

## **SAFEGUARDING (CHILD PROTECTION) POLICY**

Tutor World is committed to providing a safe and secure environment for children, staff and visitors and promoting a climate where children and adults will feel confident about sharing any concerns which they may have about their own safety or the well-being of others. We aim to safeguard and promote the welfare of children by protecting them 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; and taking action to enable all children to have the best outcomes.

The Centre's Child Protection (CP) policy draws upon duties conferred by the Children Acts 1989 and 2004, The Children and Families Act 2014, S175 of the 2002 Education Act, The Education (Independent Centre Standards) Regulations 2014 (for independent centres), and the guidance contained in "Working Together to Safeguard Children", the DfE's statutory guidance "Keeping children safe in education". We also have regard to the advice contained in DfE's "What to do if you're worried a child is being abused" and "Information Sharing – Advice for practitioners". The policy is applicable to all on and off-site activities undertaken by students whilst they are the responsibility of the Centre.

We will ensure that all staff read and understood at least Part one of DfE guidance "Keeping children safe in education" and that mechanisms are in place to assist staff to understand and discharge their role and responsibilities as set out in Part one.

### **POLICY AIMS**

The purpose of this policy is to:

- Identify the names of responsible persons in the centre and explain the purpose of their role
- Describe what should be done if anyone in the centre has a concern about the safety and welfare of a child who attends the centre
- Identify the particular attention that should be paid to those children who fall into a category that might be deemed "vulnerable"
- Set out expectations in respect of training
- Ensure that those responsible for recruitment are aware of how to apply safeguarding principles in employing staff
- Set out expectations of how to ensure children are safeguarded when there is potential to come into contact with non-centre staff, e.g. volunteers, contractors etc.
- Outline how complaints against staff will be handled
- Set out expectations regarding record keeping
- Clarify how children will be kept safe through the everyday life of the centre
- Outline how the implementation of this policy will be monitored.

This policy is consistent with all other policies adopted by the Trustees and should in particular be read in conjunction with the following policies relevant to the safety and welfare of children:

- Anti-Bullying Policy
- Health and Safety Policy
- Acceptable Use Policy
- Food Safety Policy
- Whistle blowing Policy
- Code of Conduct

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## KEY PRINCIPLES

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These are the key principles of safeguarding, as stated by BSCB:

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

## KEY CONTACTS

Role	Name	Contact details
Designated Safeguarding Lead (DSL)	Shahbaz Raja	07514815859 info@tutor-world.co.uk
Single Point of Contact (SPOC) (for prevention of violent Extremism)		
The Head Teacher		
The Chair of Trustees		
The Safeguarding Trustee	Mr Majid Juwaid	
To seek advice or guidance (concerns about a member of staff)	LADO Team	0121 675 1669
To make a referral (by any member of staff)	Children's Advisory Support Services (CASS)	0121 303 1888 cass@birmimngham.gov.uk
Support advice on Early Help Assessment completion	Early help Support (previously known as fCAF)	ehst@birmingham.gov.uk

## RESPONSIBILITIES AND IMMEDIATE ACTION

Safeguarding and promoting the welfare of children in our centre is the responsibility of the whole centre community. All adults working in this Centre (including visiting staff, volunteers and students on placement) are required to report instances of actual or suspected child abuse or neglect to the Designated Safeguarding Lead who is a member of the centre's leadership team.

Management oversight and accountability for child protection and, with the Head teacher, will be responsible for coordinating all child protection activity. **The Deputy Designated Safeguarding Lead(s) is/are: TBA**

*For more detailed role and responsibilities of the DSL please refer to KCSIE (Sep 2016): Annexe B 'Role of the Designated Safeguarding Lead'*

- The Designated Safeguarding Lead is the first point of contact for external agencies that are pursuing Child Protection investigations and co-ordinates the centre's representation at CP conferences and Core Group meetings (including the submission of written reports for conferences).
- When an individual concern/incident is brought to the notice of the Designated Safeguarding Lead, they will be responsible for deciding upon whether or not this should be reported to other agencies as a safeguarding issue. Where there is any doubt as to the seriousness of this concern, or disagreement between the Designated Safeguarding Lead and the member of staff reporting the concern, advice will be sought from the Deputy Designated Safeguarding Lead, the LA's Strategic Lead Officer for safeguarding in education services or the Early Help Service (EHS) Duty Manager.
- If a child is in immediate danger or is at risk of harm, a referral will be made to children's social care and/or the police immediately. Anyone can make a referral. Where referrals are not made by the designated safeguarding lead, the designated safeguarding lead will be informed, as soon as possible, that a referral has been made.
- The DSL will produce and update a Vulnerable Children list and lead regular case monitoring reviews of vulnerable children. These reviews must be evidenced by minutes and recorded in case files.
- When the centre has concerns about a child, the DSL will decide what steps should be taken and should advise the head teacher. Staff will not disclose to a parent any information held on a child if this would put the child at risk of significant harm.
- When a DSL resigns their post or no longer has child protection responsibility, there should be a full handover/exchange of information with the new post holder and the BSCB will be notified.
- The DSL will attend annual DSL training sessions, regular network meetings/briefings and other relevant multi-agency training programme organised by the Birmingham Safeguarding Children Board (BSCB). Designated staff will be encouraged to attend appropriate network meetings and to participate in the
- The DSL will deliver training to all staff, representatives of the board of trustees and volunteers at least once a year, update staff in weekly briefing and share the lessons learnt from serious case reviews.

## Role of Staff

Safeguarding is everyone's responsibility. It is therefore important for the entire centre community to promote a culture in which wellbeing of students and staff is a priority. Staff are expected to be aware of the centre policy, current safeguarding guidelines and practice and promote this through the curriculum

All staff must attend the whole-centre in-service training on safeguarding annually. In addition, all staff members will receive safeguarding and child protection updates (for example, via email and staff meetings), as required, to provide them with relevant skills and knowledge to safeguard children effectively.

Staff must show that they have read and understood the Keeping Children Safe in Education guidelines (KCSIE 2016)

All newly recruited staff (teaching and non-teaching) and Trustees will be apprised of this policy and will be required to attend relevant LA or Safeguarding Board training. In addition, all new staff and temporary staff will be required to attend an induction session with the Designated Safeguarding Lead or their deputy on their first day in the centre.

All staff will complete Prevent and Channel online training in addition to attending the in-service Prevent training.

Staff are aware of safeguarding procedures and Early Help and must submit the Notice for Concern form to the DSL if they have any concerns about a student.

Staff are encouraged to use the Signs of Safety Wellbeing framework when speaking to children.

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 centre 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. Sexting and banter are unacceptable and are subject to sanctions. See Behaviour, Anti-bullying and Sexting Policies.

## Types of child abuse and neglect

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

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

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

**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.

**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.

**In addition to these types of abuse and neglect, members of staff will also be alert to following specific safeguarding issues:**

# PREVENTING RADICALISATION

## SAFEGUARDING FROM EXTREMISM

EGS values freedom of speech and the expression of beliefs / ideology as fundamental rights underpinning our society's values. Both students and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

We consider exploitation and radicalisation a safeguarding concern (for definitions and more detail see appendix)

The centre is committed to the protection of 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.

The Counter-Terrorism and Security Act 2015 places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). Young people can be exposed to extremist influences or prejudiced views, in particular those via the internet and other social media. Centres can help to protect children from extremist and violent views in the same ways that they help to safeguard children from drugs, gang violence or alcohol.

Examples of the ways in which people can be vulnerable to radicalisation and the indicators that might suggest that an individual might be vulnerable:

- Example indicators that an individual is engaged with an extremist group, cause or ideology include: spending increasing time in the company of other suspected extremists; changing their style of dress or personal appearance to accord with the group; their day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause; loss of interest in other friends and activities not associated with the extremist ideology, group or cause; possession of material or symbols associated with an extremist cause (e.g. the swastika for far right groups); attempts to recruit others to the group/cause/ideology; or communications with others that suggest identification with a group/cause/ideology.
- Example indicators that an individual has an intention to use violence or other illegal means include: clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills; using insulting or derogatory names or labels for another group; speaking about the imminence of harm from the other group and the importance of action now; expressing attitudes that justify offending on behalf of the group, cause or ideology; condoning or supporting violence or harm towards others; or plotting or conspiring with others.
- Example indicators that an individual is capable of contributing directly or indirectly to an act of terrorism include: having a history of violence; being criminally versatile and using criminal networks to support extremist goals; having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction); or having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills).

