



# The King Alfred School

## *Child Protection & Safeguarding Policy APPENDICES*

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## **APPENDIX 1 - INDICATORS OF HARM**

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

### **Indicators in the child**

#### **Bruising**

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

#### **Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

#### **Mouth Injuries**

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

#### **Poisoning**

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

### **Fabricated or Induced Illness**

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

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

### **Bite Marks**

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child. A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

### **Burns and Scalds**

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded. Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get but and there will be splash marks

### **Scars**

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

### **Emotional/behavioural presentation**

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help

- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

### **Indicators in the parent**

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness.
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties, may (or may not) be associated with this form of abuse.
- Parent/carer has convictions for violent crimes.

### **Indicators in the family/environment**

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

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

### **Indicators in the child**

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence

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- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

### **Indicators in the parent**

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
- Wider parenting difficulties, may (or may not) be associated with this form of abuse.

### **Indicators of in the family/environment**

- Lack of support from family or social network.
- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

**Neglect:** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### **Indicators in the child**

#### **Physical presentation**

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair

## FGB 20.9.16

- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries

### **Development**

- General delay, especially speech and language delay
- Inadequate social skills and poor socialization

### **Emotional/behavioural presentation**

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self-harming behaviour

### **Indicators in the parent**

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child .e.g. anxious
- Low self-esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, and hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

### **Indicators in the family/environment**

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

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

### **Indicators in the child**

#### **Physical presentation**

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

#### **Emotional/behavioural presentation**

- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

### **Indicators in the parents**

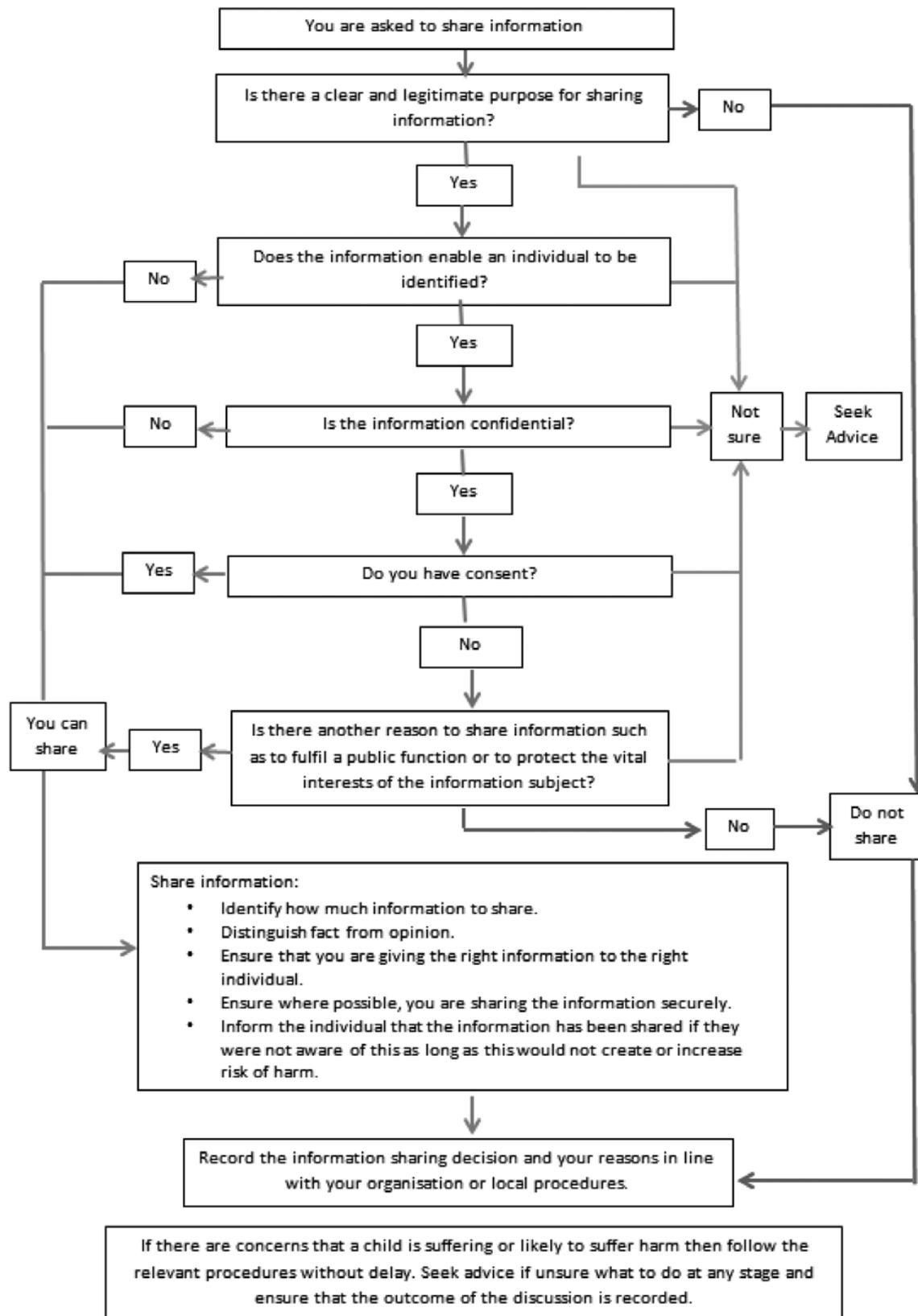
- Comments made by the parent/carer about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent is a sex offender

**Indicators in the family/environment**

- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Family member is a sex offender.

**APPENDIX 2 – INFORMATION SHARING**

**Flowchart of when and how to share information**



Source: Information Sharing (HM Government March 2015)

## **APPENDIX 3 – KEEPING CHILDREN SAFE IN EDUCATION (September 2016)**

### **Part one: Safeguarding information for all staff What school and college staff should know and do**

#### **A child centred and coordinated approach to safeguarding**

1. Schools and colleges and their staff are an important part of the wider safeguarding system for children. This system is described in statutory guidance Working together to safeguard children.
2. Safeguarding and promoting the welfare of children is **everyone's** responsibility. **Everyone** who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the **best interests** of the child.
3. No single professional can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, **everyone** who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
4. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.
5. Children includes everyone under the age of 18.

#### **The role of school and college staff**

6. School and college staff are particularly important as they are in a position to identify concerns early, provide help for children, and prevent concerns from escalating.
  7. **All** school and college staff have a responsibility to provide a safe environment in which children can learn.
  8. Every school and college should have a designated safeguarding lead who will provide support to staff members to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.
  9. **All** school and college staff should be prepared to identify children who may benefit from early help.<sup>3</sup> Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years. In the first instance, staff should discuss early help requirements with the designated safeguarding lead. Staff may be required to support other agencies and professionals in an early help assessment.
- <sup>3</sup> Detailed information on early help can be found in Chapter 1 of Working together to safeguard children
10. **Any staff member** who has a concern about a child's welfare should follow the referral processes set out in paragraphs 21-27. Staff may be required to support social workers and other agencies following any referral.
  11. The Teachers' Standards 2012 state that teachers, including headteachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.<sup>4</sup>

<sup>4</sup>The Teachers' Standards apply to: trainees working towards QTS; all teachers completing their statutory induction period (newly qualified teachers [NQTs]); and teachers in maintained schools, including maintained special schools, who are subject to the Education (School Teachers' Appraisal) (England) Regulations 2012.

### **What school and college staff need to know**

12. **All** staff members should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction. This should include:

- the child protection policy;
- the staff behaviour policy (sometimes called a code of conduct); and
- the role of the designated safeguarding lead.

Copies of policies and a copy of Part one of this document (Keeping children safe in education) should be provided to staff at induction.

13. **All** staff members should receive appropriate safeguarding and child protection training which is regularly updated. In addition all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

14. **All** staff should be aware of the early help process, and understand their role in it. This includes identifying emerging problems, liaising with the designated safeguarding lead, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment.

