

**MIHSG**  
**Safeguarding policy**  
**Updated September 2016**

This policy is in two parts:

1. Part one: Safeguarding information for all staff
2. Part two: The management of safeguarding

**What it replaces**

This guidance replaces Keeping Children Safe in Education 2016, which replaced:

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

**It should be read alongside statutory guidance Working Together to Safeguard Children 2015 and Keeping Children Safe in Education July 2016 (KCSIE)**

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

The ranges of people who will refer to the policy are:

Teaching, non-teaching, supply, ancillary and lunch time staff, parent helpers, volunteers, all adults from outside the school who have close contact with pupils (mentors, careers officers, EWOs, support teachers) as well as young people in the setting.

All external visitors including Trustees, supply teachers, volunteers, contractors and speakers will be made aware of the information contained within our safeguarding policy and their responsibility to comply with it.

***See visitors' policy***

Links with other Policies

This safeguarding policy has obvious links with the wider safeguarding agenda. When reviewing this policy, links will be made with other relevant guidelines and procedures such as:

1. Admission
2. Attendance
3. Allegations of abuse made against teachers and other staff.
4. Whistleblowing
5. Anti-bullying policy
6. Behaviour
7. Drugs
8. Equality
9. Health and Safety
10. School Security
11. Prevent and Protecting Pupils from Violent Extremist
12. PSHEE
13. RSE
14. Safer recruitment
15. Use of Reasonable Force

## **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."**

## **Part one: Safeguarding information for all staff**

**All staff are expected to read and understand all aspects of this policy. 'The DSL will ensure that mechanisms are in place to assist staff to understand and discharge their role and responsibilities as set out in Part one of this guidance'.**

### **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.

1.1 *MIHSG* is committed to safeguarding and promoting the welfare of all its pupils. We believe that:

1. All pupils have the right to be protected from harm;
2. Pupils need to be safe and to feel safe in school;
3. Pupils need support which matches their individual needs, including those who may have experienced abuse;
4. All pupils have the right to speak freely and voice their values and beliefs;
5. All pupils must be encouraged to respect each other's values and support each other;
6. All pupils have the right to be supported to meet their emotional, and social needs as well as their educational needs – a happy, healthy sociable pupil will achieve better educationally;
7. Schools can and do contribute to the prevention of abuse, victimisation, bullying, exploitation, extreme behaviours, discriminatory views and risk taking behaviours;
8. All staff and visitors have an important role to play in safeguarding pupils and protecting them from abuse.

1.2 *MIHSG* will fulfill their local and national responsibilities as laid out in the following documents:-

1. Working Together to Safeguard Children 2015.
2. Keeping Children Safe in Education: Statutory guidance for schools and colleges (DfE September 2016)
3. The Procedures of Manchester Safeguarding Children Board
4. What to do if you think a child is being abused (2015)
5. Information Sharing (2015)

## 2. OVERALL AIMS

- 2.1 This policy will contribute to safeguarding our pupils and promoting their welfare by:
1. Ensuring that pupils feel safe, secure and listened to
  2. Clarifying standards of behaviour for staff and pupils;
  3. Ensuring staff understand in 'exceptional circumstances' they may report concerns directly to MSCB
  4. Contributing to the establishment of a safe, resilient and robust ethos in the school, built on mutual respect, and shared values
  5. Introducing appropriate work within the curriculum;
  6. Alerting staff to the signs and indicators that all might not be well;
  7. Developing staff awareness of the causes of abuse;
  8. Developing staff's awareness of the risks and vulnerabilities their pupils face, and encourage them to talk about concerns
  9. Addressing concerns at the earliest possible stage;
  10. Reducing the potential risks pupils face of being exposed to violence, extremism, exploitation, or victimization
  11. Ensuring that pupils who have been abused or are at risk of abuse are supported.

### 1. **The role of the school staff**

1. The *Teachers' Standards 2012* state that teachers, including Head Teachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.
2. All school and staff have a responsibility to identify pupils who may be in need of extra help or who are suffering, or are likely to suffer, significant harm. All staff then have a responsibility to take appropriate action, working with other services as needed.
3. In addition to working with the designated safeguarding lead staff members should be aware that they may be asked to support social workers to take decisions about individual pupils.

4. To be able to differentiate between a 'concern' and immediate danger or at risk of harm.

1. All staff will:

1. Be familiar with this safeguarding policy;
  2. 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, integrated support plans, child in need plans and interagency child protection plans;
  4. Be alert to signs and indicators of possible abuse
1. Record concerns and give the record to the Senior Designated Safeguarding Lead (***Miss Jamila Kossar***)
  2. Deal with a disclosure of abuse from a pupil in line with the guidance in **Annex 3**

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

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 behavior policy (code of conduct); and the Designated Safeguarding Lead.
2. All staff will receive basic level one training at least once every year. Key staff will undertake level two and level three training as agreed by the Trustees.
3. New staff will receive training as part of their induction period. **Annex 11**

### **4. Advice to staff**

Staff must adopt the following procedures but it is understood that where it may not be possible to implement them for various reasons, professional judgment will be necessary.

### **One to one situations**

- (a) If speaking privately to a pupil use an area where other staff/ pupils can see you.
- (b) It is recognised that in our Islamic environment, consoling pupils may require a reassuring arm on the shoulder but try to avoid excessive familiarity with pupils.

### **Transporting of pupils**

- (a) Staff must have fully comprehensive insurance.
- (b) Think carefully about the implication of transporting an individual in your car.
- (c) All passengers must wear seat belts.
- (d) Never overload the car.

### **Addressing of Staff**

1. Never allow pupils to address you by your forename alone.
2. Never give your home telephone number to pupils who may wish to discuss problems with you.
3. In some activities in/out of MIHSG it may be necessary to pass on a home number i.e. sporting activities, exchange visits etc.

### **Compromising situations**

If a member of staff feels that he/she has placed himself/herself in a compromising situation then an immediate discussion should take place with the Head Teacher or the DSL.



**5. 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**  
**Annex 12 & 13**

**6. What school staff should look out for**

6.1. 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

6.2 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.

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

Manchester Safeguarding Children Board (MSCB) should be able to advise 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 **Annex 1** of this document.

6.4 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.

