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# SAFEGUARDING CHILDREN & CHILD PROTECTION POLICY

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Version 8.0

Signed by Trustees

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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### **This policy is in two parts**

- Part 1 contains **policy statements**
- Part 2 contains **procedures** for responding to concerns about a child, and advice for The Principal, Designated Safeguarding Lead and teachers:

This policy will be reviewed regularly (annually) and may be revised and updated as and when the need arise.

The range of people who will refer to the policy are teaching staff, support & lunch staff, parent helpers, volunteers, supply staff etc. as well as young people in the setting.

- All external visitors including supply teachers, volunteers, contractors and speakers will be made aware of the information contained within our safeguarding policy and their responsibility to comply via the school

**See visitors' policy**

### **Links with other Policies**

This safeguarding policy has obvious links with the wider safeguarding agenda: when reviewing our policy, links will be made with other relevant guidelines and procedures such as the anti-bullying policy, guidance on safer recruitment, prevent and Allegations of abuse made against teachers and other staff.

## PART ONE: SAFEGUARDING POLICY

### 1. INTRODUCTION

#### The Islamic Context

The model for human behaviour and interaction has been given to us by Islam and the Prophet Muhammad (peace be upon him).

In the Qur'aan (the holy book in Islam) the Almighty Lord has stated:

**“The (faithful) servants of the Beneficent are those who walk upon the earth modestly.” (Al Furqaan 25:63).**

The following are some of the Hadeeth (narrations) of the Prophet (PBUH):

**” (On the Day of Resurrection) there will be nothing heavier in the scale than good character (and polite manners).”**

**“I have been sent (by the Lord, as a Messenger) for the perfection of human conduct.”**

**“The true believer is one from whom people are safe with their lives and wealth.”**

**“He is not from amongst us who doesn't show respect to his elders and does not show affection towards his youngsters.”**

**“Show mercy (be kind) to those on earth and He who is in the heavens will have mercy upon you.**

#### ***Safeguarding is defined as:***

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

1.2 Leicester International School is committed to safeguarding and promoting the welfare of all its pupils. We believe that:

- All children/young people have the right to be protected from harm;
- Children/young people need to be safe and to feel safe in school;
- Children/young people need support which matches their individual needs, including those who may have experienced abuse;
- All children/young people have the right to speak freely and voice their values and beliefs;

- All children/young people must be encouraged to respect each other's values and support each other;
- All children/young people have the right to be supported to meet their emotional, and social needs as well as their educational needs – a happy healthy sociable child/young person will achieve better educationally;
- Schools can and do contribute to the prevention of abuse, victimisation, bullying, exploitation, extreme behaviours, discriminatory views and risk-taking behaviours; and
- All staff and visitors have an important role to play in safeguarding children and protecting them from abuse.

1.3 Leicester International School will fulfil their local and national responsibilities as laid out in the following documents: -

- **Working Together to Safeguard Children (DfE March 2015)**
- **Keeping Children Safe in Education: Statutory guidance for schools and colleges (DfE Sept 2018)**
- **The School Staffing (England) Regulations 2009 & Amended Regulations 2015; Safer Recruitment in Education including, Page 18 Keeping Children Safe in Education July 2016**
- **Guidance for Safer Working Practice 2009 & 2015 - (Safer Recruitment consortium)**
- **Prevent Duty 2015**
- **Information sharing: Advice for Practitioners providing safeguarding services to children, young people parents and carers. (March 2015)**
- **'What To Do If You Are Worried A Child Is Being Abused' March 2015**
- **Leicester Safeguarding Children's Board Procedures (LSCB)**  
<http://llrscb.proceduresonline.com/chapters/contents.html>
- **The Children Act 1989 and 2004**
- **The Education Act 2002 s175/s157**
- **Mental Health and Behaviour in Schools: Departmental Advice (DfE 2014)**
- **Framework for the Assessment of Children in Need and their Families 2000**
- **Sexual Offences Act 2003 (Position of Trust offence)**
- **Childcare (Disqualification) regulations 2009**
- **Counter Terrorism and Security Act 2015**
- **Female Genital mutilation Act 2003**
- **Safeguarding & Child Protection education procedures in Leicester, notes, information, and training for Designated Safeguarding Leads (DSL) in schools**
- **Children and Families Act 2014**
- **Safeguarding and Vulnerable Group Act 2006**

## **2. OVERALL AIMS**

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

- Clarifying standards of behaviour for staff and pupils;
- Contributing to the establishment of a safe, resilient and robust ethos in the school, built on mutual respect, and shared values
- Introducing appropriate work within the curriculum;
- Encouraging pupils and parents to participate;
- Ensuring all staff understand the role of the DSL
- Whole School Training will be held at least annually
- Alerting staff to the signs and indicators that all might not be well;
- Developing staff awareness of the causes of abuse;
- Developing staff's awareness of the risks and vulnerabilities their pupils face;
- Addressing concerns at the earliest possible stage; and
- Reducing the potential risks pupils face of being exposed to violence, extremism, exploitation, or victimisation

2.2 This policy will contribute to supporting our pupils by:

- Identifying and protecting the most vulnerable
- Identifying individual needs where possible; and
- Designing plans to meet those needs.

2.3 This policy will contribute to the protection of our pupils by:

- Including appropriate work within the curriculum;
- Implementing child protection policies and procedures; and
- Working in partnership with pupils, parents and agencies.

## **3. What school staff need to know?**

3.1 All staff members should be aware of systems within our school which support safeguarding and these will be explained to them as part of staff induction. This includes: the school's safeguarding policy; the school's staff behaviour policy (code of conduct); and understand the role of the Designated Safeguarding Lead.

3.2 All staff members will also receive appropriate child protection training which is regularly updated at least annually.