15. **All** staff should be aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989<sup>5</sup> that may follow a referral, along with the role they might be expected to play in such assessments.<sup>6</sup>

<sup>5</sup> Under the Children Act 1989, local authorities are required to provide services for children in need in their area for the purposes of safeguarding and promoting their welfare. Local authorities undertake assessments of the needs of individual children to determine which services to provide and what action to take. This can include:

Section 17- A child in need is defined under section 17(10) of the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health or development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

Section 47- If the local authority have reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm they have a duty to make enquires under section 47 to enable them to decide whether they should take any action to safeguard and promote the child's welfare. This duty also applies if a child is subject to an emergency protection order (under section 44 of the Children Act 1989) or in police protective custody under section 46 of the Children Act 1989.

<sup>6</sup> Detailed information on statutory assessments can be found in Chapter 1 of Working together to safeguard children

16. **All** staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality whilst at the same time liaising with relevant professionals such as the designated safeguarding lead and children's social care. Staff should never promise a child that they will not tell anyone about an allegation, as this may ultimately not be in the best interests of the child.

### **What school and college staff should look out for**

17. **All** school and college staff members should be aware of the types of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. Types of abuse and neglect, and examples of safeguarding issues are described in paragraphs 35-44 of this guidance.

18. Departmental advice What to do if you are worried a child is being abused- Advice for practitioners provides more information on understanding and identifying abuse and neglect. Examples of potential signs of abuse and neglect are highlighted throughout the advice and will be particularly helpful for school and college staff. The NSPCC website also provides useful additional information on types of abuse and what to look out for.

19. Staff members working with children are advised to maintain an attitude of '**it could happen here**' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the **best** interests of the child.

20. Knowing what to look for is vital to the early identification of abuse and neglect. If staff members are unsure, they should always speak to the designated safeguarding lead.

### **What school and college staff should do if they have concerns about a child**

21. If staff members have any **concerns** about a child (as opposed to a child being in immediate danger - see paragraph 28) they will need to decide what action to take. Where possible, there should be a conversation with the designated safeguarding lead to agree a course of action, although any staff member can make a referral to children's social care. Other options could include referral to specialist services or early help services and should be made in accordance with the referral threshold set by the Local Safeguarding Children Board.

22. If anyone other than the designated safeguarding lead makes the referral, they should inform the designated safeguarding lead as soon as possible. The local authority should make a decision within one working day of a referral being made about what course of action they are taking and should let the referrer know the outcome. Staff should follow up on a referral should that information not be forthcoming. The online tool [Reporting child abuse to your local council](#) directs staff to their local children's social care contact number.

23. See point 34 of this appendix for a flow chart setting out the process for staff when they have concerns about a child.

24. If, after a referral, the child's situation does not appear to be improving, the designated safeguarding lead (or the person who made the referral) should press for re-consideration to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

25. If early help is appropriate, the designated safeguarding lead should support the staff member in liaising with other agencies and setting up an inter-agency assessment as appropriate.

26. If early help or other support is appropriate, the case should be kept under constant review and consideration given to a referral to children's social care if the child's situation does not appear to be improving.

27. If a **teacher**<sup>7</sup>, in the course of their work in the profession, discovers that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18, the **teacher** must report this to the police. See Appendix 8 for further details.

### **What school and college staff should do if a child is in danger or at risk of harm**

**28. If a child is in immediate danger or is at risk of harm, a referral should 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 should be informed as soon as possible that a referral has been made. Reporting child abuse to your local council directs staff to their local children's social care contact number.

7 Section 5B(11) of the FGM Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) provides the definition for the term 'teacher': "teacher" means – (a) in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at schools and other institutions in England).

### **Record keeping**

29. All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements, staff should discuss with the designated safeguarding lead.

### **Why is all of this important?**

30. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes: failing to act on and refer the early signs of abuse and neglect; poor record keeping; failing to listen to the views of the child; failing to re-assess concerns when situations do not improve; sharing information too slowly; and a lack of challenge to those who appear not to be taking action.<sup>8</sup>

<sup>8</sup> Serious case reviews, 2011 to 2014

Alternatively, staff can write to: National Society for the Prevention of Cruelty to Children (NSPCC), Weston House, 42 Curtain, Road, London EC2A 3NH.

### **What school and college staff should do if they have concerns about another staff member**

31. If staff members have concerns about another staff member, then this should be referred to the headteacher or principal. Where there are concerns about the headteacher or principal, this should be referred to the chair of governors, chair of the management committee or proprietor of an independent school as appropriate. In the event of allegations of abuse being made against the headteacher, where the headteacher is also the sole proprietor of an independent school, allegations should be reported directly to the designated officer(s) at the local authority. Staff may consider discussing any concerns with the school's designated safeguarding lead and make any referral via them. Full details can be found in Part four of KCSIE.

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

32. All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or college's safeguarding regime and know that such concerns will be taken seriously by the senior leadership team.

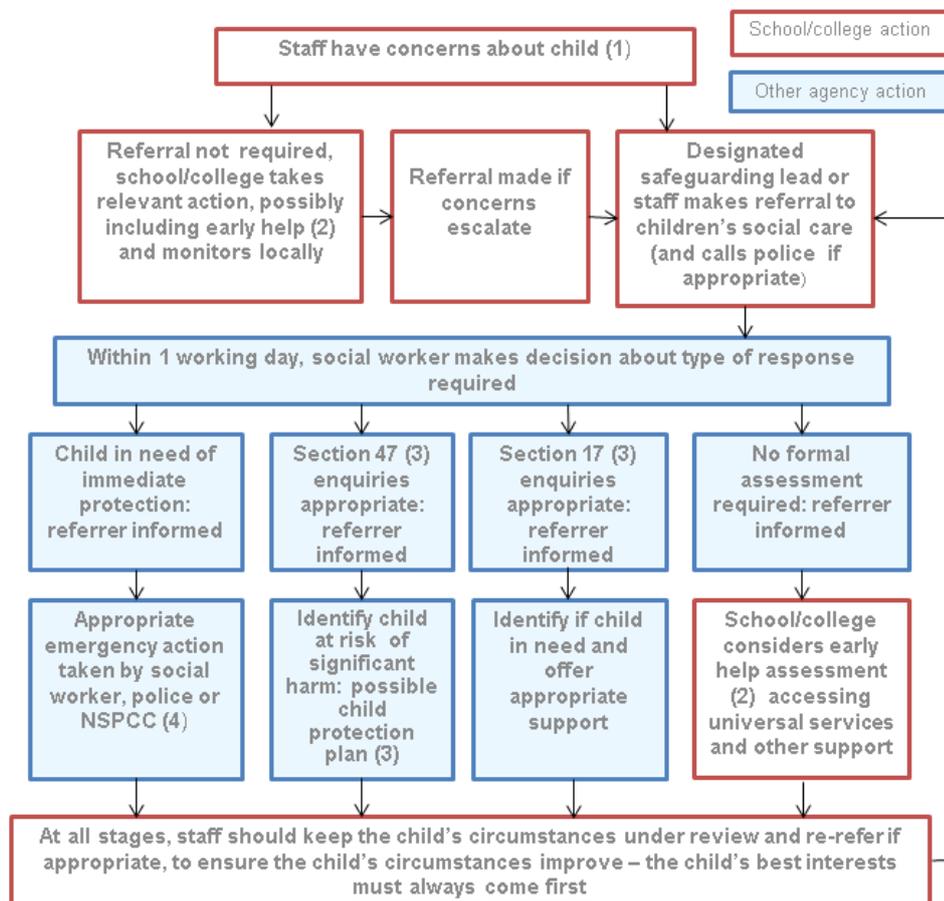
33. Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school or college's senior leadership team.

34. Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

- General guidance can be found at- Advice on whistleblowing

- The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: help@nspcc.org.uk

### Actions where there are concerns about a child



Notes:

- In cases which also involve an allegation of abuse against a staff member, see Part four of this guidance.
- Early help means providing support as soon as a problem emerges at any point in a child’s life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of Working together to safeguard children provides detailed guidance on the early help process.
- Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. This can include s17 assessments of children in need and s47 assessments of children at risk of significant harm. Full details are in Chapter one of Working together to safeguard children
- This could include applying for an Emergency Protection Order (EPO).

### Types of abuse and neglect

35. **All school and college staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.**

36. **Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an

institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or by another child or children.

**37. 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.

**38. 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.

**39. 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.

**40. 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.

### **Specific safeguarding issues**

**41. All** staff should have an awareness of safeguarding issues, some of which are listed below. Staff should be aware that behaviours linked to the likes of drug taking, alcohol abuse, truanting and sexting put children in danger.