**In exceptional circumstances, such as in emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to MSCB.**

**If you have concerns regarding a child or a family, please telephone the Manchester Contact Centre on 0161 234 5001 or email [mcsreply@manchester.gov.uk](mailto:mcsreply@manchester.gov.uk) Fax 0161 255 8266**

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 pupils who go 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 **Annex 2** about children who go missing from education (**DfE July 2015**)

## **7. What school staff should do if they have concerns about a pupil**

7.1. If staff members have concerns about a pupil, they should raise these with the school's designated safeguarding lead. The safeguarding lead will usually decide whether to make a referral to MSCB, but it is important to note that any staff member can refer their concerns to MSCB directly. Where a pupil and family would benefit from coordinated support from more than one agency (for example education, health, housing, police) there will be an inter-agency assessment. These assessments will identify what help the pupil and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

### **7.2 Action quick reference guide for staff, Trustees 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.

**RECEIVE**

1. If a pupil wants to talk to you, never ask them to come back later. Ask them what they want to talk to you about and, if you are concerned about their welfare, give them the time to speak to you.
2. Never promise confidentiality, inform the pupil that you are happy to talk to them but if they tell you anything that you believe may be putting them at harm that you will have to talk to someone.
3. Listen carefully to the pupil. Do not stop a pupil who is freely recalling information. Your role is to listen, not to investigate. This is very important.
4. Where a pupil is visibly upset or has an obvious injury, it is good practice to ask a pupil why they are upset or how an injury was caused, or respond to a pupil wanting to talk to you to help clarify vague concerns and result in the right action being taken.
5. **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.

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

## REASSURE

6. 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 girl to tell you.

7. Ensure that the pupil is aware that they have done the right thing in talking to you and that they have not done anything wrong.
8. If you have any concerns that the child has been, or is at risk of harm, you must tell them that you will speak to someone to get help.

### **REACT**

9. Do not prompt or ask questions which could later be interpreted as putting pressure on a girl.
10. If you need to clarify information ask open-ended questions e.g. "Is there anything you'd like to tell me?", "Can you explain to me...", "Can you describe to me..."
11. Never ask leading or suggestive questions e.g. 'Did he/she do anything that they shouldn't have done?'
12. Never ask 'accusing' questions e.g. "Why didn't you tell someone earlier?"
13. Never criticise the alleged perpetrator, it may be someone that they will continue to live with.
14. Never ask the pupil to repeat their disclosure for any other member of staff, it is your responsibility to share the information
15. These four factors may compromise enquiries that need to be made later by children's social care or Police.

### **RECORD**

16. Make notes as soon as possible afterwards using the words that the pupil has used.
17. Do not record your assumptions and interpretations, just what you heard and saw.

18. Do not destroy original notes even if you later write things up more neatly and fully.
19. Record the date, time and place of the disclosure.
20. Draw a diagram on the body map to indicate the position of any injuries
21. Sign any written records and identify your position in the school setting.
22. Do not ask a child to write and account or sign any of your documentation as this may compromise enquiries that need to be made later by children's social care or Police.
23. The DSL must ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005

### **REFER**

The member of staff, Trustee/volunteer should next always report the matter **immediately** with the appropriate DSL verbally, followed within 24 hours by a completed written account using the appropriate form. **No** copies should be retained by the member of staff or volunteer **Annex 8**

24. A copy must be given in a sealed envelope to ES.
25. Do not destroy the original notes in case they are needed by a court
26. Record the date, time, place and any noticeable non-verbal behaviour and the words used by the pupil. In the absence of anyone being available at the school, contact the MSCB.

### **REFLECT**

27. Ask yourself if you have done everything you can within your role.
28. Refer any remaining concerns to the designated teacher, e.g. any knowledge of siblings in the school, or previous contact with parents.

29. Dealing with disclosures can be difficult and disturbing; you should seek support for yourself via the support within your school or an alternative source but be aware of principles of confidentiality
  30. If the pupil's situation does not appear to be improving, the staff member with concerns should press for re-consideration. Concerns should always lead to help for the pupil at some point.
  31. The reporting staff **MUST** now withdraw from the immediate process but should remain vigilant.
- 7.3. It is important for pupils to receive the right help at the right time to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes:
1. Failing to act on and refer the early signs of abuse and neglect,
  2. poor record keeping,
  3. failing to listen to the views of the pupil,
  4. failing to re-assess concerns when situations do not improve,
  5. sharing information too slowly
  6. and a lack of challenge to those who appear not to be taking action,

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

1. Staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's safeguarding regime in line with the school's whistleblowing policy. Such concerns must be raised with the Head Teacher or the Chair of Trustees if the concern is about the Head Teacher.
2. Where a staff member feels unable to raise the issue with the Head teacher or Chair of the Trustees or feels that their genuine concerns are not being addressed, other channels are open to them (**see whistleblowing policy**)

3. The NSPCC Whistleblowing number is 08000280285

### **9. What the school staff should do if they have concerns about another staff member including the DSL and the HT .**

**See Annex 5 managing allegations of abuse against staff. The DSL and volunteers.**

1. If staff members have concerns about another staff member then this should be referred to the Head Teacher. Where there are concerns about the Head Teacher, this should be referred to the chair of the Trustees.

## **10. THE DESIGNATED SAFEGUARDING LEADS**

10.1 The School Designated Safeguarding Leads are:

1. Miss Jamila Kossar (JK) Senior Designated Safeguarding Lead (SDSL)
2. Mrs. Elizabeth Smart (ES) SLT/Head of Pastoral
3. Mrs. Mona Mohamed (MM) Head Teacher

10.2 **Miss Jamila Kossar** has the overall lead responsibility and management oversight and accountability for child protection and, with the other two leads will be

responsible for coordinating all child protection activities within the school. In JK absence, ES will deputise.

- 10.3 The Designated Safeguarding Leads will lead regular case monitoring reviews of vulnerable pupils. These reviews must be evidenced by minutes and recorded in case files.
- 10.4 When the school has concerns about a pupil, the Designated Safeguarding Leads will decide what steps should be taken.
- 10.5 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 electronic record will be made of what information has been shared with whom, and when.

See Annex 14 for further information on confidentiality.

- 10.6 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.
- 10.7 Parents will be aware of information held on their daughters and kept up to date regarding any concerns or developments by the appropriate members of staff.
- 10.8 **The school will not** disclose to a parent any information held on a pupil if this would put the pupil at risk of significant harm.
- 10.9 If a pupil moves from our school, child protection records will be forwarded on to the Designated Safeguarding Lead at the new school.
- 10.10 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.
- 10.11 If a pupil is permanently excluded and moves to a Pupil Referral Unit, child protection records will be forwarded on to the relevant organisation.
- 10.12 When a Designated Safeguarding Lead resigns their post or no longer has child protection responsibility, there will be a full face to face handover/exchange of information with the new post holder.



- 10.13 In exceptional circumstances when a face to face handover is unfeasible, the Head Teacher will ensure that the new post holder is fully conversant with all procedures and case file.

