure of abuse must be reported to children's social care without delay, by the Designated Safeguarding Lead.

Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child/young person who has been abused can be traumatic for the adults involved. Support for you will be available from your Designated Safeguarding Lead.

ALLEGATIONS ABOUT A MEMBER OF STAFF, THE DIRECTOR OR VOLUNTEER

Inappropriate behaviour by staff/volunteers could take the following forms:

1. Physical

For example the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or inappropriate physical handling.

2. Emotional

For example intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality. Excessive or aggressive shouting

3. Sexual

For example sexualised behaviour towards peers, sexual harassment, sexual communication including via social networking, email, text, grooming behavior, sexual assault and rape.

4. Neglect

For example failing to act to protect a child or children, failing to seek medical attention or failure to meet a child's basic needs

1. May Pose a Risk

Behaviours that may take place outside of the workplace that present a transferable risk in their professional role with children. For example, alleged perpetrator of domestic abuse, offences demonstrating a sexual interest in children, abuse or neglect of their own children or behaviours that are incompatible with a professional role working with children.

If a child makes an allegation or raises a concern about a member of staff, visitor or volunteer the Director should be informed immediately. If the allegation or concern may fall within the following criteria the LADO will be contacted at the earliest possible opportunity and within 1 working day.

- 4.** Behaved in a way that has harmed a child or may have harmed a child;
- 5.** Possibly committed a criminal offence against or related to a child; or
- 6.** Behaved in a way that indicates s/he may pose a risk of harm to children

The Director will not carry out the investigation him/herself or interview pupils.

If a child makes an allegation of physical abuse against an adult that works with children and there are visible bruises, marks or injuries. Or if a child makes an allegation of sexual abuse against an adult that

works with children Child Protection procedures will be followed and a referral made to the Rapid Interventions and Assessment Team. The LADO will also be informed.

The Director must exercise, and be accountable for, their professional judgement on the action to be taken, as follows –

If the actions of the member of staff, are felt likely to fall within the scope of the interagency allegation management procedures as stated in point 2, the Director will notify the Local Authority Designated Officer (LADO) (Tel: 01582 548069). The LADO will liaise with the Director and advise about action to be taken which will be in accordance with the interagency procedures for managing allegations. .

5. If the Director is uncertain whether the concern or allegation falls within the scope of the allegation management procedures a consultation with the LADO will take place and the advice provided will be acted upon. This consultation and the advice offered will be recorded and held on file.

Where an allegation has been made against the Director, then the Local Authority takes on the role of liaising with the LADO team in determining the appropriate way forward. For details of this specific procedure see the Section [on Allegations against Staff and Volunteers](#) in the procedures of Luton Safeguarding Children Board

INDICATORS OF VULNERABILITY TO RADICALISATION

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as:

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.
3. Extremism is defined by the Crown Prosecution Service as:

The demonstration of unacceptable behaviour by using any means or medium to express views which:

 1. Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
 2. Seek to provoke others to terrorist acts;
 3. Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
 4. Foster hatred which might lead to inter-community violence in the UK.
4. There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. Children may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that Project staff are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
 1. Identity Crisis – the child is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
 2. Personal Crisis – the child may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
 3. Personal Circumstances – migration; local community tensions; and events affecting the child’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
 4. Unmet Aspirations – the child may have perceptions of injustice; a feeling of failure; rejection of civic life;
 5. Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
 6. Special Educational Need – children may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.
7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.
8. More critical risk factors could include:
 1. Being in contact with extremist recruiters;
 2. Accessing violent extremist websites, especially those with a social networking element;

3. Possessing or accessing violent extremist literature;
4. Using extremist narratives and a global ideology to explain personal disadvantage;
5. Justifying the use of violence to solve societal issues;
6. Joining or seeking to join extremist organisations; and
1. Significant changes to appearance and / or behaviour;
2. Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

Female Genital Mutilation

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done.

It's also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahir, megrez and khitan, among others.

FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal in the UK and is child abuse.

It's very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health.

