

Safeguarding and Child Protection Policy

Name of Organisation	Exam Star®	
Policy review Date	September 2020	
Date of next Review	September 2021	
Who reviewed this policy?	Lydie Gahoua	
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Safeguarding and Child Protection Policy

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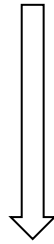
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1.0 Raising concerns about a child

Designated Safeguarding Lead:

DSL-Lydie Gahoua

Concern put in writing to Exam Star®.



email concern to DSL



DSL reviews concern and makes a decision on next steps

Decision made to monitor the concern

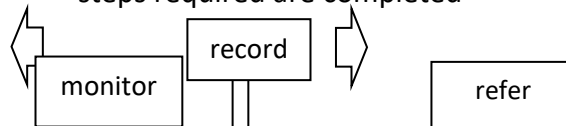


Decision made to refer the concern to Police



DSL will talk through monitoring with most appropriate staff member.

Feedback is recorded and any steps required are completed



Decision is recorded in the safeguarding file for the child.

2.0 Overview

2.1 Safeguarding and promoting the welfare of children is:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

2.2 The purpose of this document is to assist all staff

- to safeguard and protect children who are at risk of abuse or neglect
- to promote the well-being of all children.

- 2.3 At Exam Star™ we are committed to safeguarding children and young people and we expect everyone who works in our organisation to share this commitment. Adults in our business take all welfare concerns seriously and encourage children and young people to talk to us about anything that worries them.
- 2.4 This policy and procedures should be read in conjunction with
- London Safeguarding Children Procedures 5th edition
 - Working Together to Safeguard Children 2018
 - Keeping children safe in education 2018
- 2.5 The safeguarding of children is everyone's business and organisations have a responsibility under Section 175 of the Education Act 2002 to safeguard and promoting the welfare of children. This includes
- Preventing the impairment of children's health or development
 - Protecting children from maltreatment
 - Ensuring children grow up in circumstances consistent with the provision of safe and effective care.
- 2.6 This policy and the following procedures apply to all paid staff working with Exam Star®.

3.0 Legal framework

- 3.1 The Children Act 1989 defines a child as being up to the age of 18 years; it also defines significant harm and the roles and responsibilities of Children's Social Care and the Police.

3.2 Legislation related to safeguarding in business

- Keeping Children Safe in Education (September 2018)

3.3 Education

- The Children Act 1989 and 2004
- Education Act 2002
- The Education (Health Standards) (England) Regulations 2003
- The Further Education (Providers of Education) (England) Regulations 2006
- The Education (Pupil Referral Units) (Application of Enactments) (England) Regulations 2007 as amended by SI 2010/1919, SI 2012/1201, SI 2012/1825, SI 2012/3158
- The Business Staffing (England) Regulations 2009 as amended by SI 2012/1740 and SI 2013/1940
- The Education (Non-Maintained Special Business) (England) Regulations 2011 as amended by SI 2015/387
- The Education (Business Teachers' Appraisal) (England) Regulations 2012
- The Children and Families Act 2014

- The Education (Independent Business Standards) Regulations 2014

4.0 Significant harm

4.1 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and support.

4.2 This policy outlines the action to be taken if it is suspected that a child may be being abused, harmed or neglected.

There are four categories of abuse:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

4.3 It is acknowledged that a child can be abused, harmed or neglected in a family, institution or community setting or online by someone known to them or, less commonly, by a stranger; this includes someone in a position of trust such as a business staff member or professionals in other services around the child.

4.4 Safeguarding and the promotion of a child's welfare covers all aspects of the child's life and the business is committed to ensuring that all its actions in respect of a child are compatible with this aim. If there are concerns about a child's welfare that do not meet the thresholds of child abuse the business will consider whether the Early Help approach should be considered. Early identification of concerns and the use of Early Help to develop a multi-agency plan for the child can reduce the risk of subsequent abuse.