## **4. What school staff should look out for?**

4.1. All staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of pupils who may be in need of help or protection

4.2 Staff members working with pupils are advised to maintain an attitude of ‘it could happen here’ where safeguarding is concerned. When concerned about the welfare of pupil, staff members should always act in the interests of the pupil.

4.3 There are various expert sources of advice on the signs of abuse and neglect.

Leicester Safeguarding Children Board (LSCB) should be able to advice on useful material, including training options. 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 **Appendix 1,10**, of this document.

4.4 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 DSL (Designated Safeguarding Lead).

4.5 A pupil going missing from the school is a potential indicator of abuse or neglect. The staff members should follow their procedures for dealing with who goes missing, particularly on repeat occasions. They should act to identify any risk of abuse and neglect, including sexual abuse or exploitation. More information can be found in this guidance about children who run away or go missing from home or care.

## 5. EXPECTATIONS

5.1 All staff and visitors will:

- Be familiar with this safeguarding policy;
- Be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, contractors, volunteers etc.
- Be involved in the implementation of individual education programmes, integrated support plans, child in need plans and interagency child protection plans;
- Be alert to signs and indicators of possible abuse (See Appendix One for current definitions and indicators);
- Record concerns and give the record to the Designated Safeguarding Lead currently being ***Maulana Nizam Hussein***.
- Deal with a disclosure of abuse from a pupil in line with the guidance in **Appendix Two**

5.2 All staff will receive whole school training at least annually. Key staff such as DSL will undertake relevant training every 2 years.

New staff will receive training as part of their induction period. **Appendix 8**

## 6. THE DESIGNATED SAFEGUARDING LEAD

6.1 Our Designated Safeguarding Lead on the senior leadership team is ***Maulana Nizam Hussein*** who is also the Principal of the school. He has lead responsibility and management oversight and accountability for child protection and will be responsible for coordinating all child protection activity.

- 6.2 The Designated Safeguarding Lead will lead regular case monitoring reviews of vulnerable pupils. These reviews must be evidenced by minutes and recorded in case files.
- 6.3 When the school has concerns about a pupil, the Designated Safeguarding Lead will decide what steps should be taken and should advise the Head Teacher.
- 6.4 Child protection information will be dealt with in a confidential manner. 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 pupil and / or family. A written record will be made of what information has been shared with whom, and when.
- 6.5 Child protection records will be stored securely in a central place separate from academic records. Individual files will be kept for each pupil: the school will not keep family files. Files will be kept for at least the period during which the pupil is attending the school, and beyond that in line with current data legislation and guidance.
- 6.6 Access to these 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.
- 6.7 Parents will be aware of information held on their children and 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 school policies and give due regard to which adults have parental responsibility.
- 6.8 Do not disclose to a parent any information held on a pupil if this would put the pupil at risk of significant harm.
- 6.9 If a pupil moves from our school, child protection records will be 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 two schools 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.
- 6.10 If sending by post pupil records will be sent by "Special/Recorded Delivery". For audit purposes a note of all pupil records transferred or received should be kept in either paper or electronic format. This will include the pupil's name, date of birth, where and to whom the records have been sent and the date sent and/or received.
- 6.11 If a pupil is permanently excluded and moves to a Pupil Referral Unit, child protection records will be forwarded on to the relevant organisation.
- 6.12 Where a vulnerable young person is moving to a Further Education establishment, consideration should be given to the pupil's wishes and feelings on their child protection information being passed on in order that the FE establishment can provide appropriate support.
- 6.13 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.

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

## **7. Role of the Proprietor/ Trustees**

7.1 The proprietor is the accountable body for ensuring the safety of the school

7.2 **The proprietors will ensure that:**

- The school has a safeguarding policy in accordance with the procedures of Leicester Safeguarding Children Board;
- The school operates, “safer recruitment” procedures and ensures that appropriate checks are carried out on all new staff and relevant volunteers.
- At least one senior member of the school’s leadership team acts as a Designated Safeguarding Lead;
- The Designated Safeguarding Lead attends appropriate refresher training every two years;
- All other staff who work with children undertake training annually;
- Temporary staff and volunteers are made aware of the school’s arrangements for child protection and their responsibilities;
- The school remedies any deficiencies or weaknesses brought to its attention without delay; and
- The school has procedures for dealing with allegations of abuse against staff/volunteers.

7.3 The proprietors review its policies/procedures annually or earlier if required.

7.4 The Nominated Proprietor for child protection at the school is **Mrs Fatemah Nizam**. The Nominated Proprietor is responsible for liaising with the Principal and Designated Safeguarding Lead over all matters regarding child protection issues. The role is strategic rather than operational – they will not be involved in concerns about individual pupils.

7.5 The Nominated Proprietor will liaise with the Principal and the Designated Safeguarding Lead to produce an annual report for Trustees.

### **Concerns about the Trustees/ Proprietors**

Leicester International School Trust is the proprietary body for the school. If an allegation is specifically about a Trustee/ Proprietor, then a report to the LADO must be made immediately.

The LADO is the first port of call for anyone with an allegation against a member of staff or adult **(0116 454 2440)**.

### **Risk reduction**

- 7.7 The school Trustees, the Principal and the Designated Safeguarding Lead will assess the level of risk within the school and put actions in place to reduce that risk.

## **8. A SAFER SCHOOL CULTURE**

### **Safer Recruitment and Selection**

- 8.1 The school pays full regard to 'Keeping Children Safe in Education' (September 2018). 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).
- 8.2 All recruitment materials will include reference to the school's commitment to safeguarding and promoting the wellbeing of pupils.

**See Safer recruitment policy for more details**

### **Staff support**

- 8.3 We recognise the stressful and traumatic nature of child protection work. We will support staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support as appropriate.

## **9. OUR ROLE IN THE PREVENTION OF ABUSE**

- 9.1 We will provide opportunities for pupils to develop skills, concepts, attitudes and knowledge that promote their safety and well-being.