The examples above are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a 'profile' can be misleading. It must not be assumed

that these characteristics and experiences will necessarily lead to individuals becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability.

**Channel** is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism that uses existing collaboration between local authorities, the police, statutory partners (such as the education sector, social services, children's and youth services and offender management services) and the local community.

## **PROCEDURES**

- Risk assessment to include consideration of the centre's RE curriculum, SEND policy, assembly policy, the use of centre premises by external agencies, integration of students by gender and SEN, anti-bullying policy and other issues specific to the centre's profile, community and philosophy.
- Adopt the BCC no Platform Policy
- identify a Prevent Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism: this is the DSL
- Appropriate interventions in place to deal with related issues such as mental health, isolation, relationship or drug/alcohol issues.
- Referral of children at risk of harm as a result of involvement or potential involvement in extremist activity to MASH who will share the referral details of new referrals with the Prevent lead police officer and LA Prevent coordinator at the point the referral is received. The referral will then be processed through the MASH multi agency information sharing system and parallel to this the Prevent police officer will be carrying out initial screening checks. The Prevent police officer will make a referral to the Channel Practitioner if there are sufficient concerns.

## **HEALTHY CENTRES**

Tutor World will work with partners to promote a whole healthy centre approach– including a focus on the curriculum with the aim of:

- Developing a centre ethos, culture, spiritual, moral, social and cultural (SMSC) development provision and environment which encourages a healthy lifestyle for all students, including the vulnerable;
- Using the full capacity and flexibility of the curriculum to help students to be safe and healthy;
- Ensuring that food and drink available across the centre day reinforce the healthy lifestyle message;
- Promoting an understanding of the full range of issues and behaviours which impact upon lifelong health and wellbeing, including emotional wellbeing and mental health;
- Working in partnerships with parents/carers, local communities, external agencies and volunteers to support health and wellbeing of all students including the vulnerable.

## Private Fostering

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or by marriage). Great grandparents, great aunts, great uncles and cousins are not regarded as close relatives.

The law requires that Birmingham City Council should be notified if anyone is looking after someone else's child for 28 days or more. The purpose of the council's involvement is to support the child and private foster family (and wherever possible the biological parent/s) with any issues arising. These may be practical issues such as benefits, housing, immigration or emotional issues such as keeping contact with biological family, maintaining cultural identity.

If we become aware of a child in a private fostering arrangement within Birmingham, we will notify the council's Multi Agency Safeguarding Hub ([MASH](#)).

## DEALING WITH CONCERNS

Where risk factors are present but there is no evidence of a particular risk then our DSL/SPOC advises on preventative work that can be done within centre to engage the student into mainstream activities and social groups (Universal Needs - Early Help). The DSL may well be the person who talks to and has conversations with the student's family, sharing the centre's concern about the young person's vulnerability and how the family and centre can work together to reduce the risk. Three Houses form will be used to support our work. The Signs of Safety and Wellbeing framework will be adopted in Early Help Assessment.

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 CASS team of the decision so that a strategic overview can be maintained and any themes or common factors can be recognised; and
- The centre will review the situation after taking appropriate action to address the concerns.

The DSL/SPOC will also offer and seek advice about undertaking an Early Help Assessment such as the and/or making a referral to children's social care (Request for Support). The Early Help Support team and the EH Panel can assist us in seeking Multi-Agency support and making the right decision.

If the concerns about the student are significant and meet the additional needs/complex need criteria, Request for Support form will be used to make a referral to CASS. This includes concerns about a child/young person who is affected by the behaviour of a parent or other adult in their household.

Whilst the policy places the responsibility of making decisions about referrals with the centre's DSL, however if necessary any member of staff can make a referral directly to Children's Social Care.

In the case of FGM, teaching staff/volunteers have a mandatory reporting duty. They must report the incident/direct disclosure to the **police** and **MASH** immediately.

If there are concerns about CSE, radicalisation or FGM, the DSL will use the CSE Screening, Extremism screening tool or the FGM assessment tools available on the BSCB website.

In circumstances where a child has an unexplained or suspicious injury that requires urgent medical attention, the CP referral process should not delay the administration of first aid or emergency medical assistance. **If a student is thought to be at immediate risk because of parental violence, intoxication, substance abuse, mental illness or threats to remove the child during the centre day, for example, urgent Police intervention will be requested.**

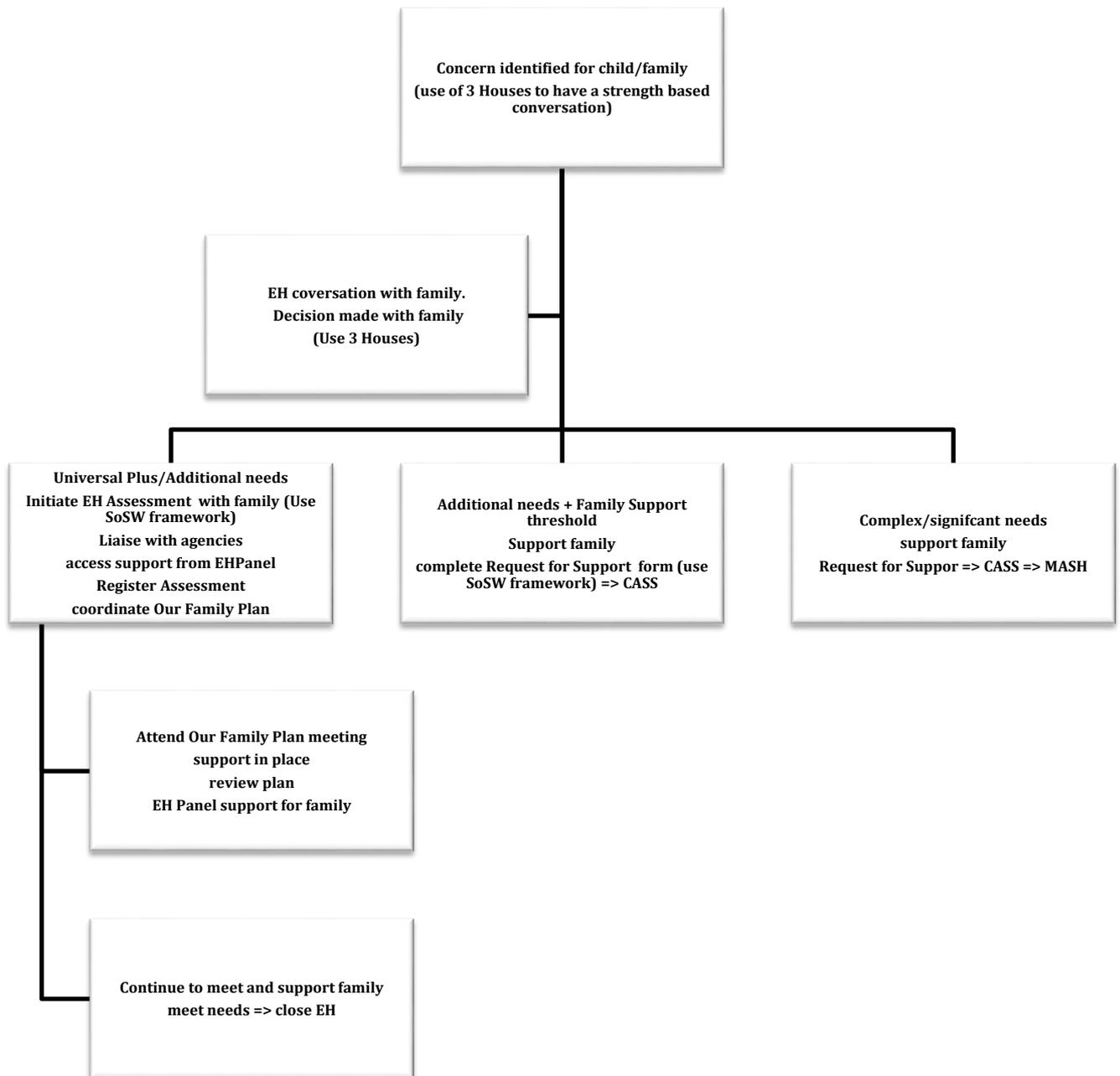
The parent/carer will normally be contacted to obtain their consent before a referral is made. However, if the concern involves, for example alleged or suspected child sexual abuse, Honour Based Violence, fabricated or induced illness or the Designated Safeguarding Lead has reason to believe that informing the parent at this stage might compromise the safety of the child or a staff member, nothing should be said to the parent/carer ahead of the referral, but a rationale for the decision to progress without consent should be provided with the referral.