Effects of FGM

There are no health benefits to FGM and it can cause serious harm, including:

- constant pain
- pain and/or difficulty having sex
- repeated infections, which can lead to infertility
- bleeding, cysts and abscesses
- problems passing urine or incontinence
- depression, flashbacks and self-harm
- problems during labour and childbirth, which can be life-threatening for mother and baby

Some girls die from blood loss or infection as a direct result of the procedure

Why FGM is carried out

FGM is carried out for various cultural, religious and social reasons within families and communities in the mistaken belief that it will benefit the girl in some way (for example, as a preparation for marriage or to preserve her virginity).

However, there are no acceptable reasons that justify FGM. It's a harmful practice that isn't required by any religion and there are no religious texts that say it should be done. There are no health benefits of FGM. FGM usually happens to girls whose mothers, grandmothers or extended female family members have had FGM themselves or if their father comes from a community where it's carried out.

Where FGM is carried out

Girls are sometimes taken abroad for FGM, but they may not be aware that this is the reason for their travel. Girls are more at risk of FGM being carried out during the summer holidays, as this allows more time for them to "heal" before they return to Project

Communities that perform FGM are found in many parts of Africa, the Middle East and Asia. Girls who were born in the UK or are resident here but whose families originate from an FGM practising community are at greater risk of FGM happening to them.

Communities at particular risk of FGM in the UK originate from:

Egypt	Yemen	Eritrea	Sudan
Ethiopia	Somalia	Gambia	Sierra Leone
Guinea	Nigeria	Indonesia	Mali
Ivory Coast	Malaysia	Kenya	Liberia

The law and FGM

FGM is illegal in the UK.

It is an offence to:

- perform FGM (including taking a child abroad for FGM)
- help a girl perform FGM on herself in or outside the UK
- help anyone perform FGM in the UK
- help anyone perform FGM outside the UK on a UK national or resident
- fail to protect a girl for whom you are responsible from FGM

Anyone who performs FGM can face up to 14 years in prison. Anyone found guilty of failing to protect a girl from FGM can face up to seven years in prison.

Female Genital Mutilation Act 2003 (section 74 of the Serious Crime Act 2015) places a statutory duty upon 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.

Possible signs and indicators of FGM

A girl or woman who's had FGM may:

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

Below are some warning signs that MAY indicate a girl is at risk of FGM

1. Parents requesting additional periods of leave around Project holiday times
2. If the girl comes from a country with a high prevalence of FGM
3. Mother and siblings have undergone FGM
4. Child may indicate that they are going for a special event

Further information can be obtained from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf

Safeguarding in specific circumstance: Youth produced sexual imagery

Under 18's Sending or posting sexually suggestive images, including nude or semi-nude photographs via mobile devices or the internet

Incidents covered by this policy:

1. Person under 18 creates a sexual image of themselves and shares it with another person under 18.
2. A person under 18s shares an image of another under 18 with another person under 18 or an adult.
3. A person under 18 is in possession of sexual imagery created by another person under 18.

Incidents not covered by this guidance:

1. Under 18s sharing adult pornography.
2. Under 18s sharing sexual texts without sexual imagery.
3. Adults sharing sexual imagery of under 18s. (This is child sexual abuse and must always be reported to police.)

The Law

Making, possessing, and distributing any imagery of someone under 18 which is indecent is illegal. This includes imagery of yourself if you're under 18.

Indecent is not definitively defined in law, but images are likely to be considered indecent if they depict:

1. a naked young person
2. a topless girl
3. an image which displays genitals, and
4. sex acts including masturbation.
5. indecent images may also include overtly sexual images of young people in their underwear

these laws were not created to criminalise young people but to protect them. Although sharing sexual images of themselves is illegal and risky, it is often the result of curiosity and exploration. We believe Young people need education, support, and safeguarding not criminalisation.

National Police Chiefs Council has made clear that incidents of youth produces sexual imagery should be treated primarily as a safeguarding issue. However, the Police may need to be involved in cases to ensure thorough investigation including collection of evidence..

If a young person has shared imagery consensually, such as when in a romantic relationship, or as a joke, and there is no intended malice, it is usually appropriate for the Project to manage the incident directly. In contrast any incidents with aggravating factors, for example, a young person sharing someone else's

imagery without consent and with malicious intent, should generally be referred to police and/or children's social care.