**42. All** staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to, bullying (including cyberbullying), gender based violence/sexual assaults and sexting. Staff should be clear as to the school or college's policy and procedures with regards to peer on peer abuse.

**43.** Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example, information for schools and colleges can be found on the TES, MindEd and the NSPCC websites. School and college staff can access government guidance as required on the issues listed below via GOV.UK and other government websites:

- bullying including cyberbullying

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- children missing education – and Appendices
- child missing from home or care
- child sexual exploitation (CSE) – and Appendices
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) – and Appendices
- forced marriage- and Appendices
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- hate
- mental health
- missing children and adults - and Appendices
- private fostering
- preventing radicalisation – and Appendices
- relationship abuse
- sexting – and Appendices
- trafficking

44. These appendices contain important additional information about specific forms of abuse and safeguarding issues. School leaders and those staff who work directly with children should read the appendices in full.

## APPENDIX 4 – RESPONDING TO & MANAGING SEXTING INCIDENTS

# Responding to Sexting

In light of comments in September 2015 from the National Police Chief Council's lead on children and young people who said, "if a school chose to take an incident to the police, then officers must record the crime", we have updated our advice on how schools should manage incidents of sexting.



### For Staff

If you have a report of (or you suspect) a sexting incident

Remember: intimate sexting images are typically considered to be illegal images which is why incidents need very careful management for all those involved.

If a device is involved – secure the device and switch it off

Seek advice - report to your designated safeguarding lead officer via your normal safeguarding procedures

“ Sexting doesn't just occur within, but also now happens prior to, a relationship  
Prof A Phippen (2012) ”

“ 16% of teenagers don't think naked images are inappropriate  
SWGfL (2009) ”

“ Teenagers typically consider sexting to be 'mundane' and widely known about ”

“ Celebrity, media representations of body image and pornography all play a role in sexting ”



<sup>1</sup>Phippen, A. (2012) Sexting: An Exploration of Practices, Attitudes and Influences. (<https://www.nspcc.org.uk/globalassets/documents/research-reports/sexting-exploration-practices-attitudes-influences-report-2012.pdf>)  
<sup>2</sup>[http://ceop.police.uk/Documents/ceopdocs/externaldocs/ACPO\\_Lead\\_position\\_on\\_Self\\_Take\\_n\\_Images.pdf](http://ceop.police.uk/Documents/ceopdocs/externaldocs/ACPO_Lead_position_on_Self_Take_n_Images.pdf)

# Managing Sexting Incidents

In light of comments in September 2015 from the National Police Chief Council's lead on children and young people who said, "if a school chose to take an incident to the police, then officers must record the crime", we have updated our advice on how schools should manage incidents of sexting.



## Designated Safeguarding Lead Officer

Sexting among children and young people can be a common occurrence; where they often describe these incidents as 'mundane'. Children, involved in sexting incidents, will be dealt with (by the police) as victims as opposed to perpetrators (unless there are mitigating circumstances).

Record all incidents of sexting. This includes both the actions you did take together with the actions that you didn't take, together with justifications.

In applying judgement to each sexting incident consider the following:

- Significant age difference between the sender/receiver involved.
- If there is any external coercion involved or encouragement beyond the sender/receiver.
- If you recognise the child as more vulnerable than is usual (ie at risk).
- If the image is of a severe or extreme nature.
- If the situation is not isolated and the image has been more widely distributed.
- If this is not the first time children have been involved in a sexting act.
- If other knowledge of either the sender/recipient may add cause for concern (ie difficult home circumstances).

“If you have a report of (or you suspect) a sexting incident”



If these characteristics present cause for concern, then escalate or refer the incident using your normal safeguarding procedures.

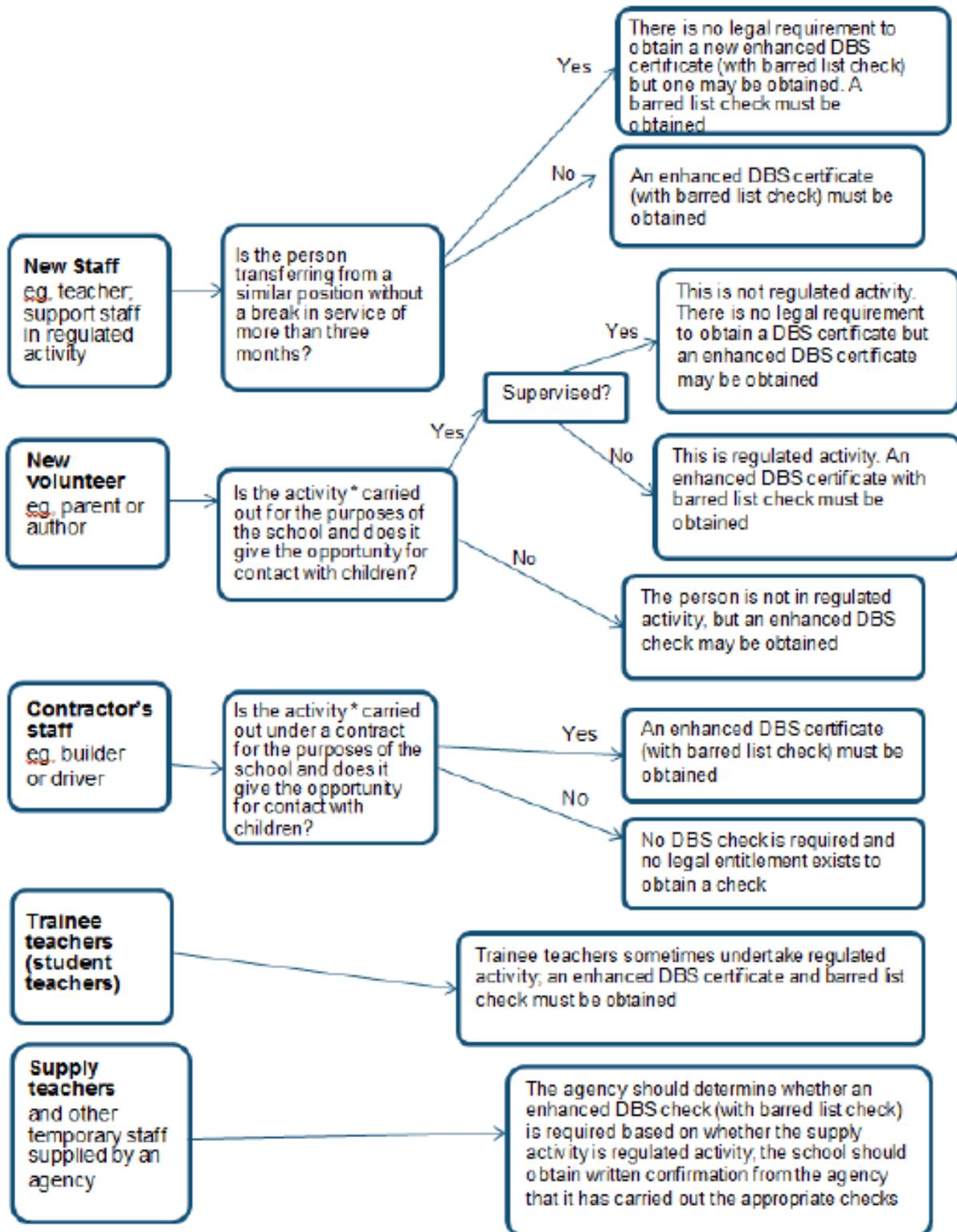
If these characteristics do not present cause for concern, then manage the situation accordingly, recording details of the incident, action and resolution.

<sup>1</sup>Phippen, A. (2012) Sexting: An Exploration of Practices, Attitudes and Influences. (<https://www.nspcc.org.uk/globalassets/documents/research-reports/sexting-exploration-practices-attitudes-influences-report-2012.pdf>)  
<sup>2</sup>[http://ceop.police.uk/Documents/ceopdocs/externaldocs/ACPO\\_Lead\\_position\\_on\\_Self\\_Take\\_n\\_Images.pdf](http://ceop.police.uk/Documents/ceopdocs/externaldocs/ACPO_Lead_position_on_Self_Take_n_Images.pdf)



**APPENDIX 5**

**Flowchart of Disclosure and Barring Service criminal record checks and barred list checks**



\* Activities listed under the guidance's definition of regulated activity and which are carried out 'frequently'

## **APPENDIX 6 – FURTHER INFORMATION ON A CHILD MISSING FROM EDUCATION**

All children, regardless of their circumstances, are entitled to a full time education, which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area. Effective information sharing between parents, schools, colleges and local authorities is critical to ensuring that all children are safe and receiving suitable education.