See roles and responsibilities of Designated Lead **Annex 4**

### **Follow-up by the Designated Safeguarding Lead**

1. The DSL will follow Manchester Safeguarding Children Board procedures in the appropriate manual.
2. Initially, the DSL will consult the HT 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.
3. 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.
4. 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 pupil's Local Education Authority.
5. The DSL will make decisions on sharing information with other agencies and with parents based on professional Judgment, experience and training. The Head Teacher will normally be consulted before any external agencies are involved.
6. The DSL is responsible for contacting external agencies on behalf of any pupil of the school. In her absence, the second DSL (ES) will contact external agencies after liaison with the HT.
7. 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.

Child Protection Register for Manchester 0161203 3232 (Mon to Fri) 0161 255 8250  
outside office hours

Manchester Children Social Care

Children's Services Contact Centre 0161 255 8250

Manchester referrals may also be made on-line on

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

1. The written referral should be acknowledged **within one working day**.
2. If the DSL hears nothing within three days, the DSL should contact Children's Services again.
1. An initial assessment should take place **within seven working days** that is seeing and speaking to the child (and family members, as appropriate.)
2. If it seems necessary to the pupil's welfare, the Senior Designated Person will pass on selected information to the Head of Year and the Form Tutor. This information will be on a strictly "need to know" basis.
3. 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. She will liaise with the appropriate Children's Services office
4. 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.
5. It is the responsibility of the **Form Tutor** to alert the appropriate designated staff of such an absence.
6. 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 three. All records will be stored electronically on the CPOM school system (Secure monitoring of child protection, safeguarding and wider student pastoral welfare for schools)
7. Individual pupil records in Office are marked by a coloured dot if confidential information is stored elsewhere, by the DSL

### **Action by external agencies**

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

1. The school will provide cover to enable the appropriate member of staff to attend a Child Protection case conference.
2. Where possible, the school will also permit the DSL to accompany this member of staff.
3. 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.

- 4.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.

## **11. The curriculum**

- 11.1 Relevant issues will be addressed through the PSHEE curriculum, for example self-esteem, emotional literacy, assertiveness, power, sex and relationship education, e-safety and bullying.
- 11.2 Relevant issues will be addressed through other areas of the curriculum, for example, English, History, Art.

## **12. INVOLVING PARENTS / CARERS**

- 12.1 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.
- 12.2 Parents / carers will be informed about our safeguarding policy through: *school prospectus, website, Essential information for parents.*

## **13. MULTI-AGENCY WORK**

- 13.1 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 MSCB Where the pupil already has a safeguarding social worker, the request for service will go immediately to the social worker involved, or in their absence to their team manager.

- 13.2 We will co-operate with any child protection enquiries conducted by MSCB: 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.

- 13.3 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.
- 13.4 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

## **Part 2: The Management of Safeguarding**

### **1. THE Role of Trustees**

The Trustees are the accountable body for ensuring the safety of the school

- 1.2 The Nominated Trustee for child protection at the school is ***Mr Farookh Zaheer***, the Chairman of the Trustees. The Nominated Trustee is responsible for liaising with the Head Teacher and Designated Safeguarding Leads over all matters regarding child protection issues. The role is strategic rather than operational – they will not be involved in concerns about individual pupils.
- 1.3 The Nominated Trustee will liaise with the Head Teacher and the Designated Safeguarding Leads to produce an annual report for Trustees.

### **2. The Trustees will ensure that:**

1. There is an effective child protection policy in place together with a staff code of conduct.
  
1. The school contributes to inter-agency working in line with statutory guidance Working Together to Safeguard Children 2015
  
2. A member of the Trustees, the Chair, is nominated to be the Safeguarding liaising Officer

3. The Chair liaises with the designated officer(s) from the MSCB in the event of allegations of abuse made against the Head Teacher or a member of Trustees.
4. A designated safeguarding lead from the School Leadership team is appointed. The role should be explicit in the role-holder's job description which describes the broad areas of responsibility. This person will have the appropriate authority and be given the time, funding, training, resources and support to carry out their role effectively.
5. The designated safeguarding lead should liaise with the MSCB and work with other agencies in line with *Working Together to Safeguard Children 2015* and there should always be cover for this role.
6. The Designated Safeguarding Lead attends appropriate refresher training every year, and the Head Teacher and all other staff and volunteers who work with pupils undertake training at least every three years with yearly training updates.
7. Pupils are taught about safeguarding, including online if possible, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This would include covering relevant issues through personal, social health and economic education (PSHEE)
8. The school operates "safer recruitment" to prevent people who pose a risk of harm from working with children, by adhering to statutory responsibilities to check staff who work with children, taking proportionate decisions on whether to ask for any checks beyond what is required, and ensuring volunteers are appropriately supervised. The Trustees will ensure that least one person on any appointment panel has undertaken safer recruitment training.
9. There are procedures in place to handle allegations against members of staff and volunteers. Such allegations would be referred to the designated officer(s) at the MSCB. There are also procedures in place to make a referral to the Disclosure and Barring Service (DBS) if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned.
10. **This is a legal duty and failure to refer when the criteria are met is a criminal offence.**

11. There are procedures in place to handle allegations against other pupils.

See **Annex 6**

12. Pupil(s) wishes and feelings are taken into account when determining what action to take and what services to provide to protect them through ensuring there are systems in place for them to then express their views and give feedback. Trustees will also ensure that staff members do not agree confidentiality and always act in the interests of the pupil.
13. There are in place appropriate safeguarding responses to pupils who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse or exploitation, and to help prevent the risks of their going missing in future.
14. They review the schools' safeguarding policies and procedures annually and as and when the need arises.

#### **15. A SAFER SCHOOL CULTURE**

##### **Safer Recruitment and Selection**

1. The school pays full regard to 'Keeping Children Safe in Education' when recruiting staff

**See Safer recruitment policy for more details**

#### **4. SAFEGUARDING PUPILS WHO ARE VULNERABLE TO EXTREMISM,**

- 4.1 MIHSG 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. **See Annex 8 Prevent policy**

- 4.2 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 Senior Designated Safeguarding Lead. The SPOC for MIHSG is Miss Jamila Kossar.
- 4.3 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 Senior Designated Safeguarding Lead.

