

# SAFEGUARDING POLICY



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INVESTORS  
IN PEOPLE



Education & Skills  
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## SAFEGUARDING POLICY

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# **PART ONE: PROTOCOL GROUP SAFEGUARDING POLICY**

Ratified by the Strategic Board    **14 April 2021**

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## **1. INTRODUCTION**

1.1 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 Protocol is committed to safeguarding and promoting the welfare of all its learners including those on traineeship and all apprenticeship programs. 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;
- Protocol contributes 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 Protocol staff will fulfil their local and national responsibilities as laid out in the following documents:-

- [Working Together to Safeguard Children](#) (DfE 2018)
- [Keeping Children Safe in Education](#): Statutory guidance for schools and colleges (DfE April 2019)

- [The Procedures of Birmingham Safeguarding Children Board](#)
- [The Children Act 1989](#)
- [The Education Act 2002 s175 / s157](#)
- [Mental Health and Behaviour in Schools: Departmental Advice \(DfE 2014\)](#)

## **2. OVERALL AIMS**

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

- Clarifying standards of behaviour for staff and learners;
- Contributing to the establishment of a safe, resilient and robust ethos in the training centre, built on mutual respect, and shared values
- Introducing appropriate work within the qualification curriculum;
- Encouraging learners and parents to participate;
- 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 learners face;
- Addressing concerns at the earliest possible stage; and
- Reducing the potential risks learners face of being exposed to violence, extremism, exploitation, or victimisation

2.2 This policy will contribute to supporting our learners 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 learners by:

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

## **3. KEY PRINCIPLES**

3.1 These are the key principles of safeguarding, as stated by Birmingham Safeguarding Children Board:

- Always see the child/learner first.
- Never do nothing.
- Do with, not to, others.
- Do the simple things better.
- Have conversations, build relationships.
- Outcomes not outputs.

3.2 In addition the Board has identified the following key safeguarding messages for schools/training providers.

- Every child is entitled to a rich and rounded curriculum.
- ITP's operate with public money: this should be spent wisely, targeting resources on the evidenced needs of children now. Assurance and audit are important aspects of this.
- Governance is corporate and decisions are collective, but individual governors/Management can and should take the lead on specific aspects of life such as safeguarding.
- When issues arise, the MD should be addressing them internally where possible and escalating them when this is unsuccessful.

#### **4. KEY PROCESSES**

4.1 All staff should be aware of the guidance issued by Birmingham Safeguarding Children Board in [Right Services Right Time](#), and [Early Help](#).

#### **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, 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 Sue Tipton; and
- Deal with a disclosure of abuse from a child in line with the guidance in Appendix Two - you must inform the Designated Safeguarding Lead immediately, and provide a written account as soon as possible;

5.2 All staff will receive basic level one training at least once every three years. Key staff will undertake level two and level three training as agreed by the Company

#### **6. THE DESIGNATED SAFEGUARDING LEAD**

6.1 Our Designated Safeguarding Lead on the senior leadership team is *Sue Tipton*. S/he has lead responsibility and management oversight

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and accountability for child protection and, with the SMT, will be responsible for coordinating all child protection activity.

- 6.2 The Designated Safeguarding Lead will lead regular case monitoring reviews of vulnerable children. These reviews must be evidenced by minutes and recorded in case files where applicable.
- 6.3 When Protocol has concerns about a learner, the Designated Safeguarding Lead will decide what steps should be taken and should record these on the Safeguarding log.
- 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 learner 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, in the Tamworth office. Individual files will be kept for each learner: Protocol will not keep family files. Files will be kept for at least the period during which the learner is attending Protocol, 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 Protocol policies and give due regard to which adults have parental responsibility.
- 6.8 **Do not disclose to a parent any information held on a child if this would put the child at risk of significant harm.**
- 6.9 If a learner moves from Protocol, records will be forwarded on to the Designated Safeguarding Lead at the Training Company, 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 providers may be necessary. We will record where and to whom the records have been passed and the date.
- 6.10 If sending by post learner records will be sent by "Special/Recorded Delivery". For audit purposes a note of all learner records transferred or received should be kept in either paper or electronic format. This will include the learner's name, date of birth, where and to whom the records have been sent and the date sent and/or received.
- 6.11 N/a

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- 6.12 Where a vulnerable young person is moving to a Further Education establishment, consideration should be given to the student's wishes and feelings on their child protection information being passed on in order that the FE establishment can provide appropriate support.
- 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 MD will ensure that the new post holder is fully conversant with all procedures and case files.