### **The curriculum**

- 9.2 Relevant issues will be addressed through the PSHCE, for example self-esteem, emotional literacy, assertiveness, power, e-safety, bullying and other areas of the curriculum where relevant.

## **Other areas of work**

- 9.4 All our policies which address issues of power and potential harm, for example anti-bullying, equal opportunities, positive behaviour, will be linked to ensure a whole school approach.
- 9.5 Our safeguarding policy cannot be separated from the general ethos of the school, which should ensure that pupils are treated with respect and dignity, taught to treat each other with respect, feel safe, have a voice, and are listened to.

## **Peer on Peer Abuse**

- 9.6 All staff and students must be aware of our Anti-Bullying Policy which details procedures to minimise the risk of peer on peer abuse and sets out how allegations of peer on peer abuse will be investigated and dealt with. Early intervention is seen as a key in tackling this issue.

## **10. SAFEGUARDING PUPILS WHO ARE VULNERABLE TO EXTREMISM**

- 10.1 Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.
- 10.2 Leicester International School values freedom of speech and the expression of beliefs / ideology as fundamental rights underpinning our society's values. Both pupils and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and 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.
- 10.3 The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. Leicester International School is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.
- 10.4 Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in **Appendix Four**.

- 10.5 The School 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. **Appendix five**

### **Response**

- 10.6 Our school, like all others, is required to identify a 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: this is the Designated Safeguarding Lead. The SPOC for the school is ***Maulana Nizam Hussein*** The responsibilities of the SPOC are described in **Appendix Five**.
- 10.7 When any member of staff has concerns that a pupil may be at risk of radicalisation or involvement in terrorism, they should speak with the SPOC who is also the Designated Safeguarding Lead.
- 10.8 Numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism, but most young people do not become involved in extremist action. For this reason, the appropriate interventions in any particular case may not have any specific connection to the threat of radicalisation, for example they may address mental health.

## **11. SAFEGUARDING PUPILS WHO ARE VULNERABLE TO EXPLOITATION, FORCED MARRIAGE, FEMALE GENITAL MUTILATION, HONOUR BASED VIOLENCE OR TRAFFICKING – see appendix 8**

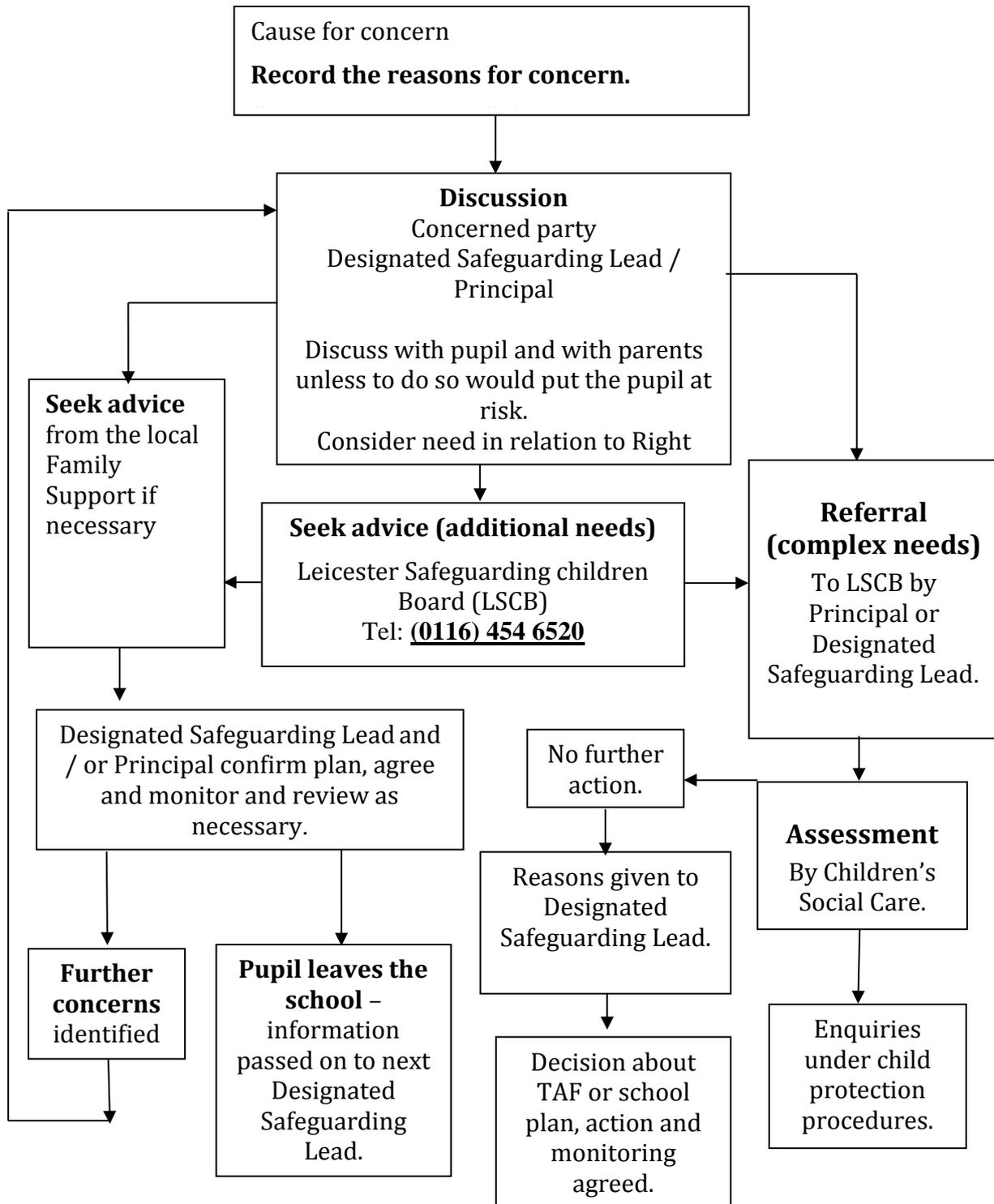
- 11.1 Our safeguarding policy above through the school's values, ethos and behaviour policies provides the basic platform to ensure children and young people are given the support to respect themselves and others, stand up for themselves and protect each other.
- 11.2 Our school keeps itself up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation.
- 11.3 Our staff are supported to recognise warning signs and symptoms in relation to specific issues, include such issues in an age appropriate way in their curriculum,
- 11.3 Our school works with and engages our families and communities to talk about such issues,
- 11.4 Our staff are supported to talk to families about sensitive concerns in relation to their children and to find ways to address them together wherever possible.
- 11.5 Our Designated Safeguarding Lead knows where to seek and get advice as necessary.
- 11.6 Our school brings in experts and uses specialist material to support the work we do.
- 11.7 See Appendix 10 for more information