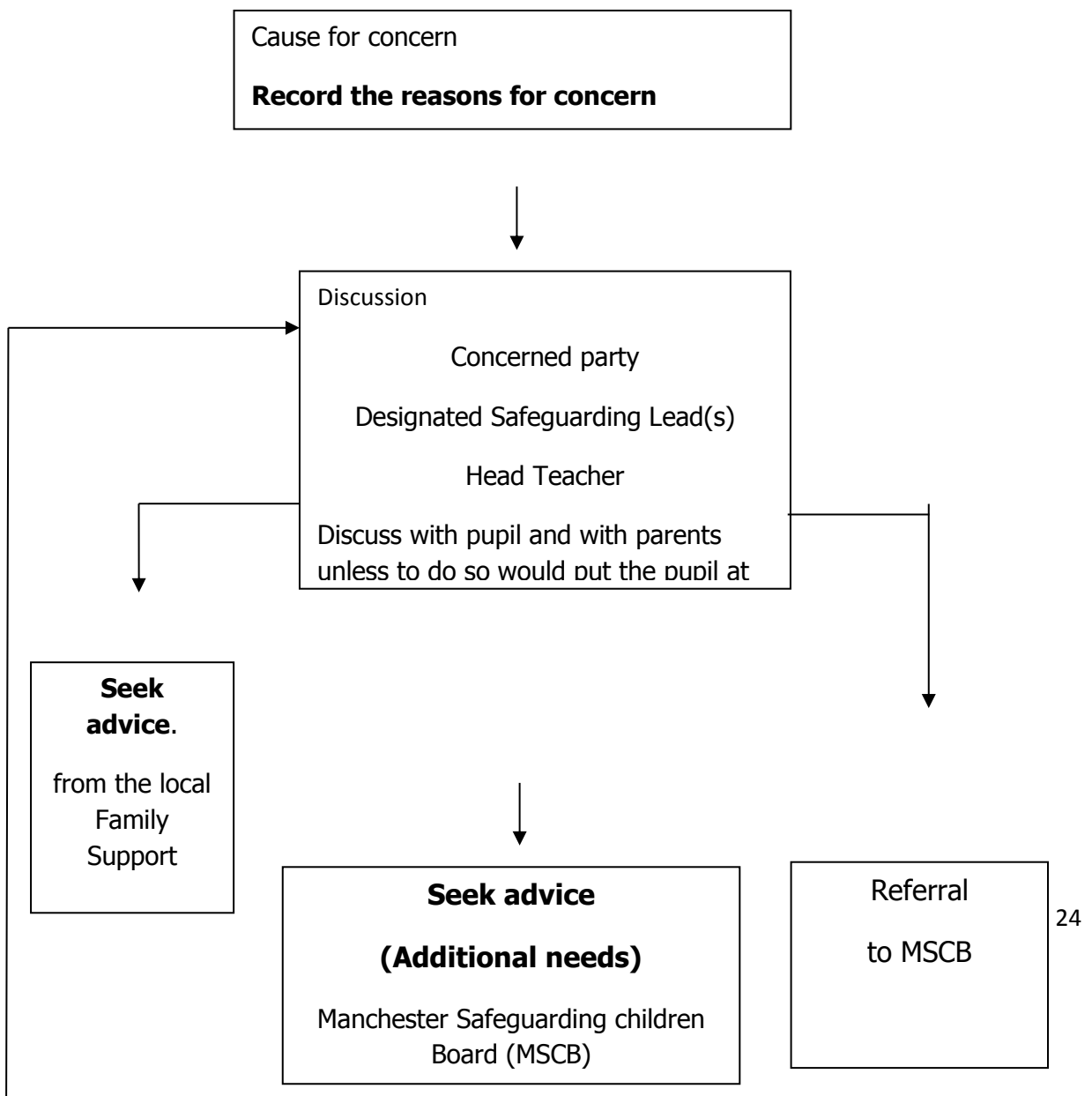
**5. SAFEGUARDING PUPILS WHO ARE MISSING FROM EDUCATION, VULNERABLE TO EXPLOITATION, FORCED MARRIAGE AND FEMALE GENITAL MUTILATION.**

- 5.1 Our school complies with KCSIE September 2016 amendment

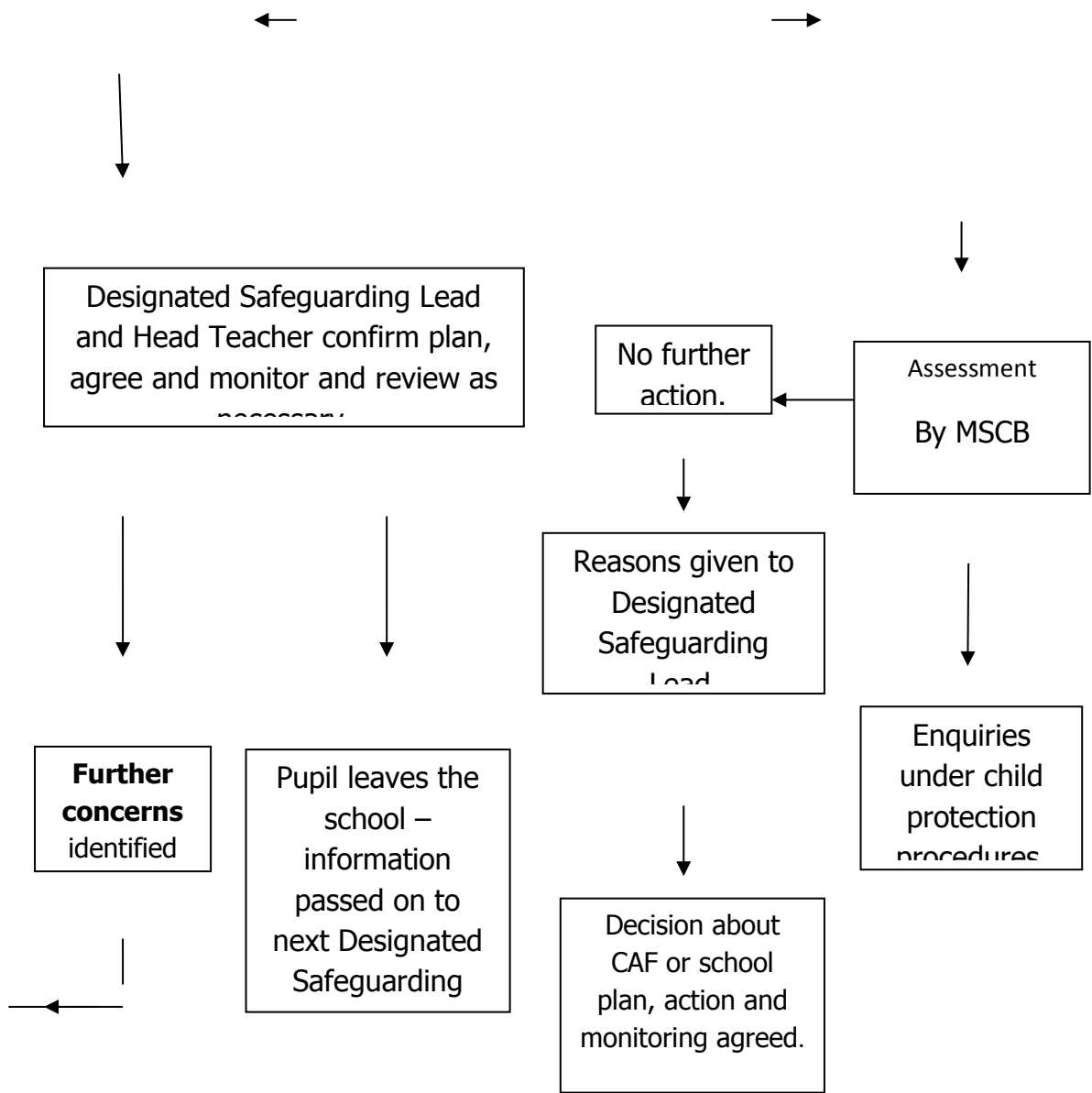
**See Annex 2**

**THE KEY PROCEDURES**

**RESPONDING TO CONCERNS ABOUT A PUPIL**







## **6. DISCIPLINING OF VULNERABLE PUPILS**

- 6.1 MIHSG recognises that while all pupils have a right to be safe, some pupils may be more vulnerable to abuse, for example those with a disability or special educational need, those living with domestic violence, abusing parents, etc.
  