5.0 Context

5.1 The content of this policy is applicable to all paid staff.

5.2 All adults in the business have a full and active part to play in protecting our children from harm.

- 5.3 All adults at Exam Star® believe that our organisation should provide a caring, positive, safe and stimulating environment which promotes the social, physical and moral development of the individual child.
- 5.4 The aims of this policy are:
- To support the child's development in ways that will foster security, confidence and independence.
 - To raise the awareness of both teaching and support staff for the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.
- 5.5 Adopting child protection guidelines through procedures and a code of conduct for staff and volunteers:
- To provide a systematic means of monitoring children known or thought to be at risk of harm.
 - To support pupils who have suffered abuse in accordance with their agreed Child Protection Plan.
 - To emphasise the need for good levels of appropriate communication between all members of staff, and with external agencies.
 - By strictly following safer recruitment requirements, ensuring that all adults within our business who have access to children have been checked as to their suitability.
 - To set out a structured procedure within the business community in cases of suspected abuse.
 - By sharing information about child protection and good practice with staff.
 - To promote effective working relationships with other agencies, especially the Police, Social Care and Health. Sharing information about concerns with agencies who need to know, and involving parents and children appropriately.
 - By providing effective management for staff through support, supervision and training.

5.6 Equality

Some children's circumstances mean they are more vulnerable to abuse and/or less able to easily access services. These children often require a high degree of awareness and co-operation between professionals in different agencies, both in recognising and identifying their needs and in acting to meet those needs: Children in Specific Circumstances, edition 5, London Child Protection Procedures; KCSIE 2018 Para 102 and following.

6.0 In business safeguarding and child protection procedures

6.1 Exam Star® will ensure that:

- We have a Designated Safeguarding Lead who has responsibility for Child Protection and who undertakes regular training for this role.

(Throughout this policy 'Designated Safeguarding Lead' refers to the DSL). The Safeguarding and child protection team member is:
- Lydie Gahoua- DSL

6.2 In the event that there are concerns about a child, the Designated Safeguarding Lead will assess the presenting safeguarding concerns and make a decision. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of the children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

6.2.1 All members of staff will develop their understanding of the signs and indicators of abuse and of their responsibility for referring any concerns.

6.2.2 Induction for all new members of staff will include:

- safeguarding and child protection policy

All members of staff will read Keeping Children safe in Education 2018, part 1 and Annexe A. The DSL will support all staff in understanding this key document and implementing it in their practice.

6.2.3 All members of staff will know how to respond to a pupil who discloses abuse. It is vital that our actions do not abuse the child further or prejudice further enquiries, for example:

- Stay calm, listen to the child and if you are shocked by what is being said try not to show it.
- Do not promise confidentiality; you can however promise privacy, reassure the child they have done the right thing. Explain who you will have to tell and why.
- If a child is making a disclosure the pace should be dictated by the child. Do not ask leading questions, for example 'what did they do next?' It is our role to listen, not to investigate. Use open questions such as 'is there anything else you wish to tell me?'
- Accept what they are telling you; do not make judgements.
- Reassure the child that they have done the right thing in telling you. Do acknowledge how hard it was for them to tell you.
- Do not criticise the perpetrator; this may be someone they love.
- Tell them what you will do next and with whom the information will be shared.

- Pass this information on immediately to your Designated Safeguarding Lead.
- 6.3 All staff, in the absence of a DSL, may raise concerns directly with MASH (MASH includes Children’s Social Care and Police).
- 6.4 After a child has disclosed abuse, the Designated Safeguarding Lead should take immediate action to contact MASH (MASH includes Children’s Social Care and Police).
- 6.4.1 All staff must report all information **immediately**, on the same working day, to the Designated Safeguarding Lead.
 - 6.4.2 The conduct of staff when in a 1:1 situation with a child should be managed in a way that would not lead any reasonable person to question their motives or intentions. All staff must ensure that their behaviour and actions do not place children or themselves at risk of harm or of allegations of harm to children. All parents/carers will be made aware of the possibilities of staff members’ actions with regard to child protection procedures.
 - 6.4.3 We will review our Safeguarding and Child Protection Procedures at least annually.

7.0 Types of abuse, neglect and other safeguarding concerns

These definitions are from ‘Working Together’ (2018) and ‘Keeping Children Safe in Education’ (2018):

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. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.

- 7.1 **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.
- 7.2 **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 / online 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 of a child, although it may occur alone.