## **12. WHAT WE DO WHEN WE ARE CONCERNED**

- 12.1 Where risk factors are present but there is no evidence of a particular risk then our DSL /SPOC advises us on preventative work that can be done within school to engage the pupil into activities and social groups. The DSL may well be the person who talks to and has conversations with the pupil's family, sharing the school's concern about the young person's vulnerability and how the family and school can work together to reduce the risk.
- 12.2 In this situation, depending on how worried we are and what we agree with the parent and the pupil (as far as possible) –
- The DSL/SPOC can decide to notify the LSCB of the decision so that a strategic overview can be maintained and any themes or common factors can be recognised; and
  - The school will review the situation after taking appropriate action to address the concerns.
- 12.3 The DSL/SPOC will also offer and seek advice about undertaking an early help assessment such as the family Common Assessment Framework (fCAF) and/or making a referral to children's social care.
- 12.4 If the concerns about the pupil are significant and meet the additional needs/complex need criteria, they will be referred to the LSCB. This includes concerns about a pupil who is affected by the behaviour of a parent or other adult in their household,

## PART TWO – THE KEY PROCEDURES

### RESPONDING TO CONCERNS ABOUT A CHILD



## **13. INVOLVING PARENTS / CARERS**

- 13.1 In general, we will discuss any 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 school will contact another agency before informing parents/carers because it considers that contacting them may increase the risk of significant harm to the pupil.
- 13.2 Parents / carers will be informed about our safeguarding policy through: *school prospectus, website, Essential information for parents.*

## **14. MULTI-AGENCY WORK**

- 14.1 We work in partnership with other agencies in the best interests of all pupils. The school will, where necessary, make referrals to children's social care.

Referrals should be made by the Designated Safeguarding Lead to the LSCB where the pupil already has a safeguarding social worker, the request for service should go immediately to the social worker involved, or in their absence to their team manager.

- 14.2 We will co-operate with any child protection enquiries conducted by children's social care: the school will ensure representation at appropriate inter-agency meetings such as integrated support plan meetings initial and review child protection conferences, and core group meetings.
- 14.3 We will provide reports as required for these meetings. If the school 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.
- 14.4 Where a pupil is subject to an inter-agency child protection plan or a multi-agency risk assessment conference (MARAC) meeting, the school will contribute to the preparation, implementation and review of the plan as appropriate.

## **15. OUR ROLE IN SUPPORTING CHILDREN**

- 15.1 We will offer appropriate support to individual pupils who have experienced abuse or who have abused others.
- 15.2 An individual support plan will be devised, implemented and reviewed regularly for these pupils. This plan will detail areas of support, who will be involved, and the pupil's wishes and feelings. A written outline of the individual support plan will be kept in the pupil's child protection record.

- 15.3 Children and young people who abuse others will be responded to in a way that meets their needs as well as protecting others within the school community through a multi-agency risk assessment. We will ensure that the needs of children and young people who abuse others will be considered separately from the needs of their victims.
- 15.4 We will ensure the school works in partnership with parents / carers and other agencies as appropriate

## **16. RESPONDING TO AN ALLEGATION ABOUT A MEMBER OF STAFF / VOLUNTEER**

See **Appendix three** on: **Allegations of abuse made against teachers and other staff**

16.1 This school is committed to having effective recruitment and human resources procedures, including checking all staff and volunteers to make sure they are safe to work with children and young people. Key staff involved in recruitment processes has undertaken Safer Recruitment Training.

However, there may still be occasions when there is an allegation against a member of staff or volunteer. Allegations against those who work with children, whether in a paid or unpaid capacity, cover a wide range of circumstances

16.2 All allegations of abuse of children by those who work with children or care for them must be taken seriously. In these circumstances all allegations against other members of staff or volunteers should be referred to the Principal.

16.3 In their absence you should seek to speak with **Mrs Fatemah Nizam. She can be contacted on 07515252018.** If your concern is about the Principal, you need to contact the **LADO directly on 0116 4542440.**

Staff may consider discussing any concerns with the school's designated lead and make a referral via them.

**If staff are unhappy about the response you receive from your Designated Senior Person or in the unlikely event that you cannot access the people above in relation to a safeguarding allegation against a member of staff for child protection, staff can contact the LADO directly 0116 4542440.**

A referral to the disclosure and Baring Service (DBS) must be made if a person in regulated activity has been dismissed or removed due to safeguarding concerns or would have been had they not resigned.

**This is a legal duty and failure to refer when the criteria are met is a criminal offence.**

## 17. CHILDREN WITH ADDITIONAL NEEDS (SEND)

- 17.1 The school 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 abusing parents, etc.