## 7. THE GOVERNING BODY

- 7.1 The Protocol Strategic Board is the accountable body for ensuring the safety of the Company
- 7.2 The Strategic Board body will ensure that:
- The company has a safeguarding policy in accordance with the procedures of Birmingham Safeguarding Children Board;
  - The company 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 company's leadership team acts as a Designated Safeguarding Lead;
  - The Designated Safeguarding Lead attends appropriate refresher training every two years;
  - The Tutors/Assessors and all other staff who work with learners undertake training at three yearly intervals;
  - Temporary staff and volunteers are made aware of the company's arrangements for child protection and their responsibilities;
  - Protocol remedies any deficiencies or weaknesses brought to its attention without delay; and
  - Protocol has procedures for dealing with allegations of abuse against staff/volunteers.
- 7.3 The Strategic Board reviews its policies/procedures annually

## 8. A SAFER CULTURE

### **Safer Recruitment and Selection**

- 8.1 Protocol pays full regard to 'Keeping Children Safe in Education' (DfES 2014). Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment



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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 company's commitment to safeguarding and promoting the wellbeing of learners.

8.3 *Sue Tipton* has undertaken Safer Recruitment training. One of the above will be involved in **all** staff / volunteer recruitment processes and sit on the recruitment panel.

### **Staff support**

8.4 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 learners to develop skills, concepts, attitudes and knowledge that promote their safety and well-being.

### **The qualification curriculum**

9.2 Relevant issues will be addressed through the qualification curriculum, for example self-esteem, emotional literacy, assertiveness, power, sex and relationship education, e-safety and bullying.

9.3 Relevant issues will be addressed through the reviews conducted with the learner

### **Other areas of work**

9.4 All our policies which address issues of power and potential harm, for example bullying, equal opportunities, handling, positive behaviour, will be linked to ensure a whole company approach.

9.5 Our safeguarding policy cannot be separated from the general ethos of the company, which should ensure that learners are treated with respect and dignity, taught to treat each other with respect, feel safe, have a voice, and are listened to.

## **10. SAFEGUARDING LEARNERS 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,

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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 Protocol values freedom of speech and the expression of beliefs / ideology as fundamental rights underpinning our society's values. Both learners and tutors 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. Protocol 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 Protocol 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.

### **Risk reduction**

- 10.6 The Strategic Board and the Designated Safeguarding Lead will assess the level of risk within Protocol and put actions in place to reduce that risk. Risk assessment may include consideration of the qualification curriculum, SEND policy, integration of learners by gender and SEN, anti-bullying policy and other issues specific to the community and philosophy.
- 10.7 This risk assessment will be reviewed as part of the annual s175 return that is monitored by the local authority and the local safeguarding children board.

### **Response**

- 10.8 Protocol, 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 will normally be the Designated Safeguarding Lead. The SPOC for Protocol is Sue Tipton. The responsibilities of the SPOC are described in Appendix Five.
- 10.9 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

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SPOC and to the Designated Safeguarding Lead if this is not the same person.

10.10 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, relationship or drug/alcohol issues.

### **11. SAFEGUARDING LEARNERS WHO ARE VULNERABLE TO EXPLOITATION, FORCED MARRIAGE, FEMALE GENITAL MUTILATION, OR TRAFFICKING**

11.1 Our safeguarding policy above through Protocol'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 Protocol 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,

11.4 Protocol will use its network to work with and engage families and communities to talk about such issues, where appropriate.

11.5 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.