- 7.3 **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 sexual abuse of children by other children is a specific safeguarding issue in education.
- 7.4 **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.**
- 7.5 **Child sexual exploitation (CSE):** Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact: it can also occur through the use of technology. Like all forms of child sex abuse, child sexual exploitation:
- can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year olds who can legally consent to have sex;
 - can still be abuse even if the sexual activity appears consensual;
 - can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
 - can take place in person or via technology, or a combination of both;
 - can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;

- may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);
- can be perpetrated by individuals or groups, males or females, and children or adults;
- can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

7.6 Female Genital Mutilation (FGM): 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. FGM typically takes place between birth and around 15 years old; however, it is believed that the majority of cases happen between the ages of 4 and 10.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon professionals (including teachers) to immediately report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. It will be rare for teachers to see visual evidence, and they should not be examining pupils.

Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has good reason not to, they should take the concern to the Designated Safeguarding Lead and together they would go to the Police.

If there are concerns that a girl is at risk or there is a suspected case, the organisation's procedures should be followed, taking the concern immediately to the Designated Safeguarding Lead.

7.7 Breast ironing: is where young pubescent girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. The custom uses large stones, a hammer or spatulas that have been heated over scorching coals to compress the breast tissue, or an elastic belt to press the breasts so as to prevent them from growing in girls as young as 9 years old. Much like Female Genital Mutilation (FGM), breast-ironing has been identified by the UN as one of five under-reported crimes relating to female-to-female/gender-based violence.

7.7 The practice is performed usually by mothers and female relatives and it is believed that by carrying out this act:

- young girls will be protected from harassment, rape, abduction

- it will prevent early pregnancy that would tarnish the family name
- it will allow the girl to pursue education rather than be forced into early marriage
- it will delay pregnancy by “removing” signs of puberty
- girls may not appear sexually attractive to men

Most at risk: Young pubescent girls usually aged between 9 – 15 years old. It is a well-kept secret between the young girl and her female relatives who are likely to carry out the practice.

7.8 Prevent, Radicalisation and Extremism: As part of the Counter Terrorism and Security Act 2015, organisations have a duty to ‘prevent people being drawn into terrorism’. This is the ‘Prevent Duty’. Where staff are concerned that children and young people are developing extremist views or show signs of becoming radicalized, they should discuss this with the Designated Safeguarding Lead.

Preventing radicalisation: Children are vulnerable to extremist ideology and radicalisation. There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child’s vulnerability. Similarly, radicalisation can occur through many different methods (such as social media) and settings (such as the internet).

As with other safeguarding risks all staff should be alert to changes in children’s behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation taking their concerns to the Designated Safeguarding Lead.

The Designated Safeguarding Lead has received training about the Prevent Duty and tackling extremism and is able to support staff with any concerns they may have.

We use the curriculum to ensure that children and young people understand how people with extreme views share these with others, especially using the internet.

We are committed to ensuring that our pupils are offered a broad and balanced curriculum that aims to prepare them for life in modern Britain. Teaching the organisation’s core values alongside the fundamental British Values, supports quality teaching and learning, whilst making a positive contribution to the development of a fair, just and civil society.

7.9 Sexting: The term ‘sexting’ relates to the sending of indecent images, videos and/or written messages with sexually explicit content; these are created and sent electronically. They are often ‘shared’ via social networking sites and instant messaging services. This organisation will not tolerate sexting; it is inappropriate and illegal amongst young people and can have extremely damaging and long-lasting consequences. Sexting is unacceptable behaviour. The misuse of electronic communication, such as sexting, inappropriate comments on Facebook for example, being the object of cyber-bullying and online grooming are all potential

safeguarding concerns. We have a responsibility to work with parents and carers in ensuring that all pupils are fully aware of the dangers and possible repercussions of sexting.

7.10 **Children and the court system:** All staff should be aware that any child involved in legal proceedings should be made known to the Designated Safeguarding Lead. Children are sometime required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. Where there is a family break up making child arrangements via the family courts following separation can be stressful and entrench conflict in families.

7.11 **Children with family members in prison:** Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. Staff must inform the Designated Safeguarding Lead if they know a child has a family member in prison.

7.12 **Child criminal exploitation: county lines:** Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs. Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years;
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

Staff must inform the Designated Safeguarding Lead if they have concerns about a child.

7.13 **Domestic abuse and Domestic Violence:** Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Physical

- Sexual
- Financial
- Emotional

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

Staff must inform the Designated Safeguarding Lead if they have concerns about a child.