A child going missing from education is a potential indicator of abuse or neglect and such children are at risk of being victims of harm, exploitation or radicalisation. The school will follow procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future.

It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, female genital mutilation and forced marriage. Further information about children at risk of missing education can be found in the Children Missing Education guidance, in the Attendance Policy and via the Education Welfare Service.

The schools will monitor attendance and address it when it is poor or irregular. It will inform the local authority of any pupil who fails to attend school regularly, or fails to attend for a continuous period of 10 days or more.

## **APPENDIX 7 - FURTHER INFORMATION ON CHILD SEXUAL EXPLOITATION**

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

### **SAFEGUARDING - CSE PROTOCOL**

Sexual exploitation affects thousands of children and young people across the UK every year. As a professional working with young people in an education setting, you could have an important role to play in protecting children from exploitation.

### **WHO DOES IT AFFECT?**

This type of abuse could happen to any young person from any background. It happens to boys and young men as well as girls and young women. The victims of abuse are not at fault. Abusers are very clever in the way they manipulate and take advantage of the young people they abuse.

### **HOW DOES IT HAPPEN?**

Many young people who have been victims of CSE have been 'groomed' by an abusing adult who befriends the young person and makes them feel special by buying them gifts or giving them lots of attention. Young people may be targeted online or in person. Sexual exploitation can also occur between young people of a similar age.

In most cases, the abuser will have power of some kind over the young person. It may be that the abuser is older or more emotionally mature, physically stronger, or that they are in a position where they are able to control the young person.

There are some situations that can make young people more vulnerable to exploitation; by becoming distant from the people who would usually look after them. Young people who are having difficulties at home, regularly go missing or who have experienced care may be particularly vulnerable.

### **WHAT ARE THE SIGNS?**

Children and young people that are the victims of sexual exploitation often do not recognise that they are being exploited. However, there are a number of tell-tale signs that a child may be being groomed for sexual exploitation. These include:

- going missing for periods of time or regularly returning home late
- regularly missing school or not taking part in education
- appearing with unexplained gifts or new possessions
- associating with other young people involved in exploitation
- having older boyfriends or girlfriends
- suffering from sexually transmitted infections
- mood swings or changes in emotional wellbeing
- drug and alcohol misuse
- displaying inappropriate sexualised behaviour

### **WHAT CAN WE DO AS A PROFESSIONALS?**

You may have opportunities to identify issues early so it is important to familiarise yourself with the signs that a young person is being exploited and to share this information with the Designated Safeguarding Officer (or Deputies).

Other steps you can take to help protect young people include:

- staying alert to changes in behaviour or any physical signs of abuse and investigating these further
- following the Safeguarding Procedure if you have concerns about a young person
- thinking about ways that you might be able to better support and help young people to share information if they are worried about their own or another young person's situation
- identifying opportunities to educate young people and their parents about healthy relationships and about sexual exploitation

Pupils should be given clear messages about healthy relationships and risky behaviour including:

- respect and responsibilities
- how to stay safe
- an understanding of what to do and who to discuss issues with
- an awareness of unhealthy relationships, sexual exploitation and grooming
- an understanding of dangerous and exploitative situations
- an opportunity to explore gender stereotypes and gender roles
- an increased awareness of risk, assessing risk and the consequences of risk taking, including sexual bullying and peer pressure
- an opportunity to build skills and confidence in developing positive, healthy relationships

### **WHOLE SCHOOL IMPLEMENTATION**

Ensure that school e-safety procedures are robust and that pupils are taught online safety skills so they can identify online risks and are confident to report any concerns to school staff.

The school will have links with outside agencies that will support the school in implementing this policy

- Identify staff training needs to increase knowledge and develop confidence
- The school has a named representative who works in partnership with the local safeguarding children board (LSCB).
- The Designated Safeguarding Lead will work closely with other local specialist agencies.
- The school will agree ground rules with young people, including confidentiality. Confidentiality should be maintained in line with the school policy and the child protection policy.
- School staff will model behaviour – be aware of values and attitudes, preconceptions and feelings and be prepared to challenge any inappropriate language and attitudes including stereotyping.
- School staff will recognise diversity within the teaching group and be aware of gender groupings. Consider whether mixed or separate gender groups are appropriate.

### **Monitoring and Evaluation**

- Attendance Officer monitor weekly tracking sheets to identify irregular patterns of attendance
- Deputy Headteacher Pastoral will feed back initiatives and information from the LSCB, and develop links with local services for sexually exploited young people, and invite representatives to school to take part in lessons or assemblies.
- Designated Safeguarding Lead will ensure that all staff receive training and information on how to recognise the signs of Child Sexual Exploitation.
- School staff will be a source of support for parents who have concerns about their child's behaviour, appearance or friends who are not part of the school community. They will help parents to access appropriate agencies for further help.

### **FURTHER INFORMATION**

Tackling Child Sexual Exploitation - Action Plan, DfE 2011

Safeguarding children and young people from sexual exploitation, DfES 2009

FGB 20.9.16

What to do if you suspect a child is being sexually exploited, DfE 2012

Keeping Children Safe in Education, DfE 2016

Working Together to Safeguard Children, HM Gov 2015

To be reviewed April 2018

Additional amendments to be made as required annually with reference to the Safeguarding Policy, statutory guidance and legislation.

**APPENDIX 8 - FURTHER INFORMATION ON SO-CALLED 'HONOUR BASED' VIOLENCE**

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

**Indicators**

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

**Actions**

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

**SAFEGUARDING - FGM PROTOCOL**

FGM (female genital mutilation) is a collective term for all procedures involving partial or total removal of external female genitalia for cultural or other non-therapeutic reasons. Typically it is performed on girls aged between 4 and 15 or on older girls before marriage or pregnancy. It is illegal in the UK and it is also illegal to take a child abroad to undergo FGM. There is a maximum prison sentence of 14 years for anyone found to have aided this procedure in any way.

FGM is child abuse, causing physical, psychological and sexual harm, a form of violence against women and girls, and therefore should be dealt with as part of existing child and adult safeguarding/protection structures, policies and procedures.

FGM is more common than many people realise, both across the world and in the UK. It is practised in 28 African countries and in parts of the Middle and Far East and increasingly in developed countries amongst the immigrant and refugee communities. In the UK it has been estimated that 24,000 girls under the age of 15 are at risk of FGM.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at Mandatory reporting of female genital mutilation procedural information (DfE)

Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should

also still consider and discuss any such case with the designated safeguarding lead and involve children's social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures. (KCSIE)

## **PRINCIPLES SUPPORTING THE POLICY**

The following principles should be adopted by all agencies in relation to identifying and responding to girls (and unborn girls) and women at risk of, or who have experienced FGM, and their parent(s):

- The safety and welfare of the child is paramount.
- All agencies act in the interests of the rights of the child as stated in the UN Convention (1989).
- FGM is illegal in the UK
- FGM is not a matter that can be left to be decided by personal preference – it is an extremely harmful practice. Professionals should not let fears of being branded 'racist' or 'discriminatory' weaken the protection and support required by vulnerable girls and women.
- Accessible, acceptable and sensitive health, education, police, social care and voluntary sector services must underpin interventions.
- It is acknowledged that some FGM practising families do not see it as an act of abuse. However, FGM is child abuse and has severe significant physical and mental health consequences, both in the short and long term, and as such must never be excused, accepted and condoned.
- As an often embedded 'cultural practice', engagement with families and communities will be required to achieve a long-term abandonment and eradication of FGM.
- All decisions or plans should be based on good quality assessments (using, for example, the Common Assessment Framework in England and the Framework for the Assessment of Children in Need and their Families in Wales) and be sensitive to the issues of race, culture, gender, religion and sexuality; and should avoid stigmatising the girl or woman affected, and the practising community, as far as possible given the other principles above.