11.6 Our Designated Safeguarding Lead knows where to seek and get advice as necessary.

11.7 Protocol will bring in experts and uses specialist material to support the work we do.

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

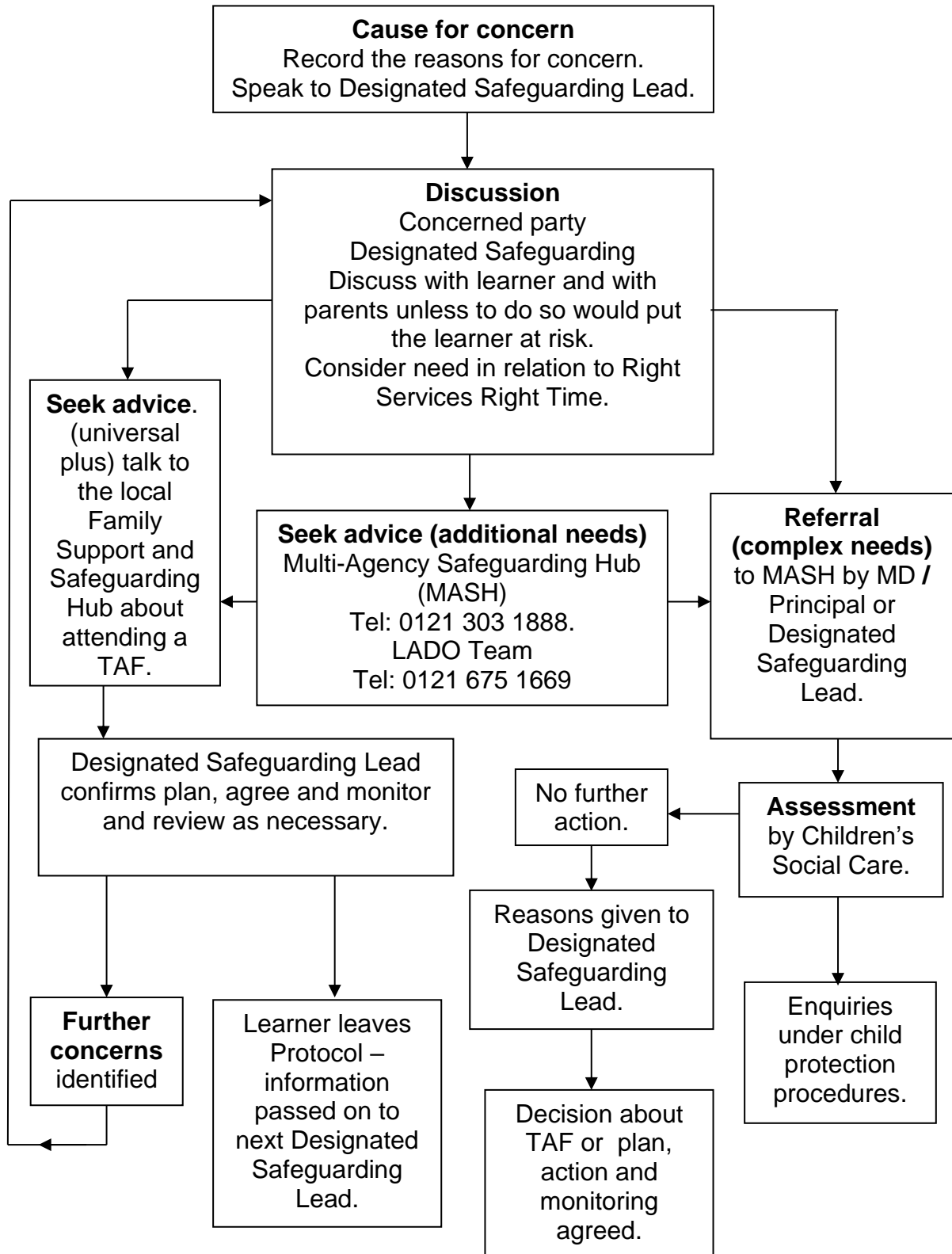
12.1 Where risk factors are present but there is no evidence of a particular risk then our DSL /SPOC advises us on preventative work that can be done within Protocol to engage the learner into mainstream activities and social groups. The DSL may well be the person who talks to and has conversations with the learner's family, sharing the concern about the young person's vulnerability and how they can work together to reduce the risk.