- 7.14 **Homelessness:** Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The designated safeguarding lead has contact details and referral routes so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. There should always be a MASH referral if a child has been harmed or is at risk of harm.

In most cases organisation staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it is also be recognised that in some cases 16- and 17-year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Children's services will be the lead agency for these young people and the designated safeguarding lead will ensure appropriate referrals are made based on the child's circumstances.

Staff must inform the Designated Safeguarding Lead if they have concerns about a child.

- 7.15 **So-called 'honour-based' violence (HBV):** encompasses incidents or 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. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. Staff need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

Staff must inform the Designated Safeguarding Lead if they have concerns about a child.

- 7.16 **Forced marriage:** Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to

cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. TLC LIVE can play an important role in safeguarding children from forced marriage.

Staff must inform the Designated Safeguarding Lead if they have concerns about a child.

- 7.17 **Peer on peer abuse:** Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to) bullying (including cyberbullying / online bullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

Sexual violence and sexual harassment between children: Sexual violence and sexual harassment can occur between two children of **any** age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap. They can occur online and offline (both physical and verbal) and are never acceptable. It is important that **all** victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Staff should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

Staff must inform the Designated Safeguarding Lead if they have concerns about a child.

8.0 Possible signs and symptoms of abuse

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered. This is not an exclusive list and many of the signs and symptoms could fall into more than one category. Guidance on

recognising signs and symptoms of abuse can be found in Working Together to Safeguard Children 2018. Also students with learning difficulties often exhibit some of these signs (e.g. reluctance to get undressed for PE, constant tiredness) which are not necessarily signs of abuse but symptoms of their condition; however, it must also be remembered that disabled children are 3 times more likely to experience abuse or neglect than non-disabled peers.

Children with special educational needs and disabilities (SEND) can face additional safeguarding challenges. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- being more prone to peer group isolation than other children;
- the potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

7.18 Physical abuse

- Unexplained injuries, bites, bruises or burns, particularly if they are recurrent
- Improbable excuses given to explain injuries
- Refusal to discuss the causes of injuries
- Untreated injuries
- Disclosure of punishment which appears excessive
- Withdrawal from physical contact/aggressive behaviour
- Arms & legs kept covered in hot weather (excluding for reasons of cultural dress)
- Fear of returning home
- Fear of medical help
- Self-destructive tendency
- Running away

7.19 Emotional abuse

- Physical, mental, emotional or developmental lag
- Domestic violence
- Disclosure of punishment which appears excessive
- Over-reaction to making mistakes or fear of punishment
- Continual self-deprecation
- Sudden speech disorders
- Fear of new situations
- Inappropriate responses to painful situations
- Neurotic behaviours
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug or solvent abuse

- Running away
- Compulsive stealing, scavenging

7.20 **Sexual abuse**

- Sudden changes in behaviour
- Displays of affection which are inappropriate
- Alleged promiscuity or sexualised behaviour
- Fear of undressing
- Regression to younger behaviour
- Inappropriate internet use and possible 'grooming' concerns
- Genital itching or other genital/anal pain/injury
- Distrust of familiar adult
- Unexplained gifts of money, mobile phones etc.
- Depression and withdrawal
- Apparent secrecy about social activities or the identity of "special friends"
- Wetting or soiling, day and night
- Sleep disturbances or nightmares
- Chronic illness, especially throat infections and sexually transmitted disease

7.21 **Neglect**

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Frequent lateness or non-attendance at business
- Untreated medical problems or unmet special needs
- Low self-esteem
- Neurotic behaviour
- Poor social relationships
- Deterioration in business performance
- Running away
- Compulsive stealing or scavenging

7.22 **Child Sexual Exploitation (CSE)**

- Going missing for periods of time or regularly coming home late
- Regularly missing business or education or not taking part in education
- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Having older boyfriends or girlfriends
- Suffering from sexually transmitted infection
- Mood swings or changes in emotional wellbeing
- Drug and alcohol misuse
- Displaying inappropriate sexualised behaviour

Staff should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such.

7.23 Female Genital Mutilation (FGM)

The World Health Organisation identify girls between 4 and 10 as being the most at risk.

FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out-of-business to visit an 'at-risk' country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM.