All parents applying for places at this centre will be informed of our safeguarding responsibilities and the existence of this policy. In situations where students sustain injury or are otherwise affected by an accident or incident whilst they are the responsibility of the centre, parents will be notified of this as soon as possible.

Tutor World recognises the need to be alert to the risks posed by strangers or others (including the parents or carers of other students) who may wish to harm children in centre or students travelling to and from centre and will take all reasonable steps to lessen such risks.

# EARLY HELP PROCESS

All professionals must be familiar with the procedure outlined below



## **VULNERABLE STUDENTS**

Particular vigilance will be exercised in respect of students who are subject to Child Protection Plan and any incidents or concerns involving these children will be reported immediately to the allocated Social Worker (and confirmed in writing; copied to the LA's Centres Safeguarding Coordinator). If the student in question is a Looked-After child, this will also be brought to the notice of the Designated Person with responsibility for children in public care.

We acknowledge that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. We are aware that additional barriers can exist when recognising abuse and neglect in this group of children. This can include assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration; children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs; and communication barriers and difficulties in overcoming these barriers.

If a student discloses that they have witnessed domestic abuse or it is suspected that they may be living in a household which is affected by family violence, this will be referred to the Designated Safeguarding Lead as a safeguarding issue.

The Centre also acknowledges the additional need for support and protection of children who are vulnerable by virtue of homelessness, refugee/asylum seeker status, the effects of substance abuse within the family, those who are young carers, mid-year admissions, students who are excluded from centre and students where English is an additional language, particularly for very young children, using the translation service if necessary.

The centre has a strong commitment to an anti-bullying policy and will consider all coercive acts and peer on peer abuse within a Child Protection context. We recognise that some students will sometimes negatively affect the learning and wellbeing of other students and their behaviour will be dealt with under the centre's behaviour policy. As a centre, we will minimise the risk of allegations against other students by developing students' understanding of acceptable behaviour and keeping themselves safe, having systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued, delivering targeted work on assertiveness and keeping safe to those students identified as being at risk, developing robust risk assessments and providing targeted work for students identified as being a potential risk to other students. Occasionally allegation may be of a peer on peer abuse nature, which may include physical abuse (violence, particularly pre-planned, forcing other children to use drugs or alcohol), emotional abuse (blackmail or extortion, threats and intimidation), sexual abuse (indecent exposure, indecent touching or serious sexual assaults, forcing other children to watch pornography or take part in sexting) and sexual exploitation (encouraging other children to engage in inappropriate sexual behaviour, having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight, photographing or videoing other children performing indecent acts). Any possible peer on peer abuse case will be shared with the designated safeguarding lead with a view to referring to appropriate agencies following the referral procedures.

We will always ascertain the views and feelings of all children. We acknowledge that children who are affected by abuse or neglect may demonstrate their needs and distress through their words, actions, behaviour, demeanour, centre work or other children.

## RECRUITMENT

Tutor World is committed to the principles of safer recruitment and, as part of that, adopts recruitment procedures that help deter, reject and/or identify people who might abuse children. Safe recruitment processes are followed and all staff recruited to the centre will be subject to appropriate identity, qualification and health checks. References will be verified and appropriate criminal record checks [Disclosure and Barring Service (DBS) checks], barred list checks and prohibition checks will be undertaken. The level of DBS check required, and whether a prohibition check is required, will depend on the role and duties of an applicant to work in the centre, as outlined in Part three of the DfE guidance "*Keeping children safe in education*". We will also have regard to DfE's statutory guidance for centres about the employment of staff disqualified from childcare "*Disqualification under the Childcare Act 2006*", which also contains information about 'disqualification by association'.

Relevant members of staff and trustees who are involved in recruitment will undertake safer recruitment training. The centre will ensure that at least one person on any appointment panel has undertaken safer recruitment training in line with staffing regulations.

This Centre will only use employment agencies which can demonstrate that they positively vet their supply staff and will report the misconduct of temporary or agency staff to the agency concerned and to the LA. Staff joining the Centre on a permanent or temporary basis will be given a copy of this policy. Additionally, the Staff Handbook will confirm CP procedures within the Centre.

## VOLUNTEERS

Any parent or other person/organisation engaged by the centre to work in a voluntary capacity with students will be subject to all reasonable vetting procedures and Criminal Records Checks.

Under no circumstances a volunteer in respect of whom no checks have been obtained will be left unsupervised or allowed to work in regulated activity.

Volunteers who on an unsupervised basis teach or look after children regularly, or provide personal care on a one-off basis in our centre are deemed to be in regulated activity. We will obtain an enhanced DBS certificate (which will include barred list information) for all volunteers who are new to working in regulated activity. Existing volunteers in regulated activity do not have to be re-checked if they have already had a DBS check (which includes barred list information). However, we may conduct a repeat DBS check (which will include barred list information) on any such volunteer should we have any concerns.

The law has removed supervised volunteers from regulated activity. There is no legal requirement to obtain DBS certificate for volunteers who are not in regulated activity and who are supervised regularly and on ongoing day to day basis by a person who is in regulated activity, but an enhanced DBS check without a barred list check may be requested following a risk assessment.

Further information on checks on volunteers can be found in Part three of the DfE guidance "*Keeping children safe in education*".

Volunteers will be subject to the same code of conduct as paid employees of the centre.

Voluntary sector groups that may operate within this centre or provide off-site services for our students or use centre facilities will be expected to adhere to this policy or operate a policy which is compliant with the procedures adopted by the Birmingham Safeguarding Children Board. Premises lettings and loans are subject to acceptance of this requirement.

# STAFF CODE OF CONDUCT

All staff (paid and voluntary) are expected to adhere to a code of conduct in respect of their contact with students and their families. The Teachers' Standards 2012 state that all teachers, including headteachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties. Children will be treated with respect and dignity and no punishment, detention, restraint, sanctions or rewards are allowed outside of those detailed in the centre's Behaviour Policy. Whilst it would be unrealistic and undesirable to preclude all physical contact between adults and children, staff are expected to exercise caution and avoid placing themselves in a position where their actions might be open to criticism or misinterpretation. Where incidents occur which might otherwise be misconstrued, or in the exceptional circumstances where it becomes necessary to physically restrain a student for their own protection or others' safety, this will be appropriately recorded and reported to the Headteacher and parents. Any physical restraint used will comply with DfE guidance "Use of reasonable force in centres".

Except in cases of emergency, first aid will only be administered by qualified First Aiders. If it is necessary for the child to remove clothing for first aid treatment, there will, wherever possible, be another adult present. If a child needs help with toileting, nappy changing or washing after soiling themselves, another adult should be present or within earshot. All first aid treatment and non-routine changing or personal care will be recorded and shared with parents/carers at the earliest opportunity.

Children requiring regular medication or therapies for long-term medical conditions will be made the subject of a Medical Plan that has been agreed with the parents and health authority.

For their own safety and protection, staff should exercise caution in situations where they are alone with students. Other than in formal teaching situations; for example, during a 1:1 tuition session, the door to the room in which the 1:1 coaching, counselling or meeting is taking place should be left open. Where this is not practicable because of the need for confidentiality, another member of staff will be asked to maintain a presence nearby and a record will be kept of the circumstances of the meeting. All rooms that are used for the teaching or counselling of students will have clear and unobstructed glass panels in the doors.

Centre staff should also be alert to the possible risks that might arise from social contact with students outside of the centre. Home visits to students or private tuition of students should only take place with the knowledge and approval of the Headteacher. Visits/telephone calls by students to the homes of staff members should only occur in exceptional circumstances and with the prior knowledge and approval of the Headteacher. Any unplanned contact of this nature or suspected infatuations or "crushes" will be reported to the Headteacher. Staff supervising off-site activities or centre journeys will be provided with a centre mobile phone as a point of contact for parents and carers.