Children with Special Educational Needs (SEN) and disabilities can provide additional safeguarding challenges and additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's impairment without further exploration;
- children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barrier

- 17.1a Leicester International School will ensure that all students with SEND are subject to enhanced monitoring with emphasis on changes in behaviour rather than adhering solely to the usual indicators of abuse. There will be enhanced communication with parents of SEND students from the outset and more frequent staff discussions regarding the welfare and progress of SEND students than other students to reduce the likelihood of indicators being missed.

- 17.2 When the school is considering excluding, either fixed term or permanently, a vulnerable pupil and / or a pupil who is the subject of a child protection plan or where there is an existing child protection file, we will call a 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 of the Governors

## 18. Withdrawal from the School

In the case of a pupil who is leaving this school and for whom there has been a child protection concern:

- Child protection records will be passed on by the DSL to the DSL at the receiving school.
- If the pupil is on the Child Protection Register, the DSL will contact his/ her Social Worker.

In the case of any child of compulsory school age for whom parents have given notice, the School will:

- find out the name and address of the receiving school, check that the boy/ girl has started at the new school and send on his/ her school records
- inform the local authority of the destination school, or a parent's intention to home-

educate their son/ daughter or if there is no known destination school

- inform the local authority if a child is due to start at this school and does not turn up
- check, if parents have said that they are moving abroad, with the school to which they are moving
- keep a summary log of children who have left the school

## **19. Whistle-blowing**

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so. All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. (Whistle blowing policy). If it becomes necessary to consult outside the school, they should speak in the first instance, to the LADO/ Education Welfare Officer following the local authority Whistleblowing Policy. Whistle-blowing regarding the Principal should be made to the LADO if deemed appropriate.

**NSPCC Whistleblowing helpline**

**0800 028 0285**

**All staff must sign a confirmation of receipt form to declare they have been made aware of this policy and they fully understood their safeguarding duties.**

## **APPENDIX 1**

### **DEFINITIONS AND INDICATORS OF ABUSE**

#### **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 pupil**

##### **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
- Petechiae 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 her feet.
- A child getting into too hot water of her own accord will struggle to get out 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 pupil**

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 pupil**

#### **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, and 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.*

### **Indicators in the pupil**

#### **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.

### **DISABLED CHILDREN**

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- 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;
- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment. for example calipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

## APPENDIX 2

### DEALING WITH A DISCLOSURE OF ABUSE

#### **Action quick reference guide for Proprietors, Trustees, staff and volunteers**

All cases of suspected child abuse (physical, sexual, emotional or neglect) should be given the highest priority. The following sequence of actions should be adhered to.

**ACT** immediately if a pupil arrives in school needing urgent medical treatment. Take the pupil to the School office first aid person, who will consult the appropriate medical professionals to arrange treatment.

**LISTEN** to what the pupil has to say  
Keep calm.  
Be accessible and receptive.  
Do not interrupt. Do not prompt. Do not over-question. Do not investigate.  
Be aware of your non-verbal messages.  
If you need to ask a question to clarify your understanding, pose the question in an open manner, in order to avoid leading the pupil in any way.  
Do not give undertakings of confidentiality to the pupil.  
Let the pupil know that you will have to tell someone to get help for the pupil.  
Do not promise that you will sort everything out.  
Reassure the pupil that she is right to have told you.

**REPORT** orally immediately to the Designated Safeguarding Lead (DSL)

**Do not tell any other staff, even if the parent or the pupil asks you to.**

**RECORD** in detail the discussion as soon as is practicable, but within 24 hours. Use the child's own words. Your record should be handwritten, signed and dated.  
Look at Stage 3 of this policy for detail on what to include.  
Remember that your notes of the discussion may be needed in subsequent court proceedings. You are accountable for its accuracy.  
Give this record, in a sealed envelope, to the DSL.

#### **Action: further details for Proprietors, Trustees, staff and volunteers**

##### **Stage one: Interview with a pupil – a member of the Proprietary Body, Trustees, staff or Volunteer**

A pupil may tell you that he/she has been abused OR you may have good reason to suspect that abuse is taking place or he/she is suffering neglect.

**Your role is to listen, not to investigate. This is very important.**

Where a pupil feels able to disclose abuse, it is generally a sign of a strong and trusting relationship. Such a disclosure may, however, come as a great shock to the person concerned. Care must be taken to avoid showing this and to offer reassurance to the student. Be aware of the importance of adopting a **supportive role**. Acknowledge how hard it was for the child to tell you.

Do not prompt or ask questions which could later be interpreted as putting pressure on the child. Use only open questions such as “Is there anything else you want to tell me?”

The conversation should be held in a **private area** where there are not likely to be any interruptions. (It is highly recommended that a DSL should be present, but this is not always possible.)

At the same time, explain the need to involve other adults. **It is essential that you do not promise to keep the information to yourself. If a pupil is in danger, you must report the risk.**

**In the case of disclosure of physical abuse**, you should not ask them to remove or adjust clothing to be able to observe marks, bruising or injury.

**Where sexual abuse is suspected or alleged**, it is essential not to try to investigate the situation. It is also important to remember that it is the most difficult subject for children to discuss and in addition they may be afraid of the implications of ‘telling’ or may be under threat of reprisals.