Indications that FGM may have already taken place may include:

- difficulty walking, sitting or standing and may even look uncomfortable
- spending longer than normal in the bathroom or toilet due to difficulties urinating
- spending long periods of time away from a classroom during the day with bladder or menstrual problems
- frequent urinary, menstrual or stomach problems
- prolonged or repeated absences from business or college, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return
- reluctance to undergo normal medical examinations
- confiding in a professional without being explicit about the problem due to embarrassment or fear
- talking about pain or discomfort between her legs

7.24 Prevent, Radicalisation and Extremism:

Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies outside business
- evidence of possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- out of character changes in dress, behaviour and peer relationships

(but there are also very powerful narratives, programmes and networks that young people can come across online, so involvement with particular groups may not be apparent.)

- secretive behaviour
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others

7.25 Handling sexting and nude selfie incident:

UKCCIS “Sexting in schools and colleges” will be used to triage concerns.

This extract gives the initial actions that should be taken:

There should always be an initial review meeting, led by the DSL. This should consider the initial evidence and aim to establish:

- Whether there is an immediate risk to a young person or young people

When assessing the risks, the following should be considered:

- Why was the imagery shared?
Was the young person coerced or put under pressure to produce the imagery?
 - Who has shared the imagery?
Where has the imagery been shared?
Was it shared and received with the knowledge of the pupil in the imagery?
Are there any adults involved in the sharing of imagery?
 - What is the impact on the pupils involved?
 - Do the pupils involved have additional vulnerabilities?
 - Does the young person understand consent?
 - Has the young person taken part in this kind of activity before?
 - If a referral should be made to the police and/or children’s social care
 - If it is necessary to view the imagery in order to safeguard the young person – in most cases, imagery should not be viewed
 - What further information is required to decide on the best response
 - Whether the imagery has been shared widely and via what services and/or platforms. This may be unknown.
 - Whether immediate action should be taken to delete or remove images from devices or online services
 - Any relevant facts about the young people involved which would influence risk assessment
- If there is a need to contact another organisation, college, setting or individual

- Whether to contact parents or carers of the pupils involved - in most cases parents should be involved

If none of the above apply, then an organisation may decide to respond to the incident without involving the police or children's social care (an organisation can choose to escalate the incident at any time if further information/concerns come to light).

The decision to respond to the incident without involving the police or children's social care would be made in cases when the DSL is confident that they have enough information to assess the risks to pupils involved and the risks can be managed within the organisation's pastoral support and disciplinary framework and if appropriate local network of support.

7.26 **Private fostering:** A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more. A close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and stepparents; it does not include great-aunts or uncles, great grandparents or cousins.

7.26.1 Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence.

7.26.2 Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases privately fostered children are affected by abuse and neglect, or are involved in trafficking, child sexual exploitation or modern-day slavery.

7.27 **What to do if you suspect that abuse may have occurred**

7.28 You must report the concerns immediately, on the same working day, to the Designated Safeguarding Lead.

7.29 **The role of the Designated Safeguarding Lead is to:**

7.29.1 Obtain information from staff, parents and carers who have child protection concerns and to record this information.

7.29.2 Assess the information quickly and carefully and ask for further information as appropriate.

7.30 **Responsibilities**

7.31 The Designated Safeguarding Lead are responsible for:

7.31.1 Adhering to Exam Star® procedures with regard to referring a child if there are concerns about possible abuse.

7.31.2 Keeping full written chronological records of concerns about a child even if there is no need to make an immediate referral.

7.31.3 Ensuring that all such records are kept confidentially and securely and are separate from pupil records.

7.31.4 Ensuring that an indication of further record-keeping is marked on the pupil records.

8.0 Supporting children

- 8.1 We recognise that a child who is abused or witnesses violence and/or abuse may find it difficult to develop and maintain a sense of self-worth. We recognise that a child in these circumstances may feel helpless and humiliated. We recognise that a child may feel self-blame.
- 8.2 We recognise that the organisation may provide the only stable, secure and predictable element in the lives of children who have been abused or who are at risk of harm.
- 8.3 We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- 8.4 Exam Star® will support all children through:
- The curriculum
 - The organisation's ethos
 - Encouraging self-esteem and self-assertiveness whilst not condoning aggression or bullying.
 - Promoting a caring, safe and positive environment within the organisation, giving children a sense of being valued.
 - Ensuring children know there are adults in the organisation's whom they can approach if they are worried.
 - Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
 - Providing continuing support to a child about whom there have been concerns who leaves the business by ensuring that appropriate information is forwarded under confidential cover to the child's new organisation.