Staff will only use the centre's digital technology resources and systems for professional purposes or for uses deemed 'reasonable' by the Head and Board. Staff will only use the approved centre email or other centre approved communication systems with students or parents/carers and only communicate with them on appropriate centre business and will not disclose their personal telephone numbers and email addresses to students or parents/carers. Staff will not use personal cameras (digital or otherwise) or camera phones for taking and transferring images of students or staff without permission and will not store images at home.

Staff should be aware of the centre's whistle-blowing procedures and share immediately any disclosure or concern that relates to a member of staff with the Headteacher or one of the Designated Safeguarding Leads if the Headteacher is not available and nothing should be said to the colleague involved. It should be shared with the Chair of Trustees if it relates to the Headteacher.

## **CONTRACTORS**

Building contractors who are engaged by or on behalf of the centre to undertake works on site will be made aware of this policy and the reasons for this. Long-term contractors who work regularly in the centre during term time will be asked to provide their consent for DBS checks to be undertaken. These checks will be undertaken when individual risk assessments by the Leadership Team deem this to be appropriate. During major works, when large numbers of workers and sub-contractors may be on site during term time, Health and Safety risk assessments will include the potential for contractors or their employees to have direct access to students in non-teaching sessions. All contractors and sub-contractors will be issued with copies of the centre's code of conduct for staff.

Individuals and organisations that are contracted by the centre to work with or provide services to students will be expected to adhere to this policy and their compliance will be monitored. Any such contractors will be subject to the appropriate level of DBS check, if any such check is required (for example because the contractor is carrying out teaching or providing some type of care for or supervision of children regularly). Contractors for whom an appropriate DBS check has not been undertaken will be supervised if they will have contact with children. Under no circumstances we will allow a contractor in respect of whom no checks have been obtained to work unsupervised, or engage in regulated activity. We will determine the appropriate level of supervision depending on the circumstances.

We will always check the identity of contractors and their staff on arrival at the centre.

## COMPLAINTS/ALLEGATIONS MADE AGAINST STAFF

Tutor World takes seriously all complaints made against members of staff. Procedures are in place for students, parents and staff to share any concern that they may have about the actions of any member staff or volunteer. All such complaints will be brought immediately to the attention of the Headteacher or one of the Designated Safeguarding Leads if the Headteacher is not available and nothing should be said to the colleague involved. In cases where the Headteacher is the subject of the allegation or concern, they will be reported to the Chair of Trustees, in order that they may activate the appropriate procedures. These procedures are used in respect of all cases in which it is alleged that a teacher or member of staff (including volunteers) in a centre or college that provides education for children under 18 years of age has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates he or she would pose a risk of harm children.

The Local Authority's Designated Officer(s) (LADO) should be informed of all allegations that come to a centre's attention and appear to meet the criteria. Contact can also be made with LA's Centres Safeguarding Coordinator who will liaise with the LADO. Many cases may well either not meet the criteria set out above, or may do so without warranting consideration of either a police investigation or enquiries by local authority children's social care services. In these cases, local arrangements will be followed to resolve cases without delay.

Some rare allegations will be so serious they will require immediate intervention by children's social care services and/or police. In such cases, referral to the DO will lead to a Strategy Meeting or Discussion being held in accordance with the DfE guidance and Birmingham SCB procedures. This process will agree upon the appropriate course of action and the time-scale for investigations.

The centre has a legal duty to refer to the DBS anyone who has harmed, or poses a risk of harm, to a child and who has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will consider whether to bar the person. Referrals will be made as soon as possible after the resignation or removal of the individual.

The full procedures about dealing with allegations of abuse made against teachers and other staff can be found in Part Four of the DfE guidance "*Keeping children safe in education*".

**The Chair of Trustees is: Mr Gulam Rabbani**

**The Safeguarding Trustee is: Mr Majid Juwaid**

## RECORDS

Brief and accurate written notes will be kept of all incidents and child protection or child in need concerns relating to individual students. These notes are significant especially if the incident or the concern does not lead to a referral to other agencies. This information may be shared directly with other agencies as appropriate.

All contact with parents and external agencies will be logged and these will be kept as CP records. The centre will take into account the views and wishes of the child who is the subject of the concern but staff will be alert to the dangers of colluding with dangerous "secrets".

Child protection information will be dealt with in a confidential manner. Staff will be informed of relevant details only when the DSL feels their having knowledge of a situation will improve their ability to deal with an individual child and / or family. A written record will be made of what information has been shared with whom, and when.

Child protection records will be stored securely in a central place separate from academic records. Individual files will be kept for each child: the centre will not keep family files. Files will be kept for at least the period during which the child is attending the centre, and beyond that in line with current data legislation and guidance.

Access to these records by staff other than by the DSL will be restricted, and a written record will be kept of who has had access to them and when.

Parents will be aware of information held on their children and kept up to date regarding any concerns or developments by the appropriate members of staff. General communications with parents will be in line with any home centre policies and give due regard to which adults have parental responsibility.

If a student moves from our centre, child protection records will be forwarded on to the Designated Safeguarding Lead at the new centre, 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 centres may be necessary, especially on transfer from primary to secondary centres. We will record where and to whom the records have been passed and the date.

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

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

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.

Child protection records are not open to students or parents. All CP records are kept securely by the Designated Safeguarding Lead and separately from educational records. They may only be accessed by the Designated Safeguarding Lead, their Deputies and the senior managers of the centre.

The content of Child Protection Conference or Review reports prepared by the centre will follow the headings recommended by Children's Services and will, wherever possible, be shared with the parents/carer in advance of the meeting.

Child Protection records will be sent to receiving centres separately and under a confidential cover when students leave the centre, ensuring secure transit and a confirmation of receipt will be obtained.

If a student is withdrawn from the centre having not reached the normal date of transfer; due to a family move or any other reason, all efforts will be made to identify any new address and the centre to which they are being admitted and to ensure that their

educational records are sent without delay to the child's new centre. If the parent/carer fails to provide this information, an urgent referral will be made to the Early Help Service either through the EHS Duty Officer or through the local team manager in order that they might make further enquiries. If this centre receives educational records concerning a child who is not registered with us, the records will be returned promptly to the sending centre with a note, advising them to refer to their LA's Children's Services Department. **A child's name will only be removed from the Centre's Admissions Register in accordance with the Student Registration Regulations or with the authorisation of the Local Team Manager in the Early Help Service.**

All additions to or deletions from the centre roll will trigger the completion of a Common Transfer File (CTF) which will be downloaded to the appropriate database with particular regard to students leaving the centre with unknown destination.

The centre will require documentary proof as to the identity of students presented for admission. If there is any doubt as to the identity of a student, advice will be sought from the local authority and other statutory agencies, as appropriate. We will maintain accurate and up to date records of those with Parental Responsibility and emergency contacts. Students will only be released to the care of those with Parental Responsibility or someone acting with their written consent.

## **SAFETY IN THE CENTRE**

No internal doors to classrooms will be locked whilst students are present in these areas.

Entry to centre premises will be controlled by doors that are secured physically or by constant staff supervision or video surveillance. Authorised visitors to the centre will be logged into and out of the premises and will be asked to wear their identity badges or be issued with centre visitor badges. Unidentified visitors will be challenged by staff or reported to the Headteacher or centre office. Carelessness in closing any controlled entrance will be challenged.

The presence of intruders and suspicious strangers seen loitering near the centre or approaching students, will be reported to the Police by calling 101 or 999, depending on the circumstances and the urgency of the case so that if police stops these individuals they can be spoken to about what they were doing and dealt with accordingly. Brief information about the incident will be sent to LA's Centres Safeguarding Coordinator with a view to alerting other local centres in liaison with the police and through appropriate systems.

Parents, carers or relatives may only take still or video photographic images of students in centre or on centre-organised activities with the prior consent of the centre and then only in designated areas. Images taken must be for private use only. Recording and/or photographing other than for private use would require the consent of the other parents whose children may be captured on film. Without this consent the Data Protection legislation would be breached. If parents do not wish their children to be photographed or filmed and express this view in writing, their rights will be respected.

## **CURRICULUM**

Tutor World acknowledges the important role that the curriculum can play in the prevention of abuse and in the preparation of our students for the responsibilities of adult life and citizenship.