If you have any doubts about whether to involve other agencies, you should make a referral to the police

Assessing the risks

The circumstances of incidents can vary widely. If at the initial review stage a decision has been made not to refer to police and/or children's social care, the DSL should conduct a further review (including an interview with the young people involved) to establish the facts and assess the risks.

1. When assessing the risks the following should be considered:
2. Why was the imagery shared? Was the young person coerced or put under pressure to produce the imagery?
3. Who has shared the imagery? Where has the imagery been shared? Was it shared and received with the knowledge of the pupil in the imagery?
4. Are there any adults involved in the sharing of the imagery?
5. What is the impact on the young people involved?
6. Do the young people involved have additional vulnerabilities?
7. Does the young person understand consent?
8. Has the young person taken part in this kind of activity before

Informing parents (or carers)

Parents (or carers) should be informed and involved in the process at an early stage unless informing the parent will put the young person at risk of harm. Any decision not to inform the parents would generally be made in conjunction with other services such as children's social care and/or the police, who would take the lead in deciding when the parents should be informed.

DSLs may work with the young people involved to decide on the best approach for informing parents. In some cases DSLs may work to support the young people to inform their parents themselves.

Searching devices, viewing and deleting imagery

Viewing the imagery

Adults should not view youth produced sexual imagery unless there is good and clear reason to do so. Wherever possible responses to incidents should be based on what DSLs have been told about the content of the imagery.

If a decision is made to view imagery, the DSL would need to be satisfied that viewing:

1. is the only way to make a decision about whether to involve other agencies (i.e. it is not possible to establish the facts from the young people involved)
2. is necessary to report the image to a website, app or suitable reporting agency to have it taken down, or to support the young person or parent in making a report

3. is unavoidable because a young person has presented an image directly to a staff member or the imagery has been found on a Project device or network

If it is necessary to view the imagery then the DSL should:

1. Never copy, print or share the imagery; this is illegal
2. Discuss the decision with the police.
3. Ensure viewing is undertaken by the DSL or another member of the safeguarding team with delegated authority from the police.
4. Ensure viewing takes place with another member of staff present in the room, ideally the Director or a member of the senior leadership team. This staff member does not need to view the images.
5. Wherever possible ensure viewing takes place on Project or college premises, ideally in the Director's office.
6. Ensure wherever possible that images are viewed by a staff member of the same sex as the young person in the imagery
7. Record the viewing of the imagery in the Project's safeguarding records including who was present, why the image was viewed and any subsequent actions and ensure the safeguarding recording procedures for the Project are followed

The Education Act 2011 amended the power in the Education Act 1996 to provide that when an electronic device, such as a mobile phone, has been seized, a teacher who has been formally authorised by the Director can examine data or files, and delete these, where there is good reason to do so. This power applies to all schools and there is no need to have parental consent to search through a young person's mobile phone.

If during a search a teacher finds material which concerns them and they reasonably suspect the material has been or could be used to cause harm or commit an offence, they can decide whether they should delete the material or retain it as evidence of a criminal offence or a breach of Project discipline. They can also decide whether the material is of such seriousness that the police need to be involved.

Further details on searching, deleting and confiscating devices can be found in the DfE Searching, Screening and Confiscation advice (note this advice is for schools only)

Safeguarding in Specific Circumstances: Gang involvement

There are particular risk factors and triggers that young people experience in their lives that can lead to them becoming involved in gangs. Many of these risk factors are similar to involvement in other harmful activities such as youth offending or violent extremism.

Risk indicators may include:

1. Becoming withdrawn from family;
2. Sudden loss of interest in the Project - decline in attendance or academic achievement;
3. Starting to use new or unknown slang words;
4. Holding unexplained money or possessions;
5. Staying out unusually late without reason;
6. Sudden change in appearance - dressing in a particular style or 'uniform';
7. Dropping out of positive activities;
8. New nickname;
9. Unexplained physical injuries;
10. Graffiti style tags on possessions, Project books, walls;
11. Constantly talking about another young person who seems to have a lot of influence over them;
12. Broken off with old friends and hanging around with a new group;
13. Increased use of social networking sites;
14. Starting to adopt codes of group behaviour e.g. ways of talking and hand signs;
15. Expressing aggressive or intimidating views towards other groups of young people some of whom may have been friends in the past;
16. Being scared when entering certain areas;
17. Being concerned by the presence of unknown youths in their neighbourhood.