9.0 Supporting staff

We recognise that staff working in Exam Star® who have become involved with a child who has suffered harm or appears to be likely to suffer harm may find the situation stressful and upsetting.

We will support such staff by providing an opportunity to discuss the situation with the Designated Safeguarding Lead and to seek further support as appropriate.

10.0 Safer Recruitment and allegations

At Exam Star® we will ensure we practise Safe Recruitment by undertaking DBS checks of staff who work with children.

10.1 Allegations against pupils – peer on peer abuse

- 10.1.1 The organisation recognises the different forms peer on peer abuse, and is clear that abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”.
- 10.1.2 Children are vulnerable to abuse by their peers. Such abuse should be taken as seriously as abuse by adults and should be subject to the same child protection procedures. Professionals should not dismiss abusive behaviour as normal between young people and should not develop high thresholds before taking action.
- 10.1.3 Professionals should be aware of the potential uses of information technology for bullying and abusive behaviour between young people.
- 10.1.4 Professionals should be aware of the added vulnerability of children and young people who have been the victims of violent crime (for example mugging), including the risk that they may respond to this by abusing younger or weaker children.
- 10.1.5 The alleged perpetrator is likely to have considerable unmet needs as well as posing a significant risk of harm to other children. Evidence suggests that such children may have suffered considerable disruption in their lives, may have witnessed or been subjected to physical or [sexual abuse](#), may have problems in their educational development and may have committed other offences. They may therefore be suffering, or at risk of suffering, [Significant Harm](#) and be in need of protection. Any long-term plan to reduce the risk posed by the alleged perpetrator must address their needs.
- 10.1.6 If one child or young person causes harm to another, this should not necessarily be dealt with as abuse: bullying, fighting and harassment between children are not generally seen as child protection issues. However, it may be appropriate to regard a young person’s behaviour as abusive if:
- There is a large difference in power (for example age, size, ability, development) between the young people concerned; or
 - The alleged perpetrator has repeatedly tried to harm one or more other children; or
 - There are concerns about the intention of the alleged perpetrator.
- 10.1.7 If the evidence suggests that there was an intention to cause severe harm to the victim, this should be regarded as abusive whether or not severe harm was actually caused

10.2 Allegations against staff

- 10.2.1 At Exam Star® we recognise the possibility that adults working in the business may harm children. Any concerns about the conduct of adults in the business should be taken to the Safeguarding Lead without delay.

10.2.2 The business will follow the LA procedures for managing allegations against staff, a copy of which will be readily available in the organisation.

11.0 Safeguarding and the organisation's culture

11.1 Bullying

Our policy on bullying, and online bullying, is set out in a separate policy and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures.

11.2 Incidents motivated by perceived differences

Bullying and abuse can be motivated by perceived differences e.g. on the grounds of race, religion, gender, sexual orientation, disability or other difference. We acknowledge that repeated incidents or a single serious incident may lead to consideration under child protection procedures.

11.3 Prevention

We recognise that the business plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults and an ethos of protection.

Exam Star® will therefore:

- Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Ensure that all children know there is an adult in the business whom they can approach if they are worried or in difficulty.

11.4 Other relevant organisation's policy and guidance

- Online Safety Policy

11.5 Support and training

We are committed to the provision of safeguarding training for all our team members, and we recognise that staff must be regularly updated. Safeguarding and Child Protection is always part of our start of year professional development and induction every September. In addition to the basic safeguarding training, the Designated Safeguarding Lead undertake training annually to keep their knowledge and skill up to date. All other staff undertake appropriate training to equip them to carry out their responsibilities for child protection effectively, which is kept up to date.

Record keeping

11.5.1 DfE guidance says that the Designated Safeguarding Lead will keep detailed, accurate, secure written records of referrals and concerns. These should be kept separately from academic records, in a confidential file stored in a secure cabinet, accessible only by appropriate senior staff members. Current cases are exempt from examination by parents or children unless subject to a court order.

Subject Access Requests may be made for records of historic, closed issues.