It is expected that all curriculum co-ordinators will consider the opportunities that exist in their area of responsibility for promoting the welfare and safety of students. As appropriate, the curriculum will be used to build resilience, help students to keep safe and to know how to ask for help if their safety is threatened. As part of developing a healthy, safer lifestyle, students will be taught, for example:

- to recognise and manage risks in different situations and then decide how to behave responsibly;
- to judge what kinds of physical contact are acceptable and unacceptable;
- to recognise when pressure from others (including people they know) threatens their personal safety and well-being; including knowing when and where to get help;
- to use assertiveness techniques to resist unhelpful pressure;
- emotional literacy.

All computer equipment and internet access within the Centre will be subject to appropriate “parental controls” and Internet safety rules in line with our Online Safety Policy.

Relevant issues will be addressed through other areas of the curriculum, for example, form time, English, History, Art, RE and ICT.

## WORKING IN PARTNERSHIP WITH PARENTS

It is our policy to work in partnership with parents or carers to secure the best outcomes for our children. We will therefore communicate as clearly as possible about the aims of this centre.

- We will use clear statements in our brochures and correspondence.
- We will liaise with agencies in the statutory, voluntary and community sectors and locality teams that are active in supporting families.
- We will be alert to the needs of parents/carers who do not have English as their first language and will utilise the translation services as necessary.
- We will make available a copy of this policy to any parent who requests it. The policy will also be available through the centre’s web site.
- We will keep parents informed as and when appropriate.

## THE ROLE OF THE BOARD OF TRUSTEES

The Board of Trustees will ensure that they comply with their duties under legislation and that the policies, procedures and training in the centre are effective and comply with the law at all times.

The Board of Trustees will ensure that the centre contributes to inter-agency working in line with statutory guidance “*Working Together to Safeguard Children*” and that the centre’s safeguarding arrangements take into account the procedures and practice of the local authority as part of the inter-agency safeguarding procedures set up by the SSCB.

The Board of Trustees has formally adopted this policy and will review its contents annually or sooner if any legislative or regulatory changes are notified to it by the designated governor or the headteacher.

The Board of Trustees has nominated **Mr Majid Juwaid** as a lead to take leadership responsibility for the centre’s safeguarding arrangements.

Concerns about and allegations of abuse made against the headteacher will be referred to the chair of trustees who will liaise with the LA's designated officer (LADO) and partner agencies and will attend any strategy meetings called in respect of such an allegation against the headteacher.

As a good practice, the headteacher will provide termly/annual report to the Board of Trustees outlining details of any safeguarding issues that have arisen during the term/year and the outcome of any cases identified. These reports will respect all issues of confidentiality and will not therefore identify any person(s) by name.

Also as a good practice, the nominated trustee will meet on a regular basis with the Designated Safeguarding Lead to monitor the centre's safeguarding arrangements and both the volume and progress of cases where a concern has been raised to ensure that the centre is meeting its duties in respect of safeguarding.

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## **MONITORING AND EVALUATION**

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The Board of Trustees will monitor the safeguarding arrangements in the centre to ensure that these arrangements are having a positive impact on the safety and welfare of children. This will be evaluated on the basis of evidence of:

- the extent to which a positive culture and ethos is created where safeguarding is an important part of everyday life in the centre, backed up by training at every level
- the content, application and effectiveness of safeguarding policies and procedures, and safer recruitment and vetting processes
- the quality of safeguarding practice, including evidence that staff are aware of the signs that children may be at risk of harm either within the setting or in the family or wider community outside the setting
- the timeliness of response to any safeguarding concerns that are raised
- the quality of work to support multi-agency plans around the child

## **MULTI AGENCY WORK**

- EGS will work in partnership with other agencies in the best interests of the children. The centre will, where necessary, liaise with the centre nurse and doctor, and make referrals to children's social care. Referrals should be made by the DSL to CASS. Where the child 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.
- The centre will seek advice from the EH panel and EH support team and liaise with other agencies to provide Early Help support.
- We will co-operate with any child protection enquiries conducted by children's social care: the centre will ensure representation at appropriate inter-agency meetings such as Our Family Plan Meeting, contribute to and implement it.
- We will provide reports as required for these meetings. If the centre 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.

## **ALLEGATIONS ABOUT A MEMBER OF STAFF**

See also Birmingham Safeguarding Children Board Procedures on Allegations against Staff and Volunteers.

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

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

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

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

- Allegations against staff will be reported by the Head Teacher to the LADO within one working day.
- The Head Teacher will Report to the police if any serious harm or if a crime has been committed.
- The Head Teacher will Report any staff to DBS and/or NCTL following an investigation of complaints, allegations or raised concerns.

## APPENDIX ONE

### DEFINITIONS AND INDICATORS OF ABUSE

#### NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- 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.

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 centre attendance or often late for centre;
- 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 centre; or
- The child is left at home alone or with inappropriate carers

#### 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.

## **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;
- 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.

## EMOTIONAL ABUSE

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

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

- 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.

## 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.

## APPENDIX TWO

### CHILDREN IN SPECIFIC CIRCUMSTANCES

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

- 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

### CHILDREN WITH DISABILITIES

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

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

- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

## CSE

CSE is a type of sexual abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. CSE is violation of articles 6, 19, 34 and 35 of the UNCRC.

The DfE (2009) definition of CSE is "Sexual exploitation of young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person) receive something (food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing or other performing on them, sexual activities. Child Sexual Exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain.

- Person exploiting the CYP has power over them (age, gender, intellect, physical strength, economic resources). There are also cases of peer exploitation. Violence and coercion and intimidation is common
- The CYP has limited availability of choice due to social/economical/emotional vulnerability
- In cases where a child is groomed from an early age, they still can't give consent even at the age of 16-18.
- Typical age range for CSE is 13-15 year old, but it has happened to children as young as 8 years old.
- CSE victims can take two to three years to make a disclosure.

Groomers are usually good listeners with good social skills, friendly, acute observers, clever, manipulative and charismatic. A young person who was exploited said *"I have had a million things done to me, you have to do million things to get me out of it"*.

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## MODELS OF EXPLOITATION

1. Boyfriend- this can be a protective, abusive and sometimes good relationship which is often confusing.
2. Organised group- It only exists with the sole purpose of exploitation.
3. Gang- existing gangs that could
4. Peer- this includes sexting and sextortion, bringing a friend along for financial gain, survival or at times in order to deflect from her/himself.
5. Technology

<b>Push (factors that push CYP towards the perpetrator)</b>	<b>Techniques used to pull in the CYP</b>
Abuse in the family Emotional problems Parental Mental Health problems Access/lack of progress in education Police involvement	Attention Made to feel special Taken to adult venues Gifts and alcohol offered Gain child's affection and admiration Tap into CYP insecurities

A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching. Sexual activity with a child under 16 is also an offence. It is

an offence for a person to have a sexual relationship with a 16 or 17-year-old if that person holds a position of trust or authority in relation to the young person. Non consensual sex is rape whatever the age of the victim. If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore offences may have been committed. Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18.