Let the pupil know about confidential help-lines.

|                   |  |   |
|-------------------|--|---|
| <b>Child line</b> | <b>0800 11 11</b>  | <b><a href="http://www.childline.org.uk">www.childline.org.uk</a></b> |
| <b>NSPCC</b>      | <b>0808 800 5000</b>                                     |   |
|                   | <b>0808 056 0566 (miniboom / deaf / hard of hearing)</b> |   |

### Stage two: Discussion with the Designated Safeguarding Lead

The member of staff should next always discuss the matter **immediately** with the appropriate DSL. If appropriate, the pupil should be taken to the DSL

### Stage three: Written record of the disclosure provided to Senior Designated Person

When a pupil has made a disclosure, the member of staff should:

- Make brief notes 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 pupil
- Draw a diagram to indicate the position of any injuries; **Body map Appendix7**
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the DSL. **No** copies should be retained by the member of staff. Record form must be used; **Appendix 6**

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

**The member of Staff must:**

- Provide a handwritten, accurate, factual record of the conversation as soon as possible and certainly within 24 hours and this must be given to the Senior Designated Person.
- The pupil's actual words must be used, not your interpretation of those words or your assumptions.
- Include the names of any people present at the disclosure; date, time, context, location and sequence of the conversation; a brief outline of what the pupil said has happened, when and to whom and by whom; the non-verbal behaviour and demeanour of the pupil; a brief description of any visible or alleged physical injuries (please record these on a body map); the pupil's preferred follow-up action.
- Any comments made by a parent/guardian should be noted accurately as soon as possible.
- Sign and date this record.

**After a referral has been made to the DSL, the staff takes no further action.**

**Stage four: Follow-up by the Designated Safeguarding Lead**

The DSL will follow Leicester Safeguarding Children Board procedures in the appropriate manual.

Initially, the DSL will consult LADO and confer about approaching Parents, the local Children's Services, Medical Services and the Police as appropriate. It is good practice to discuss concerns with the parents and where possible to seek agreement, but this will not be done if it would place the pupil at increased risk.

If there is an injury and it is so serious that immediate medical treatment is required, the DSL will arrange for the pupil to be taken to hospital, usually accompanied by a first Aider. The parent(s) will be informed that this action has been taken.

If a pupil's attendance falls below 85% and parents have not provided a letter from a GP or other medical expert that the absence is due to valid medical reasons, the DSL will inform the child's Local Education Authority.

The DSL will make decisions on sharing information with other agencies and with parents based on professional Judgment, experience and training. The Principal (who is also the DSL) will normally be consulted before any external agencies are involved.

The DSL is responsible for contacting external agencies on behalf of any pupil of the school. Immediate contact with external agencies will often be made by the DSL by telephone, but this must be followed up by completing a Common Assessment Form within 24 hours of a disclosure or suspicion of abuse.

### **Local Authority Children's Safeguarding Unit**

Leicester City Council LADO based within the Safeguarding Unit: 0116 454 2440

Leicestershire County Council LADO: 0116 305 7597 & 0116 305 4532

Rutland County Council: 01572 758 407

Police: 0116 222 2222.

Leicester City Council LADO

Local Authority Designated Officer (based in the Safeguarding Unit)

Lesley Booth - Tel: 0116 454 2440 or email [Lado-allegations-referrals@leicester.gov.uk](mailto:Lado-allegations-referrals@leicester.gov.uk)

**Secure E-mail: [das-team @leicester.gcsx.gov.uk](mailto:das-team@leicester.gcsx.gov.uk)**

### **Local Authority Children's Safeguarding Lead**

Leicestershire County Council LADO - Local Authority Designated Officer Team

Mark Goddard & Karen Browne - Tel: 0116 305 7597 / 0116 305 4532

Rutland County Council LADO

Tracy Holliday - Tel:01572 720 913 (click [here](#) to access their webpage)

**No other member of staff should contact external agencies.**

**Any calls received by another member of staff from external agencies should be transferred to the appropriate Designated Person.**

If a pupil is referred to the Children's Services team by the Senior Designated Person:

- The written referral should be acknowledged **within one working day.**
- If the DSL hears nothing within three days, the DSL should contact Children's Services again.

An initial assessment should take place **within seven working days** that is seeing and speaking to the child (and family members, as appropriate.)

If it seems necessary to the pupil's welfare, the Senior Designated Person will pass on selected information to the Form Tutor. This information will be on a strictly "need to know" basis.

It is essential that pupils who are known to be at risk, or about whom there has been concern in the past, are observed closely in school and that the DSL is alerted immediately to concerns. The DSL will liaise with the appropriate Children's Services office.

The DSL will notify Children's Services if there is an unexplained absence of more than two days of a student who we know is on the Child Protection Register. It is the responsibility of the Form Tutor to alert the appropriate Designated staff of such an absence.

The DSL will store records written by all involved adults and will produce hand-written records of the observations, conversations, contact with external agencies and action taken at Stage Four.

Individual pupil records are filed in the Office are marked confidential in a lockable cabinet by the DSL.

#### **Stage five: Action by external agencies**

##### **Child Protection case conference and Core Group meetings**

The school will provide cover to enable the appropriate member of staff to attend a Child Protection case conference. Where possible, the school will also permit the DSL to accompany this member of staff. It will be the responsibility of the member of staff or DSL to bring back from the meeting information about how the School may be required to monitor the situation and support the student.

If the PUPIL is placed on the local Child Protection Register, a Core Group will be agreed. The School will provide cover to enable the appropriate person to attend monthly Core Group meetings.

## APPENDIX 3

### ALLEGATIONS ABOUT THE PROPRIETOR OR A TRUSTEE

1. Inappropriate behaviour by Proprietors, Trustees could take the following forms:
  - **Physical**  
For example the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling.
  - **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.
  - **Sexual**  
For example sexualised behaviour towards pupils, sexual harassment, sexual assault and rape.
  - **Neglect**  
For example failing to act to protect a child or children, failing to seek medical attention or failure to carry out an appropriate risk assessment.
2. Leicester International School Trust is the proprietary body for the school. If an allegation is specifically about a Trustee/ Proprietor, then a report to the LADO must be made immediately.

The LADO is the first port of call for anyone with an allegation against a member of staff or adult (**0116 454 2440**).