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- 12.2 In this situation, depending on how worried we are and what we agree with the parent and the young person (as far as possible) –
- The DSL/SPOC can decide to notify the Multi-Agency Safeguarding Hub (MASH) of the decision so that a strategic overview can be maintained and any themes or common factors can be recognised; and
  - Protocol will review the situation after taking appropriate action to address the concerns.
- 12.3 If applicable the DSL/SPOC will also offer and seek advice about undertaking an early help assessment such as the family Common Assessment Framework (CAF) and/or making a referral to children's social care. The local family support and safeguarding hub can assist us.
- 12.4 If the concerns about the learner are significant and meet the additional needs/complex need criteria, they will be referred to the MASH. This includes concerns about a child/young person 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 Protocol will contact another agency **before** informing parents/carers because it considers that contacting them may increase the risk of significant harm to the child.
- 13.2 Parents / carers will be informed about our safeguarding policy through the website and VLE

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

- 14.1 We work in partnership with other agencies in the best interests of the learner. Referrals should be made by the Designated Safeguarding Lead to the Multi-Agency Safeguarding Hub (0121 303 1888). Where the learner 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: Protocol 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 DSO 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 learner is subject to an inter-agency child protection plan or a multi-agency risk assessment conference (MARAC) meeting, the DSO 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 children/learners who have experienced abuse or who have abused others.
- 15.2 An individual support plan will be devised, implemented and reviewed regularly for these learners. This plan will detail areas of support, who will be involved, and the learner's wishes and feelings. A written outline of the individual support plan will be kept in the learner's child protection record/safeguarding file.

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 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 Protocol works in partnership with parents / carers and other agencies as appropriate.

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

*See also Birmingham Safeguarding Children Board Procedures on [Allegations against Staff and Volunteers](#).*

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

- Behaved in a way that has harmed a learner or may have harmed a learner;
- Possibly committed a criminal offence against or related to a learner; or
- Behaved in a way that indicates s/he is unsuitable to work with children/learners.

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

16.3 All staff working within our organisation must report any potential safeguarding concerns about an individual's behaviour towards learners and young people immediately. Allegations or concerns about colleagues and visitors must be reported direct to the MD. If the concern relates to the MD, it must be reported immediately to the Local Authority Designated Officer in children's social care, who will liaise with the Strategic Board and they will decide on any action required.

## **17. CHILDREN WITH ADDITIONAL NEEDS**

17.1 Protocol recognises that while all children have a right to be safe, some children may be more vulnerable to abuse, for example those with a disability or special educational need, those living with domestic violence or drug / alcohol abusing parents, etc.

17.2 N/A

## **18. CHILDREN IN SPECIFIC CIRCUMSTANCES**

18.1 Guidance on children in specific circumstances is in Birmingham Safeguarding Children Board's procedures as listed below

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[Abuse Linked to Spiritual Belief](#)

[Bullying](#)

[Child Sexual Exploitation](#)

[Children Affected by Gang Activity](#)

[Children and Families that Go Missing](#)

[Children Living away from Home](#)

[Children Missing from Education](#)

[Children of Parents who Misuse Substances](#)

[Children of Parents with Learning Difficulties](#)

[Children of Parents with Mental Health Problems](#)

[Disabled Children](#)

[Domestic Violence and Abuse](#)

[E-Safety – Children Exposed to Abuse through the Digital Media](#)

[Fabricated or Induced Illness](#)

[Female Genital Mutilation](#)

[Forced Marriage](#)

[Honour Based Violence](#)

[Peer Abuse – Children and Young People who Abuse Others](#)

[Sexually Harmful Behaviour](#)

[Trafficked Children](#)

[Underage Sexual Activity](#)

### Professional Development

PCS will make suitable arrangements for development and training of staff in connection with this safeguarding procedure and will put on update workshops a minimum of annually.