## **SPECIFIC FACTORS THAT MAY HEIGHTEN A GIRL'S OR WOMAN'S RISK OF BEING AFFECTED BY FGM**

There are a number of factors in addition to a girl's or woman's community or country of origin that could increase the risk that she will be subjected to FGM:

- The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM.
- Any girl born to a woman who has been subjected to FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl who has a sister who has already undergone FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.

## **SIGNS AND INDICATORS TO BE AWARE OF**

Some indications that FGM may have taken place include:

- The family comes from a community that is known to practice FGM, especially if there are elderly women present in the extended family

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- A girl / young woman may spend time out of the classroom or from other activities, with bladder or menstrual problems
- A long absence from school or in the school holidays could be an indication that a girl / young woman has recently undergone an FGM procedure, particularly if there are behavioural changes on her return - this may also be due to a forced marriage
- A girl / young woman requiring to be excused from physical exercise lessons without the support of her GP
- A girl / young woman may ask for help, either directly or indirectly
- A girl / young woman who is suffering emotional / psychological effects of undergoing FGM, for example withdrawal or depression
- Midwives and obstetricians may become aware that FGM has taken place when treating a pregnant woman / young woman

Some indications that FGM may be about to take place include:

- A conversation with a girl / young woman where they may refer to FGM, either in relation to themselves or another female family member or friend
- A girl / young woman requesting help to prevent it happening
- A girl / young woman expressing anxiety about a 'special procedure' or a 'special occasion' which may include discussion of a holiday to their country of origin
- A boy may also indicate some concern about his sister or other female relative.

## **ACTION TO TAKE IF STAFF BELIEVE A CHILD IS AT RISK OF FGM**

If you believe that FGM has been, or is about to be carried out call 999 and immediately report to the Designated Safeguarding Lead/Deputy, do not delay.

If a girl / young woman is thought to be at risk of FGM, workers should be aware of the need to act quickly - before she is abused by undergoing FGM in the UK, or taken abroad to undergo the procedure. An interpreter must be used in all interviews with the family if their preferred language is not English. The interpreter must be female.

## **CULTURAL CONTEXT**

The issue of FGM is very complex. Despite the obvious harm and distress it can cause, many parents from communities who practice FGM believe it important in order to protect their cultural identity.

FGM is often practiced within a religious context. However, neither the Koran nor the Bible supports the practice of FGM. As well as religious reasons, parents may also say that undergoing FGM is in their daughter's best interests because it:

- Gives her status and respect within the community
- Keeps her virginity / chastity
- Is a rite of passage within the custom and tradition in their culture
- Makes her socially acceptable to others, especially to men for the purposes of marriage
- Ensures the family are seen as honourable
- Helps girls and women to be clean and hygienic.

## **TYPES OF FGM**

FGM has been classified by the World Health Organization into four types:

- Type 1 – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina).

- Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- Type 4 – Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

## **CONSEQUENCES OF FGM**

Many people may not be aware of the relation between FGM and its health consequences; in particular the complications affecting sexual intercourse and childbirth which occur many years after the mutilation has taken place.

Short term health implications include:

- Severe pain and shock
- Infections
- Urine retention
- Injury to adjacent tissues
- Fracture or dislocation as a result of restraint
- Damage to other organs
- Death

Depending on the degree of mutilation, it can cause severe haemorrhaging and result in the death of the girl / young woman through loss of blood.

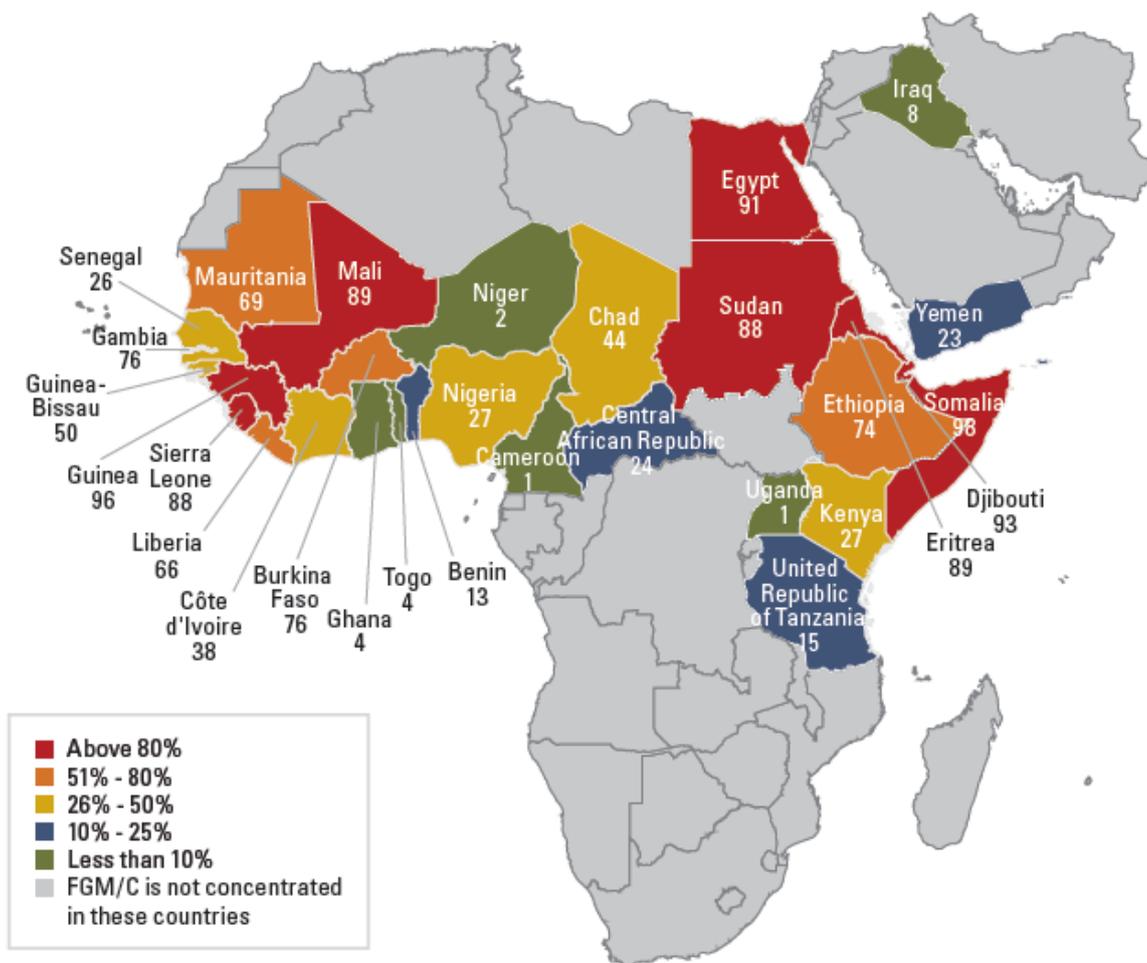
Long term health implications include:

- Excessive damage to the reproductive system
- Uterus, vaginal and pelvic infections
- Infertility
- Cysts
- Complications in pregnancy and childbirth
- Psychological damage
- Sexual dysfunction
- Difficulties in menstruation
- Difficulties in passing urine
- Increased risk of HIV transmission

## **UK & WORLD PREVALENCE OF FGM**

FGM's prevalence in the UK is difficult to estimate because of the hidden nature of the crime. However, 2014 study estimated that:

- Approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM.
- Approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.
- It is possible that, due to population growth and immigration from practising countries since 2001, FGM is significantly more prevalent than these figures suggest.



**POST-REFERRAL ACTIONS (FOR INFORMATION)**

**STRATEGY MEETING / DISCUSSION**

Once a referral has been received for either a girl / young woman who is at risk or has undergone FGM, a Strategy Meeting / Discussion must be convened within two working days. This should involve representatives from the police, Children's Social Care Services, and education. Relevant health care providers or voluntary / community / faith organisations with specific expertise (for example FGM, domestic violence and / or sexual abuse) should also be invited. Consideration should also be given to inviting a legal advisor.

The Strategy Meeting / Discussion must first establish if the parents and / or girl / young woman have had access to information about the harmful aspects of FGM. If not, the parents / girl / young woman should be offered the opportunity of educational / preventative programmes before any further action is considered.