- 6.2 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 Trustees.

## **Annex 1**

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

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

#### **PHYSICAL ABUSE**

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

#### **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:

1. Bruising in or around the mouth
2. Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
3. 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
4. Variation in colour possibly indicating injuries caused at different times
5. The outline of an object used e.g. belt marks, hand prints or a hair brush
6. Linear bruising at any site, particularly on the buttocks, back or face
7. Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
8. Bruising around the face
9. Grasp marks to the upper arms, forearms or leg
10. Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

## **Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

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

There are grounds for concern if:

1. The history provided is vague, non-existent or inconsistent
2. There are associated old fractures
3. 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:

1. Discrepancies between reported and observed medical conditions, such as the incidence of fits
2. Attendance at various hospitals, in different geographical areas
1. Development of feeding / eating disorders, as a result of unpleasant feeding interactions
2. The child developing abnormal attitudes to their own health
3. Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
4. Speech, language or motor developmental delays
5. Dislike of close physical contact
6. Attachment disorders
7. Low self esteem
8. Poor quality or no relationships with peers because social interactions are restricted
9. 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.

## **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.

Peer on Peer abuse - abuse is abuse and should never be tolerated or passed off as "banter" or "part of growing up". In forms of bullying or abuse should be dealt with adequately and the DSL should be informed through the school disclosure procedure of any peer on peer abuse.

### ***EMOTIONAL ABUSE***

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

### **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***

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, 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***

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:

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 calipers, sleep boards, inappropriate splinting;
  3. Misappropriation of a child's finances; or
    1. Inappropriate invasive procedures

## **Annex 2**

### **FURTHER RISKS TO SAFEGUARD CHILDREN AND YOUNG PEOPLE**

#### **A Child Missing from Education**

2. All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area.
3. A child going missing from education is a potential indicator of abuse or neglect. School staff will follow the procedures for dealing with children that go missing on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in future.



4. We have in place appropriate safeguarding policies, procedures and responses for children who go missing from education, particularly on repeat occasions. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, FGM and Forced marriages.
  
5. The Designated Safeguarding Lead will inform the local authority of any pupil who is going to be deleted from the admission register where they:
  1. have been taken out of school by their parents and are being educated outside the school system e.g. home education;
  2. have ceased to attend school and no longer live within reasonable distance of the school at which they are registered;
  3. have been certified by the medical professionals as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age;
  4. are in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe they will be returning to the school at the end of that period; or,
  5. have been permanently excluded.
  
6. The local authority will be notified when a pupil is deleted from its register
7. under the above circumstances. This will be done as soon as the grounds for deletion are met, but no later than deleting the pupil's name from the register.

**We will inform the local authority of any pupil who fails to attend school**

**regularly, or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority (or in default of such agreement, at intervals determined by the Secretary of State).**

***(KCSIE September 2016)***

**See School's attendance policy**

### **Child Sexual Exploitation**

8. 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.
  
9. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/279511/step\\_by\\_step\\_guide.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279511/step_by_step_guide.pdf)

**(Keeping Children Safe in Education September 2016)**

### **Sexting**

“Whilst professionals refer to the issue as ‘sexting’ there is no clear definition of ‘sexting.’ Many professionals consider sexting to be ‘sending or posting sexually suggestive images, including nude or semi-nude photographs, via mobiles or over the internet. Yet when young people are asked ‘What does sexting mean to you?’ they are more likely to interpret sexting as ‘writing and sharing explicit messages with people they know’. Similarly, many parents think of sexting as flirty or sexual text messages rather than images.

90% of 16-24 year olds and 69% of 12-15 year olds own a smartphone, giving them the ability to quickly and easily create and share photos and videos”

Further details on ‘sexting’ can be found in the ‘Sexting in schools and colleges document **produced by the UK Council for Child Internet Safety**’

At MIHSG incidents of sexting will be dealt by both the safeguarding and pastoral teams and if needed relevant discipline procedures as outlined in the school behaviour policy. This is available from the school website or school office.

### **Female Genital Mutilation**

10. Female Genital Mutilation (FGM): 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. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf)

**(Keeping Children Safe in Education September 2016 )**

11. 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.
12. 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 of FGM**

13. 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 have taken place, can be found on pages 16-17 of the **Multi-Agency Practice Guideline**, and chapter 9 of those Guidelines (pp42-44) focuses on the role of schools and colleges.

### **Actions**

14. 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. **Where a teacher discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there will be a statutory duty upon that individual to report it to the police.**

### **Mandatory Reporting Duty**

15. 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 aged 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 has been carried out" is used for all professionals to whom this mandatory reporting duty applies.

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

**(KCSIE September 2016)**

### **Forced Marriages**

17. A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.
18. The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.
19. Where it is felt that a pupil is a victim of forced marriage in any way, our schools safeguarding procedures will be followed.

### **Annex 4**

The role and broad areas of responsibility of the Designated Safeguarding Lead are:

#### **Managing referrals**

- Refer all cases of suspected abuse to the MSCB and
- The designated officer(s) for child protection concerns (all cases which concern a staff member),
- Disclosure and Barring Service (cases where a person is dismissed or left due to risk/harm to a child); and/or
- Police (cases where a crime may have been committed).
- Liaise with the Head Teacher to inform her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.

## Training

- The designated safeguarding leads should receive appropriate training carried out every **two years** but updated annually (In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role) in order to:
  1. Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
  2. Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
  3. Ensure each member of staff has access to and understands the school's child protection policy and procedures, especially new and part time staff.
  4. Be alert to the specific needs of children in need, those with special educational needs and young carers.

5. Be able to keep detailed, accurate, secure written records of concerns and referrals.
6. Obtain access to resources and attend any relevant or refresher training courses.
7. Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.
8. Refer cases of suspected abuse to the local authority children's social care as required
9. Support staff who make referrals to local authority
10. Refer cases to the chanel programme where there is a radicalisation concern as required.