- 11.5.2 Exam Star® promotes high quality record keeping in respect of all concerns about children's welfare. The records should be completed in a timely manner and include all relevant information such as dates, times, others involved, witnesses etc. All records should be signed and dated. The child's confidential record should include a front sheet chronology of concerns to support the understanding of the impact of past concerns, patterns and escalation of concerns.
- 11.5.3 The Designated Safeguarding Lead should retain a digital copy of the child protection file, which should be stored in a secure area accessible only by appropriate senior staff members. Child Protection records about a student who has ceased to become of compulsory organising age should be archived and catalogued. Records must be kept until a child reaches 25 years of age; child protection records must be kept for 35 years after the child leaves the business.

11.6 Confidentiality and information sharing

- 11.6.1 We recognise that all matters relating to child protection are confidential.
- 11.6.2 The Designated Safeguarding Lead will disclose personal information about a student to other members of staff on a need to know basis only.
- 11.6.3 However, all staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- 11.6.4 When considering sharing information the staff will:
 - 11.6.4.1 Remember that GDPR is not a barrier to sharing information, it provides the framework
 - 11.6.4.2 Be open & honest with the person from the outset about how information may be shared
 - 11.6.4.3 Seek advice, do not fail to share information because you are unsure what to do
 - 11.6.4.4 Share with consent where appropriate & respect the wishes of those who refuse consent unless you believe that there is a risk of harm to child if the information is not shared
 - 11.6.4.5 Consider safety and well-being of the child and base information sharing decisions on this
 - 11.6.4.6 Ensure all information shared is Necessary, Proportionate, Relevant, Accurate, Timely & Secure. Ensure any third party or hearsay information is identified and that you have consent to share it

11.6.4.7 Keep a record of your decision and reasons for it. Record what you have shared, with whom and the purpose.

11.7 NSPCC whistleblowing helpline

0800 028 0285

www.nspcc.org.uk/Helpline

11.8 SO15 Counter Terrorism Command

DC Gavin Moore

07919628083 or 0203 276 1100

Gavin.F.moore@met.pnn.police.uk

PC Jag Shina

07767765808

Jag.s.shina@met.pnn.police.uk

11.9 UK Safer Internet Centre

POSH Professionals Online Safety Helpline for business

0344 381 4772

<https://www.saferinternet.org.uk/professionals-online-safety-helpline>

11.10 NSPCC

Online Safety Helpline for Professionals and Parents

0808 8005002

<https://www.nspcc.org.uk/services-and-resources/nspcc-helpline/>

11.11 LBH & East London Gangs & Serious Youth Violence

Louise Giles, Detective Sergeant

East Area Gangs Unit

0203 276 0523

GangsUnit@met.pnn.police.uk

12.0 Where to go for further information:

12.1 UKCCIS: Sexting in schools and colleges 2016

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551575/6.2439_KG_NCA_Sexting_in_Businesss_WEB_1_.PDF

12.2 London LSCB

<http://www.londonscb.gov.uk>

12.3 London Child Protection Procedures, edition 5

<http://www.londoncp.co.uk/>

12.4 DfE: Guidance: Safeguarding practitioners: information sharing advice 2018

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

12.5 DfE: Statutory guidance: Working together to safeguard children 2018

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

12.6 DfE: Statutory guidance: Keeping children safe in education 2018

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

- 12.7 DfE: Advice what to do if you are worried that a child is being abused 2015
<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>
- 12.8 DfE: Preventing and Tackling Bullying 2017
<https://www.gov.uk/government/publications/preventing-and-tackling-bullying>
- 12.9 LGfL: online safety policies
<http://os.lgfl.net>
- 12.10 DfE Guidance: [Sexual violence and sexual harassment between children in businesss and colleges](https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-businesss-and-colleges) 2018
<https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-businesss-and-colleges>
- 12.11 DfE Guidance: Protecting children from radicalisation: the prevent duty
<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>
- 12.12 UKCCIS: Tackling race and faith targeted bullying face to face and online
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/660675/Tackling_race_and_faith_targeted_bullying_face_to_face_and_online_-_a_guide.pdf

Gov.UK: Safeguarding children, latest documents

<https://www.gov.uk/topic/businesss-colleges-childrens-services/safeguarding-children/latest>