Every attempt should be made to work with parents on a voluntary basis to prevent abuse of FGM occurring. The investigating team should ensure that parental co-operation is achieved wherever possible, including the use of community organisations and / or community leaders to facilitate the work with parents / family. However, if it is not possible to reach an agreement, the first priority is protection of the girl / young woman.

## **GIRLS / YOUNG WOMEN IN IMMEDIATE DANGER**

If the parents cannot satisfactorily guarantee that they will not proceed with the mutilation and the Strategy Meeting / Discussion decides that as such the child / young woman is in immediate danger, then an Emergency Protection Order should be sought.

The primary focus is to prevent the child undergoing any form of FGM, rather than removal from the family.

If the girl / young woman has already undergone FGM, the Strategy Meeting / Discussion will need to consider whether to continue enquiries or whether to assess the need for support services. Consideration should be given to establish, if there are any younger sisters, and an assessment may be needed to determine if there are any risks to younger siblings. If any legal action is being considered, legal advice must be sought.

## **CHILD PROTECTION CONFERENCE**

A Child Protection Conference should only be considered necessary if there are unresolved child protection issues, once the initial investigation and assessment have been completed.

## **IF A GIRL / YOUNG WOMAN HAS ALREADY UNDERGONE FGM**

Where FGM has been practiced, a referral should be made to Children's Social Care. A Strategy Meeting / Discussion should consider how, where and when the procedure was performed and its implications for the girl / young woman. A girl / young woman who has undergone FGM should be seen as a Child in Need and offered services as appropriate. The Strategy Meeting should consider the need for medical assessment and / or therapeutic services for her. The risk to other female children in the family and extended family must be considered at the Strategy Meeting and a referral made to Children's Social Care Services or Police as appropriate.

If the woman is the mother of a female child or has the care of female children, a multi-agency meeting needs to be held to identify the most appropriate way of informing parents of the legal and health implications of FGM and assessing the potential risk to female children in the family.

To be reviewed April 2018

Additional amendments to be made as required annually with reference to the Safeguarding Policy, statutory guidance and legislation.

## **FURTHER INFORMATION**

Working Together to Safeguard Children, DfE 2015

Keeping Children Safe in Education, DfE 2016

Female genital mutilation: guidelines to protect children and women, DfE 2014

Female genital mutilation: resource pack, DfE 2014

London FGM resource pack, London Safeguarding Children Board 2009

## **FORCED MARRIAGE**

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for

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example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Schools and colleges can play an important role in safeguarding children from forced marriage.

The Forced Marriage Unit has published

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

**APPENDIX 9 - FURTHER INFORMATION ON PREVENTING RADICALISATION**

Protecting children from the risk of radicalisation should be seen as part of schools' and colleges' wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

As with other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately, which may include making a referral to the Channel programme.

**Prevent**

From 1 July 2015, specified authorities, including all schools (and, since 18 September 2015, all colleges) as defined in the summary of this guidance, are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". This duty is known as the Prevent duty. It applies to a wide range of public-facing bodies. Bodies to which the duty applies must have regard to statutory guidance issued under section 29 of the CTSA 2015. Paragraphs 57-76 of the Revised Prevent duty guidance: for England and Wales are specifically concerned with schools (but also cover childcare). The guidance is set out in terms of four general themes: Risk assessment, working in partnership, staff training, and IT policies.

**SAFEGUARDING - PREVENTING RADICALISATION & EXTREMISM PROTOCOL****INTRODUCTION**

The King Alfred School is committed to providing a secure environment for students, where children feel safe and are kept safe. All adults at The King Alfred School recognise that safeguarding is everyone's responsibility irrespective of the role they undertake or whether their role has direct contact or responsibility for children or not.

In adhering to this policy, and the procedures therein, staff and visitors will contribute to The King Alfred School's delivery of the outcomes to all children, as set out in s10 (2) of the Children Act 2004\*. This Preventing Extremism and Radicalisation Policy is one element within our overall school arrangements to Safeguard and Promote the Welfare of all Children in line with our statutory duties set out at s175 of the Education Act 2002 (s157 of the Education Act 2002).

Our school's Preventing Extremism and Radicalisation Safeguarding Policy also draws upon the guidance contained in DfE Guidance "Keeping Children Safe in Education, 2015"; and specifically DCSF Resources "Learning Together to be Safe", "Prevent: Resources Guide", "Tackling Extremism in the UK", DfE's "Teaching Approaches that help Build Resilience to Extremism among Young People" and Peter Clarke's Report of July 2014.

*\* the physical, mental health and emotional well-being of children; the protection of children from harm and neglect; the education, training and recreation of children; the contribution made by them to society; and their social and economic well-being.*

## **SCHOOL ETHOS AND PRACTICE**

When operating this policy The King Alfred School uses the following accepted Governmental definition of extremism which is:

'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; and/or calls for the death of members of our armed forces, whether in this country or overseas'.

There is no place for extremist views of any kind in our school, whether from internal sources – students, staff or governors, or external sources - school community, external agencies or individuals. Our students see our school as a safe place where they can explore controversial issues safely and where our teachers encourage and facilitate this – we have a duty to ensure this happens.

As a school we recognise that extremism and exposure to extremist materials and influences can lead to poor outcomes for children and so should be addressed as a safeguarding concern as set out in this policy. We also recognise that if we fail to challenge extremist views we are failing to protect our students.

Extremists of all persuasions aim to develop destructive relationships between different communities by promoting division, fear and mistrust of others based on ignorance or prejudice and thereby limiting the life chances of young people. Education is a powerful weapon against this; equipping young people with the knowledge, skills and critical thinking, to challenge and debate in an informed way.

Therefore, at The King Alfred School we will provide a broad and balanced curriculum, delivered by skilled professionals, so that our students are enriched, understand and become tolerant of difference and diversity and also to ensure that they thrive, feel valued and not marginalized.

Furthermore, at The King Alfred School we are aware that young people can be exposed to extremist influences or prejudiced views from an early age which emanate from a variety of sources and media, including via the internet, and at times students may themselves reflect or display views that may be discriminatory, prejudiced or extremist, including using derogatory language.

Any prejudice, discrimination or extremist views, including derogatory language, displayed by students or staff will always be challenged and where appropriate dealt with in line with our Behaviour and Discipline Policy for students and the Code of Conduct for staff. Where misconduct by a teacher is proven the matter will be referred to the National College for Teaching and Leadership for their consideration.

As part of wider safeguarding responsibilities school staff will be alert to:

Disclosures by students of their exposure to the extremist actions, views or materials of others outside of school, such as in their homes or community groups, especially where students have not actively sought these out;

- Graffiti symbols, writing or art work promoting extremist messages or images;
- Students accessing extremist material online, including through social networking sites;

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- Parental reports of changes in behaviour, friendship or actions and requests for assistance;
- Partner schools, local authority services, police reports of issues affecting students in other schools or settings;
- Students voicing opinions drawn from extremist ideologies and narratives;
- Use of extremist or 'hate' terms to exclude others or incite violence;
- Intolerance of difference, whether secular or religious or, in line with our equalities policy, views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture;
- Attempts to impose extremist views or practices on others;
- Anti-western or Anti-British views.

Our school will closely follow any locally agreed procedure as set out by the Local Authority and/or Somerset's Safeguarding Children Board's agreed processes and criteria for safeguarding individuals vulnerable to extremism and radicalisation.

At The King Alfred School, we have determined "British Values" to be:

- Democracy
- The rule of law
- Individual liberty
- Mutual respect
- Tolerance of those with different faiths and beliefs

As a school we aim to develop and nurture these by:

- Planning a vibrant, engaging Assembly programme with core ethical values and beliefs at its heart
- A well-structured Personal, Social, Health and Citizenship education programme which addresses all of the requirements of the programmes of study (looking at Democracy, Freedom, the rule of law, Human Rights and responsibilities)
- A strong Religious Studies and Ethics programme at every Key Stage
- Effective and well-managed School Council enabling students to actively participate in the democratic process
- A broad and balanced curriculum which addresses many of these core values across a range of subject areas
- Having a clearly communicated and consistently applied Behaviour Policy so that students understand what is expected of them and the consequences of both meeting and failing to meet these expectations
- A Code of Conduct which is regularly referred to and communicated with students, reiterating that we are a school community built on mutual respect and understanding
- Adopting restorative approaches, where possible, to resolve any difficulties between members of our school community
- Having a rigorous commitment to student safety (for example: trips and visits policy and procedures, Safeguarding procedures, Code of Conduct and Health and Safety procedures)

## **TEACHING APPROACHES**

We will all strive to eradicate the myths and assumptions that can lead to some young people becoming alienated and disempowered, especially where the narrow approaches children may experience elsewhere may make it harder for them to challenge or question these radical influences. In our school this will be achieved by good teaching, primarily via PSHE; but also by adopting the methods outlined in the Government's guidance 'Teaching approaches that help build resilience to extremism among young people' DfE 2011.