### **Raising Awareness**

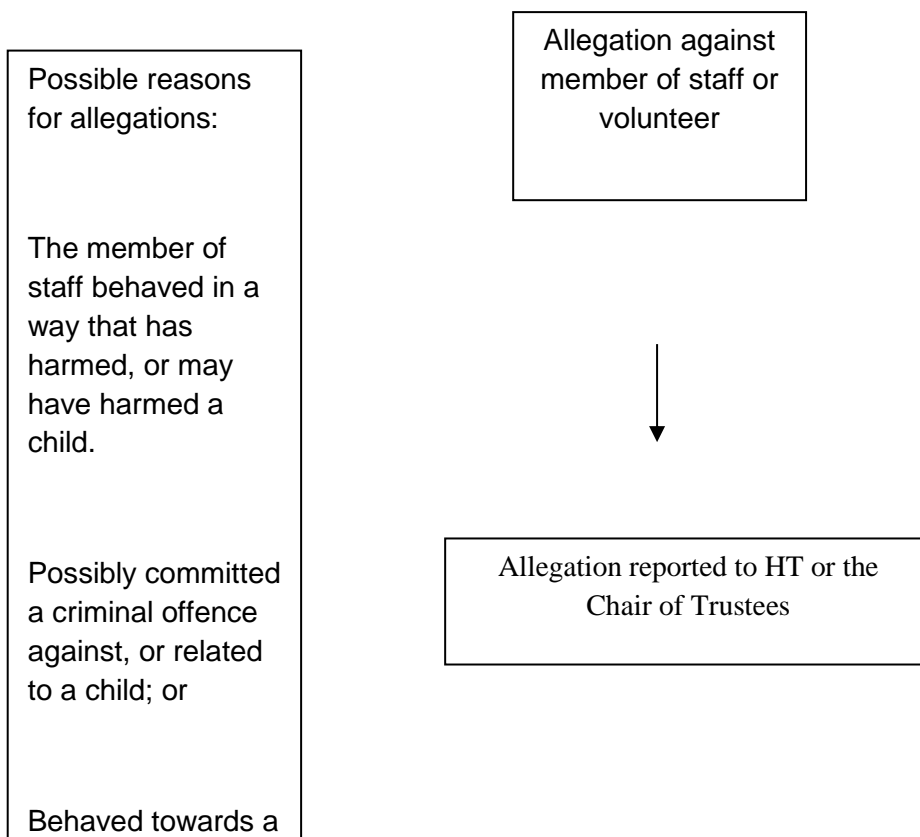
- The Senior Designated Safeguarding Lead (**JK**) should ensure the school policies are known and used appropriately:
  1. Ensure the school's child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this.
  2. Ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school in this.
  3. Link with the MSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
  4. Where pupils leave the school ensure their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from

the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.

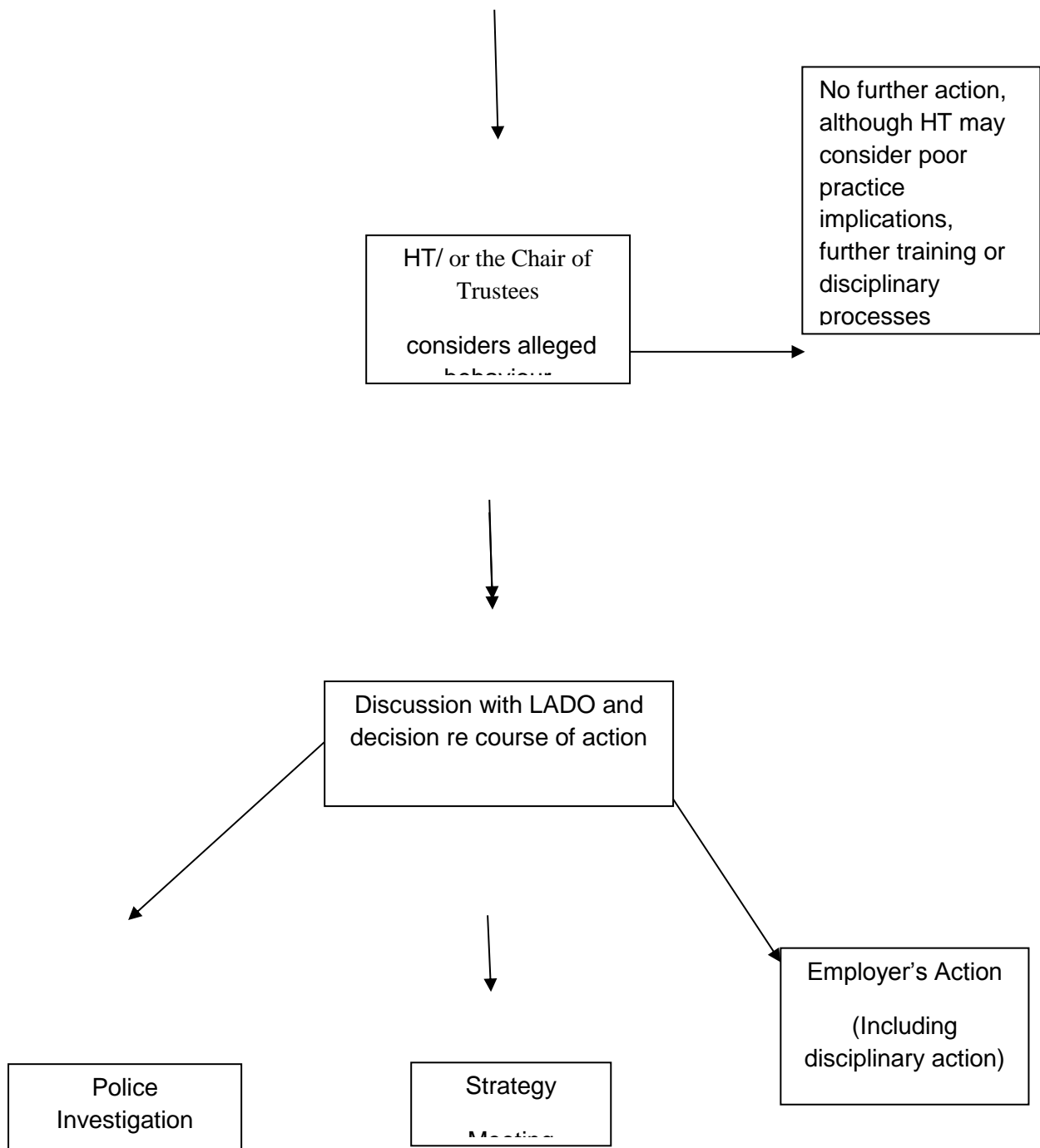
## ANNEX 5

### Managing allegations of abuse against staff, (including the DSL) and Volunteers

Any person who receives or wishes to make an allegation about a member of staff or volunteers or any persons outside the school by a pupil, parent or another staff member, must report the matter immediately to the HT or the Chair of Trustees if the allegation is against the HT. The HT / Chair of Trustees will then follow the procedures set out in the flow chart below.