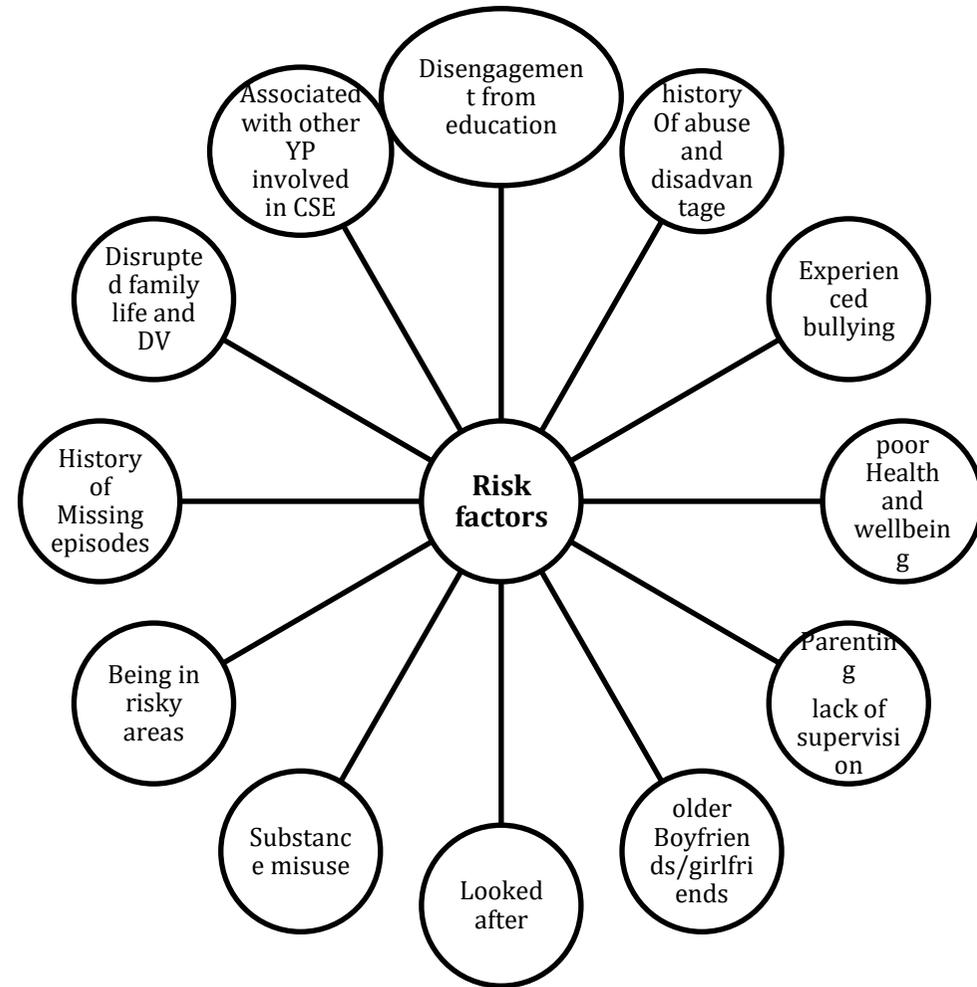
Where it comes to our notice that a child under the age of 13 is, or may be, sexually active, whether or not they are a student of this centre, this will result in an immediate referral to Children's Services. In the case of a young person between the ages of 13 and 16, an individual risk assessment will be conducted in accordance with the *Birmingham Child Protection Procedures*. This will determine how and when information will be shared with parents and the investigating agencies.

Our role at EGS is to identify children at risk, but most importantly it is to create a positive learning environment, develop children's character and confidence and help improve their prospects in life so that they are not pushed towards those who may exploit them. It is important to know the factors that make CYP vulnerable to and the signs of exploitation if we are to make a difference.

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.

## Risk Factors and Indicators (Adapted from Barnardo's CSE Awareness training material)



# FAITH ABUSE

Child abuse is condemned by people of all cultures, communities and faiths, and is never acceptable under any circumstances. Child abuse related to belief includes inflicting physical or emotional harm on a child by stigmatising or labelling them as evil or as a witch (National Action Plan to Tackle Child Abuse Linked to Faith or Belief).

The number of cases of child abuse linked to a belief in spirits, possession and witchcraft is small, but where it occurs the impact on the child is great, causing distress and suffering to the child. It is highly likely that this type of abuse remains underreported. As teachers/staff with a responsibility for safeguarding children, we must be able to recognise the signs of faith abuse.

The college's safeguarding procedures apply and must always be followed in all cases where abuse or neglect is suspected including those related to particular belief systems.

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## Child abuse linked to faith or belief



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The belief in witchcraft and possessions is a reality in many African and Asian cultures. There is no doubt that most, if not all faiths, believe in some form of spiritual possession, the difference is how it is exorcised. Exorcism or deliverance can range from prayer and fasting to beating the devil out of a child. This is often carried out by a faith leader or family members.

Branded children risk being shunned, stigmatised, neglected or abused. 15 year old Kristy Bamu, suspected of witch craft, was killed by his own sister and brother-in-law during exorcism.

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## Children at risk

- Children with disabilities
- Children living away from home or with other family members
- Children with challenging behaviour or mental health problems
- Albinos

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## Reasons for abuse

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- Belief in evil spirits and that the child could 'infect' others with such 'evil' via food and gifts.
  - Scapegoating because of a difference: it may be that the child is privately fostered carers do not have affection for the child.
  - Rationalising misfortune by attributing it to spiritual forces and attributing it to disobedience, rebelliousness, over-independence, bedwetting, nightmares, illness or because they have a perceived or physical abnormality or a disability; learning disabilities, mental ill health, epilepsy, autism or stammer.
  - Change of family circumstances, a feeling of isolation by migrant families. Evil spirit possession is used to rationalise any misfortune.
  - Parental issues: parent's mental illness attributed to a child being possessed.
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## Types of abuse

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- Physical abuse: beating, burning, cutting, stabbing, tying up the child, or rubbing chilli peppers or other substances on the child's genitals or eyes;
  - Emotional abuse: in the form of isolation from rest of the family, threat of abandonment and persuading them that they are possessed;
  - Neglect: failure to ensure appropriate medical care, supervision, centre attendance, good hygiene, nourishment, clothing or warmth;
  - Sexual abuse: within the family or community, children abused in this way may be particularly vulnerable to sexual exploitation.
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## Indicators of abuse

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- Marks on the body, bruises or burns;
  - A child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children;
  - Deteriorating personal care: weight loss, being hungry, turning up to centre without food or money or poor personal hygiene;
  - The child's parent do not show concern for or a close bond with them;
  - Irregular centre attendance, or being taken out of centre without another centre place having been organised;
  - A child reporting that they are or have been accused of being evil, and / or that they are having the devil beaten out of them.
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## Useful resources

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- National action plan to tackle child abuse linked to faith or belief
- <https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief>
- Channel 4 Dispatches: Britain's Child Witches
- AFRUCA video on Child Protection: [www.youtube.com/watch?v=34n8IYW361A](http://www.youtube.com/watch?v=34n8IYW361A)

# FGM

## Introduction

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

Female Genital Mutilation (FGM) is a wide spread problem throughout Africa and some parts of Asia. Many African countries have banned FGM, and although the percentage prevalence has been gradually decreasing, the number of cases is increasing as results of increasing population in those countries.

It is **illegal** in the UK to subject a girl or a woman to FGM or to assist a non-UK person in carrying out FGM overseas (The female genital Mutilation Act 2003). In cases where FGM has taken place, the nationality of the victim is irrelevant. Even if it is carried out abroad, it is still illegal. It is an unacceptable practice for which there is no justification. It is a form of violence against women and girls, and it is child abuse (articles 19 and 24 of UNCRC)

FGM has a deep and strong cultural underpinning and for that reason it is particularly difficult to challenge. The prevalence in Birmingham range from 12 to 16 per 1000, with type 1 and 2 being more prevalent.

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## What is FGM?

Female Genital Mutilation is defined by the World Health Organisation (WHO) as procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons.

FGM is carried out on young women and children for a number of reasons, some of which are outlined below:

- Status and respect
- Preserving virginity and chastity
- Part of being a woman/rite of passage
- Upholds family honour
- Custom/tradition/superstition and religion
- Mistakenly believed to make child birth easier (in fact it is associated with higher infant mortality)
- Aesthetically desirable
- Social acceptance/belonging to a community

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## Types of FGM

- Type 1 – Clitoridectomy, removing part or all of the clitoris
- Type 2- excision, removing part or all of the clitoris and labia
- Type 3 – infibulations, narrowing of the vaginal opening, cutting and repositioning the labia.
- Type 4 – other harmful procedures, pricking, piercing, cutting and scraping the area

Type 3 is considered most severe with long term implications.

## **Adverse effects of FGM**

- Post traumatic stress
- Difficulty menstruating and urinating
- Increase risk of STD
- Death during childbirth
- Anxiety , depression, low self esteem, relationship problems and loneliness

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## **Indicators of risk**

- FGM is practiced in girl's country of origin (These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East like Iraq and Yemen, Colombia, Iran, Israel, Oman, The United Arab Emirates, The Occupied Palestinian Territories, India, Indonesia, Malaysia, Pakistan and Saudi Arabia)
- The student's mother has had FGM
- The student has a sister that has had FGM
- Student withdrawn from SRE
- Student taken abroad for a long period of time
- Female elder visiting from abroad
- Most cases of FGM occur in girls aged 5-8 years.
- Girl has difficulty walking and spends a long time in the toilet
- Frequent abdominal discomfort and menstrual problems
- Behavioural changes
- Disclosure

One of these factors alone does not mean the student will be subjected to FGM, staff need to use their professional judgement to decide whether to report or not.