We will ensure that all of our teaching approaches help our students build resilience to extremism and give students a positive sense of identity through the development of critical thinking skills. We will ensure that all of our staff are equipped to recognise extremism and are skilled and confident enough to challenge it.

We will be flexible enough to adapt our teaching approaches, as appropriate, so as to address specific issues regarding extremism and radicalisation. In doing so we will apply the 'key ingredients' for success as set out in the Table in Appendix 1 taken from the DfE document above and we will apply the methodologies set out in that document following the three broad categories of:

- Making a connection with young people through good teaching and a student centred approach;
- Facilitating a 'safe space' for dialogue, and
- Equipping our students with the appropriate skills, knowledge, understanding and awareness for resilience.

Therefore this approach will be embedded within the ethos of our school so that students know and understand what safe and acceptable behaviour is in the context of extremism and radicalisation. This will work in conjunction with our school's approach to the Spiritual, Moral, Social and Cultural development of students as defined in OFSTED's School Inspection Handbook and will include the sound use of assemblies to help further promote this rounded development of our students.

Our goal is to build mutual respect and understanding and to promote the use of dialogue not violence as a form of conflict resolution. We will achieve this by using a curriculum that includes:

- Citizenship programmes;
- Open discussion and debate;
- Work on anti-violence and a restorative approach addressed throughout curriculum and the behaviour policy;
- Focussed educational programmes.

We will also work with local partners, families and communities in our efforts to ensure our school understands and embraces our local context and values in challenging extremist views and to assist in the broadening of our students' experiences and horizons.

We will help support students who may be vulnerable to such influences as part of our wider safeguarding responsibilities and where we believe a student is being directly affected by extremist materials or influences we will ensure that that student is offered mentoring. Additionally in such instances our school will seek external support from the Local Authority and/or local partnership structures working to prevent extremism.

At The King Alfred School we will promote the values of democracy, the rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs. We will teach and encourage students to respect one another and to respect and tolerate difference, especially those of a different faith or no faith. It is indeed our most fundamental responsibility to keep our students safe and prepare them for life in modern multi-cultural Britain and globally.

## **THE ROLE OF THE CURRICULUM**

Our curriculum is broad and balanced. It promotes respect, tolerance and diversity. Children are encouraged to share their views and recognise that they are entitled to have their own different beliefs which should not be used to influence others.

Our PSHE provision is embedded across the curriculum, including in Tutor Time, PSD lessons and RP. It directs our assemblies and underpins the ethos of the school. It is recognised that children with low aspirations are more vulnerable to radicalisation and therefore we strive to equip our pupils with confidence, self-belief, respect and tolerance as well as setting high standards and expectations for themselves.

Children are regularly taught about how to stay safe when using the internet and are encouraged to recognise that people are not always who they say they are online. They are taught to seek adult help if they are upset or concerned about anything they read or see on the internet.

## **USE OF EXTERNAL AGENCIES AND SPEAKERS**

At The King Alfred School we encourage the use of external agencies or speakers to enrich the experiences of our students, however we will positively vet those external agencies, individuals or speakers who we engage to provide such learning opportunities or experiences for our students.

These external agencies will be vetted to ensure that we do not unwittingly use agencies that contradict each other with their messages or that are inconsistent with, or are in complete opposition to, the school's values and ethos. We must be aware that in some instances the work of external agencies may not directly be connected with the rest of the school curriculum so we need to ensure that this work is of benefit to students.

Our school will assess the suitability and effectiveness of input from external agencies or individuals to ensure that:

- Any messages communicated to students are consistent with the ethos of the school and do not marginalise any communities, groups or individuals;
- Any messages do not seek to glorify criminal activity or violent extremism or seek to radicalise students through extreme or narrow views of faith, religion or culture or other ideologies;
- Activities are properly embedded in the curriculum and clearly mapped to schemes of work to avoid contradictory messages or duplication;
- Activities are matched to the needs of students;
- Activities are carefully evaluated by schools to ensure that they are effective.

We recognise, however, that the ethos of our school is to encourage students to understand opposing views and ideologies, appropriate to their age, understanding and abilities, and to be able to actively engage with them in informed debate, and we may use external agencies or speakers to facilitate and support this.

Therefore by delivering a broad and balanced curriculum and enrichment programme augmented by the use of external sources where appropriate, we will strive to ensure our students recognise risk and build resilience to manage any such risk themselves where appropriate to their age and ability but also to help students develop the critical thinking skills needed to engage in informed debate.

## **WHISTLE BLOWING**

Where there are concerns of extremism or radicalisation Students, Staff and Governors will be encouraged to make use of our internal systems to Whistle Blow or raise any issue in confidence.

## **ROLE OF THE GOVERNING BODY**

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The Governing Body of our School will undertake appropriate training to ensure that they are clear about their role and the parameters of their responsibilities as Governors, including their statutory safeguarding duties.

The Governing Body of our school will support the ethos and values of our school and will support the school in tackling extremism and radicalisation.

In line with the provisions set out in the DfE guidance 'Keeping Children Safe in Education, 2015' the governing body will challenge the school's senior management team on the delivery of this policy and monitor its effectiveness.

The Safeguarding Governor is: **Mrs Nikki Augar**

#### **FURTHER INFORMATION**

The Prevent Strategy, GOV.UK – Home Office

Keeping Children Safe in Education, September 2016

Working Together to Safeguard Children, HM Gov 2015

Learning Together to be Safe: a Toolkit to Help Schools Contribute to the Prevention of Violent Extremism, DCSF 2008

To be reviewed April 2018

Additional amendments to be made as required annually with reference to the Safeguarding Policy, statutory guidance and legislation.

**'Key Ingredients' for successful teaching in the context of 'push' and 'pull' factors**

<p><b>PUSH FACTORS</b> – factors that push an individual/make an individual vulnerable to extremist messages</p> <p>Lack of excitement, frustration</p> <p>Lack of sense of achievement – seen as significant 'lack of purpose'// confidence in the future, life goals</p> <p>Lack of an outlet for views</p> <p>Gaps in knowledge or understanding of Islam – both young people and their parents</p> <p>Sense of injustice</p> <p>Actual or perceived humiliating experiences (including bullying, racial discrimination as well as perceived humiliating experiences. Perhaps linked closely/to sense of injustice)</p> <p>Exclusion – lack of belonging to peer or community networks, associations etc</p> <p>Below the line: factors that are out of scope of this study</p>	<p><b>KEY INGREDIENTS</b></p> <p><b>Teacher confidence</b> in many cases it will be the use of existing teaching skills and methods which may well be the most effective approach. From prison settings, staff who are more confident in their abilities tend to perform much better even though they have not received specialist training</p> <p><b>Teacher attitudes and behaviours</b></p> <ul style="list-style-type: none"> <li>- Willingness to admit you don't know</li> <li>- Acknowledging controversial issues exist</li> <li>- Awareness that I have a role to play</li> <li>- Willingness to turn to others for help when you don't know about something</li> </ul> <p><b>Specific knowledge:</b></p> <ul style="list-style-type: none"> <li>- Understanding other cultures and religions as well as alternative values and beliefs (whilst being careful to avoid 'othering')</li> <li>- Knowledge of an alternative values framework</li> </ul> <p><b>Teaching practice/pedagogy:</b></p> <ul style="list-style-type: none"> <li>- Boosting critical thinking (seeing through propaganda, singular messages etc)</li> <li>- Helping to see multiple perspectives</li> <li>- Using multiple resources/methods</li> <li>- Embedding or sustaining dialogue following specialist interventions</li> <li>- Enabling students to tackle difficult issues</li> <li>- Linking school work to the wider community</li> <li>- Drawing evidence from across the curriculum</li> <li>- Developing in young people a sense of multiple identities. Help young people become aware</li> </ul>	<p><b>PULL FACTORS</b> – factors that draw young people into extremist messages</p> <p>Charismatic/confident individuals (recruiters)</p> <p>Network/sense of belonging</p> <p>Broader community views which enable or do not oppose extremism.</p> <p>Persuasive, clear messages. Exploiting knowledge gaps.</p>
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	of, and comfortable with, multiple personal identity	
Disaffection with wider societal issues Disruptive home life	Other factors Support from senior leaders Pupil support processes	Sense of dignity and importance and loyalty Exciting (non-teaching) activities Sense of purpose in life