**Allegations against a teacher or a member of staff who is no longer teaching at the school will be referred to the police.**

## **Annex 6**

### **Managing allegations against other pupils**

#### Introduction

At MIHSG, we believe that pupils have a right to attend school and learn in a safe environment. Pupils should be free from harm by adults in the school and other pupils.

We recognise that some pupils will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's Behaviour Policy.

#### **Safeguarding allegations:-**

Occasionally, allegations may be made against pupils by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that to be considered a safeguarding allegation against a pupil, some of the following features will be found.

#### **The allegation:-**

1. Is made against an older pupil and refers to their behaviour towards a younger pupil or a more vulnerable pupil.
1. Is of a serious nature, possibly including a criminal offence.
2. Raises risk factors for other pupils in the school.
3. Indicates that other pupils may have been affected by this pupil.
4. Indicates that young people outside the school may be affected by this pupil.

#### **Examples of safeguarding issues against a pupil could include:**

Physical Abuse

1. Violence, particularly pre-planned
2. Forcing others to use drugs or alcohol

#### Emotional Abuse

1. Blackmail or extortion
2. Threats and intimidation

#### Sexual Abuse

1. Indecent exposure, indecent touching or serious sexual assaults
2. Forcing others to watch pornography or take part in sexting

#### Sexual Exploitation

1. Encouraging other pupils to attend inappropriate parties
2. Photographing or videoing other pupils performing indecent acts.

In areas where gangs are prevalent, older pupils may attempt to recruit younger pupils using any or all of the above methods. Young people suffering from sexual exploitation themselves may be forced to recruit other young people under threat of violence.

#### **Minimising the risk of safeguarding concerns towards pupils from other pupils:-**

These pupils will need an individual risk management plan to ensure that other pupils are kept safe and they themselves are not laid open to malicious allegations.

There is a need to balance the tension between privacy and safeguarding.

#### **What to do:-**

When an allegation is made by a pupil against another pupil, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern:

1. the Designated Safeguarding Lead (DSL) should be informed

2. A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances.
3. All records to be kept electronically on CPOM (Secure monitoring of child protection, safeguarding and wider student pastoral welfare for schools)
4. The DSL should contact social services to discuss the case. It is possible that social services are already aware of safeguarding concerns around this young person.
5. The DSL will follow through the outcomes of the discussion and make a social services referral where appropriate.
6. The DSL will make a record of the concern, the discussion and any outcome and keep a copy in both pupils' files.
7. If the allegation indicates a potential criminal offence has taken place, the police will be contacted at the earliest opportunity and parents informed (of both the pupil being complained about and the alleged victim).
8. The pupil being complained about will be excluded for a period of time according to the school's behaviour policy and procedures.
9. Where neither social services nor the police accept the complaint, a thorough school investigation will take place into the matter using the school's usual disciplinary procedures.
10. In situations where the school considers a safeguarding risk is present, a risk assessment will be prepared along with a preventative, supervision plan.
11. The plan will be monitored and a date set for a follow-up evaluation with everyone concerned.

### **After the case**

No matter what the outcome is of an allegation of abuse against another pupil, the school will review the case to see if there are any improvements that can be made in its practice or policy that may help to prevent similar cases in the future.

### **Policy Review**

This policy will be reviewed annually by the Head Teacher.

## **Annex 7**

## 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:
  1. 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.
  2. 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. 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:
  1. Identity Crisis – the pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
  2. 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;
  3. 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;
  4. Unmet Aspirations – the pupil 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 –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:
  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.

## **Annex 8 - Children with special educational needs and disabilities**

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges.

This can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability 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 barriers.

**If a member of staff identifies any of the above signs then they should follow the school safeguarding disclosure procedure as outlined earlier in the policy.**

### **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. The signs and symptoms of honour based violence are similar to those of FGM and forced marriages.

If a member of staff identifies any of the above signs then they should follow the school safeguarding disclosure procedure as outlined earlier in the policy.

**It is a mandatory duty upon all staff to ensure all concerns are reported promptly and adequately**

### **Early Help**

Ofsted's definition of early help is: "Those children and young people at risk of harm (but who have not yet reached the "significant harm" threshold and for whom a preventative service would reduce the likelihood of that risk or harm escalating) identified by local authorities youth offending teams, probation trusts, police, adult social care, schools, primary, mental and acute health services, children's centres and all Local safeguarding Children Board partners including the voluntary sector where services are provided or commissioned".

Staff who have concerns for the well being of a pupil who may not necessarily reach the significant harm spectrum should inform the DSL who will put a plan in place with the school health and well being lead and the pastoral team.

### **Online**

The use of technology can become a significant component of many safeguarding issues. The three main areas of risk:

- content: being exposed to illegal, inappropriate or harmful material
- contact: being subjected to harmful online interaction with other users.



-conduct: personal online behavior that increases the likelihood of, or causes, harm.

DSL to work with school ICT manager to ensure adequate filtering and monitoring regime for online security

DSL to work with the ICT teacher on e-safety and ensuring significant monitoring and filtering procedures are in place.

## Annex 9

### Recording Form for Safeguarding Concerns/Disclosure

Staff, volunteers and regular visitors are required to complete this form and pass it to the school Senior Designated Safeguarding Lead, Miss J. Kossar if they have a safeguarding concern about pupil in our school. ***A copy is also to be given in a sealed envelope to Mrs ES. All Staff are expected to electronically and securely record any disclosure through CPOM which is available on the school system.***

Case number:

Full name of pupil	Date of Birth	Tutor/Form group	Your name and position in school

Date of concern/incident:.....

Time:.....

<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? 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? When?

Who are you passing this information to?

Name:

Date:

Position:

Time:

Your signature:

Date:

**Action taken by DSL (Confidential)**

**Referred to: ..... (If applicable)**

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

**Feedback given to:** .....

Pastoral team

Tutor

pupil

Person who recorded disclosure

HT

Others

(please specify)

Full name: .....

DSL signature: .....

Date: .....

Guidance for completing the form

## **Annex 10**

### **Body map**





## **Annex 11**

### **Safeguarding Induction Sheet for new or supply staff and regular visitors or volunteers at school**

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 RECEPTION OR DSL Miss J Kossar. Please ensure you complete all sections as described in Annex 12 or 13 as appropriate.

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 Headteacher. If an allegation is made about the Headteacher, you should pass this information to the Chair of the Trustees,

Mr Farookh Zaheer, 0161 860 7575.