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## **The Role of Centre Staff**

Teachers or persons who are employed or engaged to carry out teaching role have a mandatory duty to report cases of FGM in girls under the age of 18 to Children's social care and the **police**. This is in cases where FGM has **already occurred** and directly **disclosed** to staff. Further information on this duty can be found in the document "*Mandatory Reporting of Female Genital Mutilation – procedural information*".

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- Failure to report may lead to disciplinary proceedings.
- In cases where there is suspicion that the child is at risk of FGM being performed or has been performed, normal safeguarding procedures apply. Staff should complete an incident form and inform the DSL.
- Be familiar with the signs of FGM and the centre's policy regarding this issue.
- Raise awareness of the practice and safeguard and support students. This can be done through assemblies, form time, displays and imbedded in the curriculum when possible and in particular through the PSHE/SRE curriculum.
- Encourage pupils to talk about their problems. Students should be confident in the knowledge that the centre will take their worries seriously. This will be done in safe environment that is culturally sensitive and avoiding stigmatisation.
- Unfounded accusations could cause considerable distress to pupils and their families and staff should act with sensitivity.

- Staff should not investigate allegations of abuse of a student and should follow the Safeguarding policy as with any other issue concerning safeguarding and child protection. Referrals will usually be made to children's social services and the police.

### **The Role of the DSL**

- The DSL has a significant responsibility which requires appropriate training and structured time to carry out the role.
- The DSL will adapt the safeguarding policy to take account of the issue of FGM.
- The DSL should address FGM in staff training and provide guidance on best practice.
- The DSL will make the referral in line with the safeguarding policy.

### **How to deal with disclosure**

1. Telephone **101**, non emergency crime number. Going through MASH does not comply with the regulations. Call made within **48 hours** of disclosure.
2. What information staff need to give to 101 operator:
  - Your details: Name, work contact details, times of your availability, role and place of work
  - Details of DSL: name, contact details, place of work
  - The student's details: name, age/DOB, address
  - Confirmation of safeguarding actions taken
3. Discuss with DSL if there are other actions required
4. Make a record of your actions and write down the police reference number and name of the person in charge.

### **Advice to our staff**

1. Do not assume that families from FGM practicing communities want their daughters to undergo FGM.
2. Avoid using the term FGM and mutilation and use other words such as cutting or circumcision when dealing with students and parents. We want to show cultural sensitivity and work together with parents to change their hearts and minds.

### **Further information**

[www.bafgm.org](http://www.bafgm.org)

[www.lscbirmingham.org.uk](http://www.lscbirmingham.org.uk)

Heartlands Hospital, Alison Byrne, 0121 424 3909

Birmingham and Solihull Women's Aid. [www.bswaid.org](http://www.bswaid.org)

[www.family-action.org.uk](http://www.family-action.org.uk)

<http://petals.coventry.ac.uk/>

# FORCED MARRIAGE

## Introduction and Rationale

Forced marriage is a violation of children's rights under the UN Convention on the Rights of the Child and of the basic human rights of children, young people and adults as set out in the European Convention on Human Rights. It is a form of violence against women and men, domestic abuse, a serious abuse of human rights, and where a minor is involved, child abuse.

The Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry. Forcing someone to marry can result in a sentence of up to 7 years in prison and breach of a forced marriage protection order carries a penalty of five years imprisonment.

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## What is Forced Marriage?

A forced marriage is a marriage in which one or both spouses do not (or, in the case of children and some adults at risk, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure'

There is a clear distinction between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage, but the choice of whether or not to accept the arrangement still remains with the prospective spouses.

Forced marriage is more likely to involve women, and an estimated 80% (2016) of cases referred to the UK Government's Forced Marriage Unit involve women. However, both men and women may be vulnerable to forced marriage.

In 2013, the Forced Marriage Unit (FMU) handled over 1300 cases, involving 74 different countries and although the majority of forced marriage cases in the UK involve South Asian families, it is not exclusively a South Asian problem. Cases involving families from other European nations, the Middle East and Africa have also been identified.

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## The Role of Centre Staff

- Be familiar with the signs of Forced Marriage and the centre's policy regarding this issue.
- Raise awareness of the practice and safeguard and support students. This can be done through assemblies, form time, displays and imbedded in the curriculum when possible and in particular through the PSHE/SRE curriculum.
- Encourage pupils to talk about their problems. Students should be confident in the knowledge that the centre will take their worries seriously. This will be done in safe environment that is culturally sensitive and avoiding stigmatisation.
- Unfounded accusations could cause considerable distress to pupils and their families and staff should act with sensitivity. If teachers are concerned that a pupil may be a victim of forced marriage, they should complete an incident/Disclosure form and inform the DSL as soon as possible.
- Staff should not investigate allegations of abuse of a student and should follow the Safeguarding policy as with any other issue concerning safeguarding and

child protection. Referrals will usually be made to children's social services, the police or the Forced Marriage Unit.

- Staff must not attempt to operate as mediators or family counsellors. Mediation can place the child at risk of further emotional and physical abuse

### **The Role of the DSL**

- The DSL has a significant responsibility which requires appropriate training and structured time to carry out the role.
- The DSL will adapt the safeguarding policy to take account of the issue of Forced Marriage.
- The DSL should address Forced Marriage in staff training and provide guidance on best practice.
- The DSL will make the referral in line with the safeguarding policy.

Advice and help can be obtained nationally through the Forced Marriage Unit and locally through the local police Child Protection or Domestic Abuse Unit, the Safeguarding Children Board (SCB) or the children's social care service.

### **The Forced Marriage Unit**

The Forced Marriage Unit (FMU) is a joint Foreign and Commonwealth Office and Home Office unit which was set up to lead on the Government's forced marriage policy, outreach and casework. The FMU operates a public helpline to provide advice and support to victims of forced marriage as well as to professionals dealing with cases.

- [fmu@fco.gov.uk](mailto:fmu@fco.gov.uk)
- Call: 020 7008 0151 (Mon-Fri: 09.00-17.00) Email: [fmu@fco.gov.uk](mailto:fmu@fco.gov.uk)
- Web: [www.gov.uk/forced-marriage](http://www.gov.uk/forced-marriage)

### **Further Information**

1. <https://www.gov.uk/guidance/forced-marriage> (19/09/2016)
2. [www.education.gov.uk/publications/eOrderingDownload/FCO%2075263.pdf](http://www.education.gov.uk/publications/eOrderingDownload/FCO%2075263.pdf) The Forced Marriage Unit (2008). The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage. The Foreign and Commonwealth Office. London.
3. [www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-guidelines09.pdf](http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-guidelines09.pdf)
4. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/322310/HMG\\_Statutory\\_Guidance\\_publication\\_180614\\_Final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf)
5. [http://www.nasuwat.org.uk/consum/groups/public/@journalist/documents/nas\\_download/nasuwat\\_010989.pdf](http://www.nasuwat.org.uk/consum/groups/public/@journalist/documents/nas_download/nasuwat_010989.pdf)
6. <http://forwarduk.org.uk/wp-content/uploads/2016/03/Educational-Professionals-Resource-English.pdf>