3. Concerns about the proprietor of an independent school should be taken to:

#### **Local Authority Children's Safeguarding Lead**

Leicestershire County Council LADO - Local Authority Designated Officer Team  
Mark Goddard & Karen Browne - Tel: 0116 305 7597 / 0116 305 4532

#### Rutland County Council LADO

Tracy Holliday - Tel: 01572 720 913 (click [here](#) to access their webpage)

#### Leicester City Council LADO

Local Authority Designated Officer (based in the Safeguarding Unit)

Lesley Booth - Tel: 0116 454 2440 or email [Lado-allegations-referrals@leicester.gov.uk](mailto:Lado-allegations-referrals@leicester.gov.uk)

**Secure E-mail: [das-team @leicester.gcsx.gov.uk](mailto:das-team@leicester.gcsx.gov.uk)**

Police: 0116 222 2222.

For details of this specific procedure see the school policy on [Allegations against Staff Volunteers](#)

## APPENDIX 4

### 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:
  - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
  - Seek to provoke others to terrorist acts;
  - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
  - 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. Pupils 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 school staff are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
  - Identity Crisis – the pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
  - Personal Crisis – the pupil 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;

- Personal Circumstances – migration; local community tensions; and events affecting the pupil’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;
  - Unmet Aspirations – the pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
  - Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
  - Special Educational Need –pupils 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:
- Being in contact with extremist recruiters;
  - Accessing violent extremist websites, especially those with a social networking element;
  - Possessing or accessing violent extremist literature;
  - Using extremist narratives and a global ideology to explain personal disadvantage;
  - Justifying the use of violence to solve societal issues;
  - Joining or seeking to join extremist organisations; and
  - Significant changes to appearance and / or behaviour;
  - Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

## **APPENDIX 5**

### **PREVENTING VIOLENT EXTREMISM - ROLES AND RESPONSIBILITIES OF THE SINGLE POINT OF CONTACT (SPOC)**

The SPOC for the school is **Maulana Nizam Hussein** who is responsible for:

- Ensuring that staff of the school are aware that you are the SPOC in relation to protecting pupils from radicalisation and involvement in terrorism;
- Maintaining and applying a good understanding of the relevant guidance in relation to preventing pupils from becoming involved in terrorism, and protecting them from radicalisation by those who support terrorism or forms of extremism which lead to terrorism;
- Raising awareness about the role and responsibilities of Leicester International School in relation to protecting pupils from radicalisation and involvement in terrorism;
- Monitoring the effect in practice of the school's RS curriculum and assembly policy to ensure that they are used to promote community cohesion and tolerance of different faiths and beliefs;
- Raising awareness within the school about the safeguarding processes relating to protecting pupils from radicalisation and involvement in terrorism;
- Acting as the first point of contact within the school for case discussions relating to pupils who may be at risk of radicalisation or involved in terrorism;
- Collating relevant information from in relation to referrals of vulnerable pupils into the **GMP Counter- Terrorism Unit (GMPCTU)**
- attending **GMPCTU** meetings as necessary and carrying out any actions as agreed;
- Reporting progress on actions to the **GMPCTU** Co-ordinator; and
- Sharing any relevant additional information in a timely manner.

**Greater Leicester Police Counter-Terrorism Unit and it aims to:**

- Establish an effective multi-agency referral and intervention process to identify vulnerable individuals;
- Safeguard individuals who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist-related activity; and  
Provide early intervention to protect and divert people away from the risks they face and reduce vulnerability

## APPENDIX 6

### Recording Form for Safeguarding Concerns

Staff, volunteers and regular visitors are required to complete this form and pass it to the school Designated Safeguarding Lead if they have a safeguarding concern about a pupil in our school.

**To be written by the DSL**

|   |               |                          |                                  |
|---|---------------|--------------------------|----------------------------------|
| <b>Case number:</b>   |               |                          |                                  |
| Full name of pupil  | Date of Birth | Tutor/Form group         | Your name and position in school |
|   |               |                          |                                  |
| <b>Nature of concern/disclosure</b>   |               |                          |                                  |
| Please include where you were when the pupil made a disclosure, what you saw, who else was there, what did the child say or do and what you said. |               |                          |                                  |
| Was there an injury? Yes / No   |               | Did you see it? Yes / No |                                  |
| Describe the injury:  |               |                          |                                  |
| Have you filled in a body plan to show where the injury is and its approximate size?<br>Yes / No  |               |                          |                                  |
| Was anyone else with you? Yes/No  |               |                          |                                  |
| Who?  |               |                          |                                  |
| Has this happened before? Yes/No  |               |                          |                                  |
| Did you report the previous incident? Yes/No  |               |                          |                                  |
| To whom you reported it?  |               |                          |                                  |
| Who are you passing this information to? Name:  |               | Date:                    |                                  |
| Position:   |               | Time:                    |                                  |
| Your signature:   |               |                          |                                  |
| Date:   |               |                          |                                  |

**Action taken by DSL**

**Referred to...? If applicable**

Parents informed? Yes / No (If No, state reason)