See also DBS policy, Prevent policy, e learning and online safety policy and Covid 19 policy and risk assessment



# APPENDICES

## APPENDIX ONE

### DEFINITIONS AND INDICATORS OF ABUSE

#### 1. NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result 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 caregivers); or
- Ensure access to appropriate medical care or treatment.

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

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

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor school attendance or often late for school;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from school; or
- The child is left at home alone or with inappropriate carers

#### 2. PHYSICAL ABUSE

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

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

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;
- Fear of changing for PE;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers.

### **3. SEXUAL ABUSE**

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

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

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance;

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- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.

### **4. SEXUAL EXPLOITATION**

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

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

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

### **5. EMOTIONAL ABUSE**

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

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

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

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

## 6. RESPONSES FROM PARENTS

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

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

## 7. 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;

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- 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 callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

## DEALING WITH A DISCLOSURE OF ABUSE

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

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

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

### **Immediately afterwards**

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

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

## ALLEGATIONS ABOUT A MEMBER OF STAFF, GOVERNOR OR VOLUNTEER

1. Inappropriate behaviour by staff/volunteers 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 learners, sexual harassment, sexual assault and rape.
  - **Neglect**  
For example failing to act to protect a learner, failing to seek medical attention or failure to carry out an appropriate risk assessment.
2. If a learner makes an allegation about a member of staff, governor, visitor or volunteer the MDI should be informed immediately. The MD and DSOL should carry out an urgent initial consideration in order to establish whether there is substance to the allegation.
3. The MD must exercise, and be accountable for, their professional judgement on the action to be taken, as follows –
  - If the actions of the member of staff, and the consequences of the actions, raise credible child protection concerns the MD will notify the Local Authority Designated Officer (LADO) Team (Tel: 0121 675 1669). The LADO Team will liaise with the Strategic Board and advise about action to be taken, and may initiate internal referrals within children's social care to address the needs of learners likely to have been affected.
  - If the actions of the member of staff, and the consequences of the actions, do not raise credible child protection concerns, but do raise other issues in relation to the conduct of the member of staff or the pupil(s), these should be addressed through the Protocol's own internal procedures.
  - If the MD decides that the allegation is without foundation and no further formal action is necessary, all those involved should be informed of this conclusion, and the reasons for the decision should be recorded on the learner safeguarding log.



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4. Where an allegation has been made against the MD/DSO then the Strategic Board member takes on the role of liaising with the LADO team in determining the appropriate way forward. For details of this specific procedure see the Section on [Allegations against Staff and Volunteers](#) in the procedures of Birmingham Safeguarding Children Board.

## APPENDIX FOUR

### 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 student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
  - Personal Crisis – the student / 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;

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- Personal Circumstances – migration; local community tensions; and events affecting the student / 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 student / 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 – students / 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 FIVE**

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

The SPOC for Protocol is Sue Tipton, who is responsible for:

- Ensuring that staff of Protocol are aware that you are the SPOC in relation to protecting students/pupils from radicalisation and involvement in terrorism;
- Maintaining and applying a good understanding of the relevant guidance in relation to preventing learners 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 Protocol in relation to protecting learners from radicalisation and involvement in terrorism;
- Monitoring the effect in practice of the qualification curriculums to ensure that they are used to promote community cohesion and tolerance of different faiths and beliefs;
- Raising awareness within Protocol about the safeguarding processes relating to protecting learners from radicalisation and involvement in terrorism;
- Acting as the first point of contact within protocol for case discussions relating to learners who may be at risk of radicalisation or involved in terrorism;
- Collating relevant information from in relation to referrals of vulnerable learners into the Channel\* process;
- attending Channel\* meetings as necessary and carrying out any actions as agreed;
- Reporting progress on actions to the Channel\* Co-ordinator; and
- Sharing any relevant additional information in a timely manner.

\* Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity. It is led by the West Midlands 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.

## Protocol Group Safeguarding Policy

Policy published date	April 2010
Date of last review	April 2021
Next review due	April 2022
Person responsible for policy and review	Quality Manager
Currently reviewing White Ribbon training for all staff. 4 staff completing level 2 Certificate in Safeguarding with TQUK	