Potential Signs of Forced Marriage

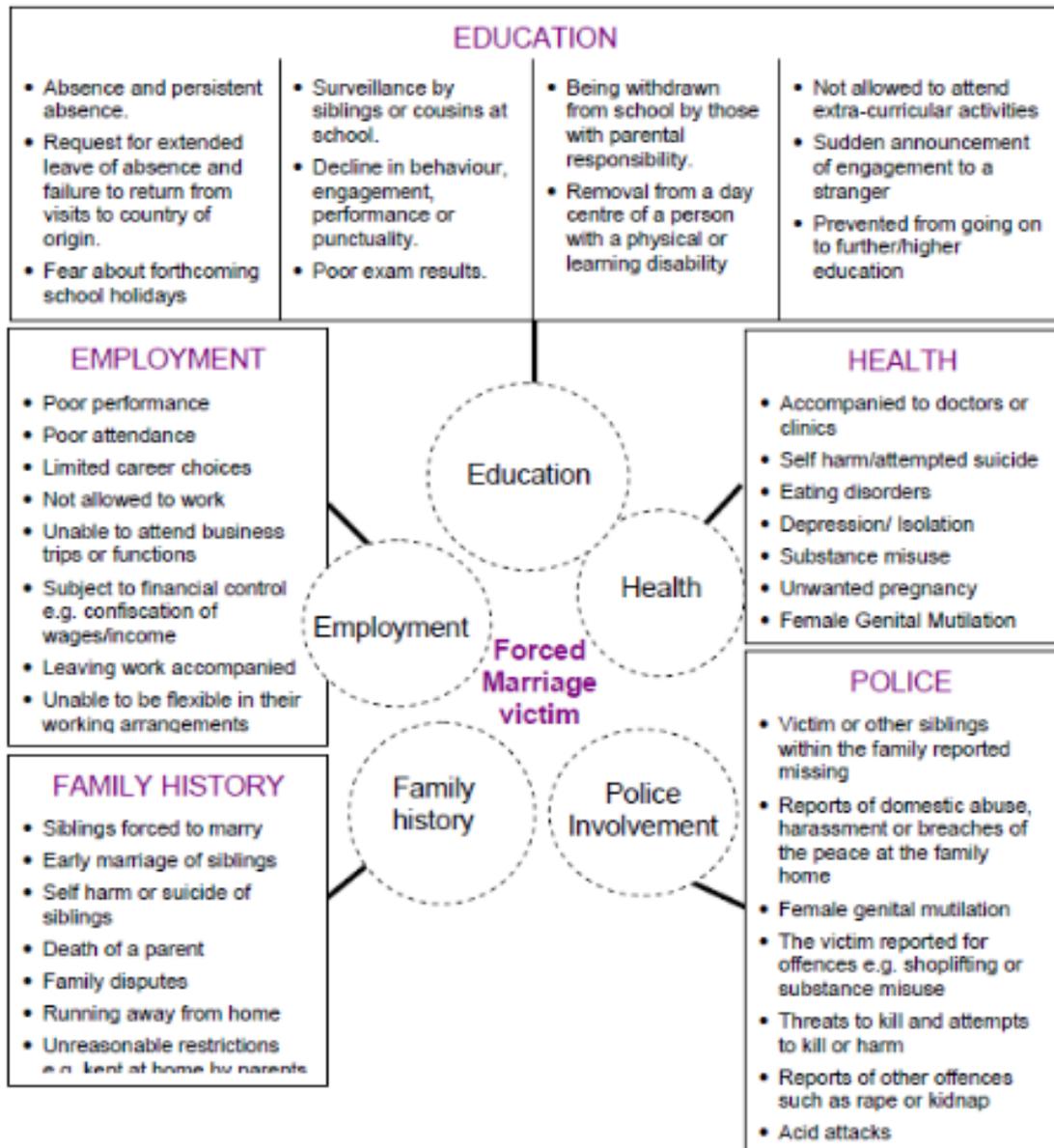


Chart taken from 'The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage, 2014.

***On their own, these characteristics may not indicate forced marriage. However, it is important to be satisfied that where these behaviours occur, they are not linked to forced marriage.***

# Hate Crime

## Discrimination

It is against the law to discriminate against anyone because of their age, being or becoming a transsexual person, being married or in a civil partnership, being pregnant or on maternity leave, disability, race including colour, nationality, ethnic or national origin, religion, belief or lack of religion/belief, sex or sexual orientation. These are called 'protected characteristics'. (Equality Act , 2010). It is a child's right to live out discrimination (Article 2 of UNCRC)

Students and staff are also protected from discrimination if, they're associated with someone who has a protected characteristic, eg a family member or friend or they've complained about discrimination or supported someone else's claim.

*"Young people are amongst the most likely to suffer but also perpetrate hate crime"*  
(Superintendent Paul Giannasi, cross-Government Hate Crime Programme Lead)

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## Hate Crime: definition and motivators

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Hate crime is any criminal offence committed against a person or property that is motivated by hostility towards someone based on their actual or perceived disability or any of protected characteristics.

Victims of hate crime may be subjected to physical assaults or suffer damage to their property. They may also experience the threat of an attack or verbal abuse.

Disability and race are the main motivators, accounting for 53% of all incidents. There has also been significant increase in reports relating to Gender Identity Hate Crime.

The figures for hate crime in the West Midlands currently show that the highest number of offences in the region are related to race, followed by religious offences, sexual orientation, disability and transgender. There has been particular concerns with the recent rise in Anti-Muslim sentiments and attacks. Incidents involving Faith, Religion and Belief, saw a 2% increase, mostly against Muslims (Stop Hate UK, 2016).

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## Centre Action

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- Educating our young pupils to challenge prejudice and discrimination. This will be embedded in the centre curriculum (and included in the Safeguarding Curriculum Map), discussed in assemblies, explored through educational trips, PHSEE projects (The Crown Prosecution educational packs) and Character and Virtues Education programme.
- ICT lessons will incorporate internet safety and cyber security issues. Of the 801 incidents of anti-Muslim hatred that were documented by Tell MAMA during 2015,

73% were online (Home Office, Action Against Hate the: UK Government's plan for tackling hate crime, 2016).

- Poster displays around the centre informing students on how to deal with hate crime and ways to report it.
- Incidents of hate crime or any form of discrimination will be logged by staff, using the incident for, and safeguarding lead must be informed immediately. Incidents will also be reported. See below.

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## Reporting Hate Crime?

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Any person experiencing hate related incidents or crimes should report it:

1. directly to their local police on 101 (non-emergency number)
2. via the True Vision website (<http://report-it.org.uk/home>)
3. at a neighbourhood office.

Any person who has any information about hate crime, can call anonymously on **0800 555 111** or report it through the [Anonymous Online Form](#).

## APPENDIX THREE

### DEALING WITH A DISCLOSURE OF ABUSE

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

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child 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 child 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 child 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 child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.

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

#### **Immediately afterwards**

**You must not deal with this yourself.** Clear indications or disclosure of abuse must be reported to children's social care without delay, by the Head Teacher or the DSL.

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

## APPENDIX FOUR

### ALLEGATIONS ABOUT A MEMBER OF STAFF OR A 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 pupils, sexual harassment, sexual assault and rape.
  - Neglect  
For example failing to act to protect a child or children, failing to seek medical attention or failure to carry out an appropriate risk assessment.
  
2. If a child makes an allegation about a member of staff, visitor or volunteer the Head Teacher should be informed immediately. The Head Teacher should carry out an urgent initial consideration in order to establish whether there is substance to the allegation. The Head Teacher should not carry out the investigation himself or interview pupils.
  
3. The Head Teacher 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 Head Teacher will notify the Local Authority Designated Officer (LADO) Team (Tel: 0121 675 1669). The LADO Team will liaise with the chair of the Advisory Body and advise about action to be taken, and may initiate internal referrals within children's social care to address the needs of children 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 student(s), these should be addressed through the centre's own internal procedures.
  - If the Head Teacher 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 child protection file.

4. Where an allegation has been made against the Head Teacher, it must be reported immediately to the LADO in children's social care, who will liaise with the Chair of the Advisory Board and they will decide on any action required 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. Students 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 centre staff are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
  - Identity Crisis – the student is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
  - Personal Crisis – the student may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends;

they may be searching for answers to questions about identity, faith and belonging;

- Personal Circumstances – migration; local community tensions; and events affecting the 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 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 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;
- 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 Tutor World is the Head Teacher, who is responsible for:

- Ensuring that staff of the centre are aware that you are the SPOC in relation to protecting students from radicalisation and involvement in terrorism;
- Maintaining and applying a good understanding of the relevant guidance in relation to preventing students 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 Tutor World in relation to protecting students from radicalisation and involvement in terrorism;
- Monitoring the effect in practice of the centre's RE curriculum and assembly policy to ensure that they are used to promote community cohesion and tolerance of different faiths and beliefs;
- Raising awareness within the centre about the safeguarding processes relating to protecting students from radicalisation and involvement in terrorism;
- Acting as the first point of contact within the centre for case discussions relating to students who may be at risk of radicalisation or involved in terrorism;
- Collating relevant information from in relation to referrals of vulnerable students 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.

**COMPLAINTS**

All complaints arising from the operation of this policy will be considered under the centre's complaint procedure.

**POLICY REVIEW**

This policy will be reviewed in full by the Board of Trustee on an annual basis.

The policy was agreed by the on 15.01.2024.

It is due for review on 14.01.2025 (up to 12 months from the above date).

Signature ..... Date .....