**Feedback given to...?**

Pastoral team

Tutor

pupil

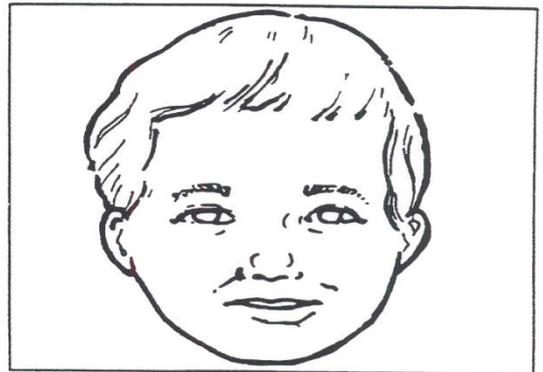
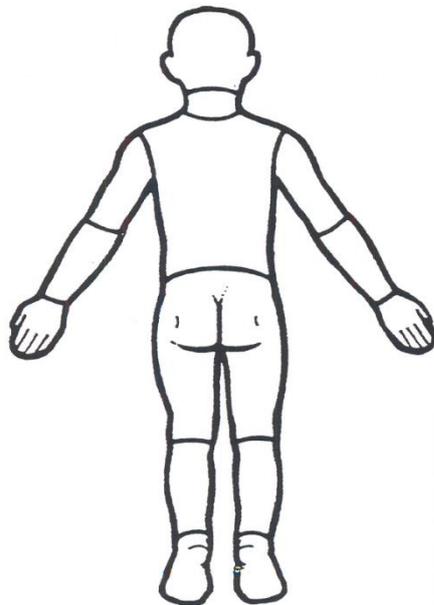
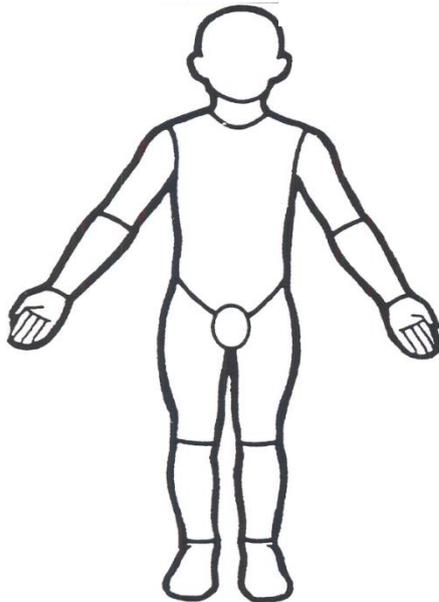
Person who recorded disclosure

Full name:.....

DSL signature:..... Date.....

## APPENDIX 7

### Body map



We all have a statutory duty to safeguard and promote the welfare of children, and at our school we take this responsibility seriously.

If you have any concerns about a pupil or young person in our school, you must share this information immediately with our Designated Safeguarding Lead or one of the alternate post holders.

Do not think that your worry is insignificant if it is about hygiene, appearance or behaviour – we would rather you told us as we would rather know about something that appears small than miss a worrying situation.

**If you think the matter is very serious and may be related to child protection, for example, physical, emotional, sexual abuse or neglect, you must find one of the designated professionals detailed below and provide them with a written record of your concern. A copy of the form to complete is attached to this and others can be obtained from the STAFF SHARED FOLDER, RECEPTION OR DSL. Please ensure you complete all sections as described.**

**If you are unable to locate them ask a member of the school office staff to find them and to ask them to speak with you immediately about a confidential and urgent matter.**

Any allegation concerning a member of staff, a pupil's foster carer or a volunteer should be reported immediately to the Principal.

## Appendix 8

### Further information on so- called ‘honour based’ violence

So-called ‘honour-based’ violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubts staff should speak to the designated safeguarding lead.

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

#### Indicators

There are a range of potential indicators that a child may be at risk of HBV. Guidance on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found on pages 38-41 of the Multi agency statutory guidance on FGM (pages 59-61 focus on the role of schools and colleges) and pages 13-14 of the Multi-agency guidelines: Handling case of forced marriage.

**Actions** If staff have a concern regarding a child that might be at risk of HBV they should activate local safeguarding procedures, using existing national and local protocols for multiagency liaison with police and children’s social care. Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on teachers that requires a different approach (see following section).

### 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 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 'personally report to the police', after informing the DSL'. (KCSIE Sept 2018)

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, 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.

**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 is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

### **Forced marriage**

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Schools and colleges can play an important role in safeguarding children from forced marriage.

The Forced Marriage Unit has published Multi-agency guidelines, with pages 32-36 **focusing on the role of schools and colleges. School and college staff can contact the Forced Marriage Unit if they need advice or information. Contact: 020 7008 0151 or email: [fmufco.gov.uk](mailto:fmufco.gov.uk).**

## USEFUL CONTACT NUMBERS

|   |                    |
|---|--------------------|
| Leicestershire Police   | 999 / 0116 2222222 |
| Duty & Advice (Includes out of hours)   | 0116 454 1004      |
| Children's Safeguarding Unit  | 0116 454 2440      |
| Safeguarding in Education<br>Julie Chapaneri & Mohammed Patel<br><a href="mailto:Safeguardingineducation@leicester.gov.uk">Safeguardingineducation@leicester.gov.uk</a>   | 0116 454 2440      |
| Local Authority Designated Officer (LADO)<br>Jill Parker (as of 1 <sup>st</sup> September 2016)   | 0116 454 2440      |
| Early Help  | 0116 454 5899      |
| Leicester Safeguarding Childrens Board (LSCB)<br><a href="http://www.lcitylscb.org/">http://www.lcitylscb.org/</a>  | 0116 454 6520      |
| Prevent (Advice / Referral)<br>Will Baldet (CVE Coordinator Leicester, Leicestershire & Rutland)<br>City: Daxa Pancholi - <a href="mailto:daxa.pancholi@leicester.gov.uk">daxa.pancholi@leicester.gov.uk</a><br>County: Gurjit Samra-Rai - <a href="mailto:gurjit.samra-rai@leics.gov.uk">gurjit.samra-rai@leics.gov.uk</a><br>Police Team - <a href="mailto:prevent.team@leicestershire.pnn.police.uk">prevent.team@leicestershire.pnn.police.uk</a> | 07403 727727       |
| SAFE Domestic Violence Support  | 0300 1230918       |
| Forced Marriage Unit<br><a href="mailto:fmufco.gov.uk">fmufco.gov.uk</a>  | 020 7008 0151      |
| Female Genital Mutilation Helpline<br><a href="mailto:fgmhelp@nspcc.org">fgmhelp@nspcc.org</a>  | 0800 028 3550      |
| NSPCC Whistleblowing Advice Line<br><a href="mailto:help@nspcc.org.uk">help@nspcc.org.uk</a>  | 0800 0280285       |