This is not an exhaustive list and should be used as a guide, amended as appropriate in light of local knowledge of the risk factors in a particular area.

Safeguarding in Specific circumstances: Child Sexual Exploitation

Child sexual exploitation takes different forms - from a seemingly 'consensual' relationship where sex is exchanged for attention, affection, accommodation or gifts, to serious organised crime and child trafficking. Child sexual exploitation involves differing degrees of abusive activities, including coercion, intimidation or enticement, unwanted pressure from peers to have sex, sexual bullying (including cyber bullying), and grooming for sexual activity. There is increasing concern about the role of technology in Sexual Abuse, including via social networking and other internet sites and mobile phones. The key issue in relation to child sexual exploitation is the imbalance of power within the 'relationship'. The perpetrator always has power over the victim, increasing the dependence of the victim as the exploitative relationship develops.

Many children and young people are groomed into sexually exploitative relationships but other forms of entry exist. Some young people are engaged in informal economies that incorporate the exchange of sex for rewards such as drugs, alcohol, money or gifts. Others exchange sex for accommodation or money as a result of homelessness and experiences of poverty. Some young people have been bullied and threatened into sexual activities by peers or gangs which is then used against them as a form of extortion and to keep them compliant.

The key indicators of child sexual exploitation include:

Health

1. Physical symptoms (bruising suggestive of either physical or sexual assault);
2. Chronic fatigue;
3. Recurring or multiple sexually transmitted infections;
4. Pregnancy and/or seeking an abortion;
5. Evidence of drug, alcohol or other substance misuse;
6. Sexually risky behaviour.

Education

1. Truancy/disengagement with education or considerable change in performance at the Project.

Emotional and Behavioural Issues

1. Volatile behaviour exhibiting extreme array of mood swings or use of abusive language;
2. Involvement in petty crime such as shoplifting, stealing;

3. Secretive behaviour;
4. Entering or leaving vehicles driven by unknown adults;
5. Reports of being seen in places known to be used for sexual exploitation, including public toilets known for cottaging or adult venues (pubs and clubs).

Identity

1. Low self-image, low self-esteem, self-harming behaviour, e.g. cutting, overdosing, eating disorder, promiscuity.

Relationships

1. Hostility in relationships with staff, family members as appropriate and significant others;
2. Physical aggression;
3. Placement breakdown;
4. Reports from reliable sources (e.g. family, friends or other professionals) suggesting the likelihood of involvement in sexual exploitation;
5. Detachment from age-appropriate activities;
6. Associating with other young people who are known to be sexually exploited;
7. Known to be sexually active;
8. Sexual relationship with a significantly older person, or younger person who is suspected of being abusive;
9. Unexplained relationships with older adults;
10. Possible inappropriate use of the Internet and forming relationships, particularly with adults, via the Internet;
11. Phone calls, text messages or letters from unknown adults;
12. Adults or older youths loitering outside the home;
13. Persistently missing, staying out overnight or returning late with no plausible explanation;
14. Returning after having been missing, looking well cared for in spite of having no known home base;
15. Missing for long periods, with no known home base;
16. Going missing and being found in areas where they have no known links.

Please note: Whilst the focus is often on older men as perpetrators, younger men and women may also be involved and staff should be aware of this possibility.

Social Presentation

1. Change in appearance;
2. Going out dressed in clothing unusual for them (inappropriate for age, borrowing clothing from older young people).

Family and Environmental Factors

1. History of physical, sexual, and/or emotional abuse; neglect; domestic violence; parental difficulties.

Housing

1. Pattern of previous street homelessness;
2. Having keys to premises other than those known about.

Income

1. Possession of large amounts of money with no plausible explanation;
2. Acquisition of expensive clothes, mobile phones or other possessions without plausible explanation;
3. Accounts of social activities with no plausible explanation of the source of necessary funding.

This list is not exhaustive.

Staff and foster carers should be aware that many children and young people who are sexually exploited do not see themselves as victims. In such situations,