**Alternatively, you can contact the Local Authority Designated Officer Majella O'Hagan tel: 0161 234 1214.**

Senior Designated Safeguarding Lead Miss J Kossar contact:j.kossar@mihsg.co.uk

If you are unable to contact DSL contact Mrs Smart:e.smart@mihsg.co.uk

Or Mrs Mohamed:m.mohamed@mihsg.co.uk

**MIHSG**

**Annex 12**

**All staff**

**CONFIRMATION OF RECEIPT OF SAFEGUARDING TRAINING**

Staff full name .....

Post held .....

Date of training received: .....

I confirm that I have received and read the MIHSG Safeguarding, Visitors, Prevent, Safer Recruitment and Allegation made against staff policies.

I have been made aware of my duty to safeguard and promote pupil's welfare.

The procedure for reporting concerns about a pupil has been explained to me.

Signature: .....



Date: .....

***Please sign and return this form to the Head Teacher or the DSL as soon as the training is completed.***

**MIHSG**

**Annex 13 (New staff only)**

**CONFIRMATION OF RECEIPT OF SAFEGUARDING TRAINING**

Staff full name:.....

Date of joining school: .....

Post held: .....

Date of induction (If applicable): -----

Name of staff member responsible for induction: -----

Post held: -----

I confirm that I have received and read the MIHSG Safeguarding, Visitors, Prevent, Safer Recruitment and Allegation made against staff policies.

I have been made aware of my duty to safeguard and promote pupil's welfare.

The procedure for reporting concerns about a pupil has been explained to me.

Signature: .....

Date:.....

***Please sign and return this form to the Head Teacher or the DSL as soon as the training is completed.***

## **Annex 14**

### **Issues of Confidentiality**

Confidentiality is an issue which needs to be discussed and fully understood by all those working with children particularly in the context of child protection. The only purpose of confidentiality in this respect is to benefit the child.

Professionals can only work together to safeguard children if there is an exchange of relevant information between them. This has been recognised in principle by the courts. Any disclosure of personal information to others, (including the MSCB), must always however, have regard to both common and statutory law.

Normally personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information (Data Protection Act 1998, European Convention on Human Rights, Article 8). Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, consent may not be possible or desirable but the safety and welfare of a child dictate that the information should be shared. The law permits the disclosure of confidential information necessary to safeguard a child or children. Disclosure should be justifiable in each case, according to the particular facts of the case and legal advice should be sought if in doubt.

The case manager will take advice from the LADO, police and children's social care services to agree the following:

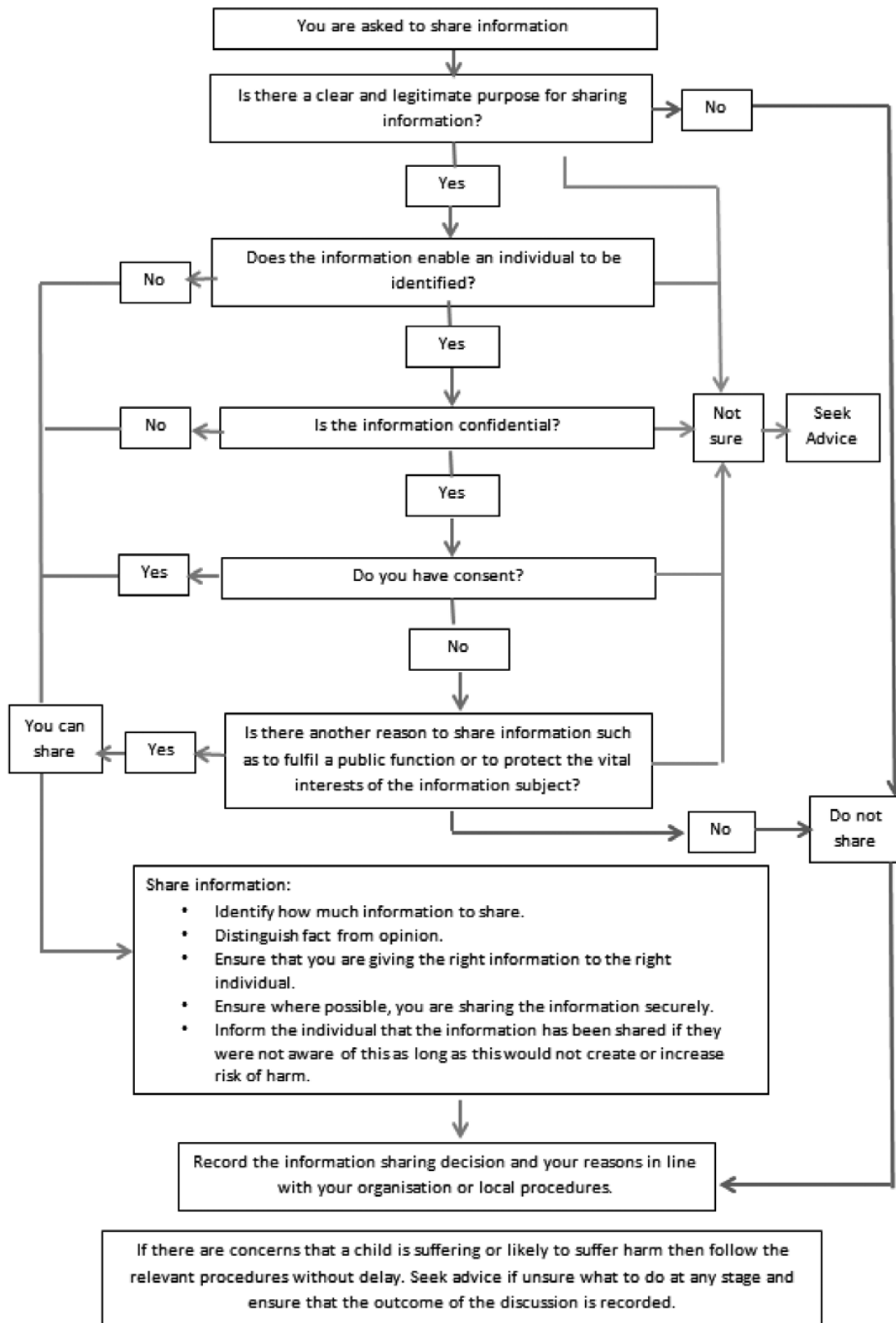
1. Who needs to know and, importantly, exactly what information can be shared;
2. How to manage speculation, leaks and gossip;
3. What, if any information can be reasonably given to the wider community to reduce speculation; and how to manage press interest if and when it should arise.

### **Information sharing**

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgment, there is good reason to do so, such as where safety may be at risk. You will need to base your judgment on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.



## Flowchart of when and how to share information



Source: Information Sharing (HM Government March 2015)