## **Dealing with Referrals**

We are aware of the potential indicating factors that a child is vulnerable to being radicalised or exposed to extreme views, including peer pressure, influence from other people or the internet, bullying, crime and anti-social behaviour, family tensions, race/hate crime, lack of self-esteem or identity, prejudicial behaviour and personal or political grievances

In the event of prejudicial behaviour the following system will be followed:

- All incidents of prejudicial behaviour will be reported directly to the SLT or the Head Teacher.
- All incidents will be fully investigated and recorded in line with the Positive Behaviour Policy and records will be kept in line with procedures for any other safeguarding incident.
- Parents/carers will be contacted and the incident discussed in detail, aiming to identify motivating factors, any changes in circumstances at home, parental views of the incident and to assess whether the incident is serious enough to warrant a further referral. A note of this meeting is kept alongside the initial referral in the Safeguarding folder.
- The Heads of Year and Pastoral Support Team follow-up any referrals for a period of four weeks after the incident to assess whether there is a change in behaviour and/or attitude. A further meeting with parents would be held if there is not a significant positive change in behaviour.
- If deemed necessary, serious incidents will be discussed and referred to Somerset Direct.
- In the event of a referral relating to serious concerns about potential radicalisation or extremism, the school will also contact Avon & Somerset Police Counter Terrorism Unit (CTU) or dial 999.

## **APPENDIX 10 - ONLINE SAFETY**

The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation: technology often provides the platform that facilitates harm. An effective approach to online safety empowers a school or college to protect and educate the whole school or college community in their use of technology and establishes mechanisms to identify, intervene in and escalate any incident where appropriate.

The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:

- content: being exposed to illegal, inappropriate or harmful material;
- contact: being subjected to harmful online interaction with other users; and
- conduct: personal online behaviour that increases the likelihood of, or causes, harm.

### **Filters and monitoring**

The Governing body undertakes to do all that they reasonably can to limit children's exposure to the above risks from the school or college's IT system. As part of this process they will ensure the school has appropriate filters and monitoring systems in place. Whilst considering their responsibility to safeguard and promote the welfare of children, and provide them with a safe environment in which to learn, the governing body will also consider the age range of their pupils, the number of pupils, how often they access the IT system and the proportionality of costs vs risks.

The appropriateness of any filters and monitoring systems are a matter for individual schools and colleges and will be informed in part by the risk assessment required by the Prevent Duty. Whilst it is essential that appropriate filters and monitoring systems are in place, they should be careful that "over blocking" does not lead to unreasonable restrictions as to what children can be taught with regards to online teaching and safeguarding.

The UK Safer Internet Centre has published guidance 'Appropriate Filtering & Monitoring' used by the King Alfred School as to what "appropriate" might look like, alongside guidance on e-security from the National Education Network-NEN.

Whilst filtering and monitoring are an important part of the online safety picture it is only one part and the King Alfred School has adopted a whole school approach to online safety, including an e-Safety Policy/ICT Use Agreement giving clarity on the use of mobile technology in the school.

### **Staff training**

As part of the requirement for staff to undergo regularly updated safeguarding training (paragraph 64) and the requirement to ensure children are taught about safeguarding, including online (paragraph 68), online safety training for staff is integrated, aligned and considered as part of the overarching safeguarding approach.

### **Further Information**

e-Safety Policy

Online resources:

[www.thinkuknow.co.uk](http://www.thinkuknow.co.uk) / [www.disrespectnobody.co.uk](http://www.disrespectnobody.co.uk) / [www.saferinternet.org.uk](http://www.saferinternet.org.uk)

[www.internetmatters.org](http://www.internetmatters.org) / [www.childnet.com/cyberbullying-guidance](http://www.childnet.com/cyberbullying-guidance)

[www.pshe-association.org.uk](http://www.pshe-association.org.uk) / [educateagainsthate.com](http://educateagainsthate.com)

[www.gov.uk/government/publications/the-use-of-social-media-for-online-radicalisation](http://www.gov.uk/government/publications/the-use-of-social-media-for-online-radicalisation)

## **APPENDIX 11 - LOOKED AFTER CHILDREN PROTOCOL**

The King Alfred School believes it has a special duty to safeguard and promote the education of looked after children. The School understands the powerful role it can play in significantly improving the quality of life and the educational experiences of these students.

A school ethos which promotes respect for all students, values diversity and does not tolerate bullying is a necessary foundation and The King Alfred School has policies and practice embedded in a whole-school approach to meet this need. Therefore this protocol should be read alongside: School policies on Inclusion, Behaviour, Child Protection, PHSCE, Racial Equality, SEND, Anti-bullying, Attendance, Curriculum and the School Development Plan.

There is however compelling evidence that reliance on a supportive whole-school approach is not enough on its own. Children in care may be overlooked without specific policies and practices to highlight their needs.

The educational achievement of looked after children in general remains unacceptably low. That is why the Children Act 2004 (Section 52) places a duty on local authorities to promote the educational achievement of these students.

To ensure that The King Alfred School meets the educational, social and emotional needs of looked after students the school will:

1. Designate a nominated teacher and governor for looked after students to be an advocate for these students within school, providing an opportunity for their views to be heard and their feelings made known.
2. Maintain a current list of looked after students including contact information and change of care status and ensure the electronic data concerning looked after students is correct.
3. Closely monitor the progress and attendance of looked after students and provide suitable interventions if necessary.
4. Ensure each looked after child has a Personal Education Plan (PEP) that reflects the student's achievements and targets.
5. Work in partnership with all professionals, parents and carers of looked after students.
6. Attend and contribute to LAC reviews as required.
7. Keep Governors informed in a yearly report on the achievement of children in public care so they are able to fulfil their duties to these students. To include:
  - a. The number of looked-after pupils on the school's roll (if any).
  - b. Their attendance, as a discrete group, compared to other pupils.
  - c. Their end of year attainment, levels, grades, GCSE results, and other qualifications achieved, as a discrete group, compared to other pupils.
  - d. The number of fixed term and permanent exclusions (if any) for LAC pupils.
  - e. The destinations of LAC pupils who leave the school.
  - f. The information for this report should be collected and reported in ways that preserve the anonymity and respect the confidentiality of the pupils concerned.

8. Ensure priority for looked after children in the school's admission policy (Section 106 of the Education Act 2005)
9. Seek to address behavioural issues for looked after children to avoid exclusion.
10. Ensure the designated teacher has training for their role and keeps all staff informed on issues concerning looked after children.
11. Liaise with other schools and educational providers to facilitate the effective transfer of students, recognising that for some looked after students change of care placement will result in school transfer during the school year.
12. Communicate high expectations and celebrate the achievements of our looked after students.
13. Work closely with LAC Teams from relevant Local Authorities to ensure adequate provision.

**Designated Governor:**

The named Governor with special responsibility for Children Looked After in the school:

**Phil Reddish**

**Designated Teacher:**

The named nominated teacher with special responsibility for Looked after Children in the school:

**Miss Polly Matthews (Deputy Headteacher)**

Supported by: **Miss Daniele Nattee**

**ARRANGEMENTS FOR MONITORING AND EVALUATION**

To be reviewed Summer 2017

Additional amendments to be made as required with reference to statutory guidance and legislation.

**FURTHER INFORMATION**

**Promoting the education of looked-after children**, DfE 2014

## **APPENDIX 12 - DRUG AND SOLVENT ABUSE PROTOCOL**

At The King Alfred School we try to nurture a climate where all students want to learn and feel safe. We do this by reinforcing positive behaviour and providing a caring response to the learning needs of the students so that they are prepared for the opportunities, responsibilities and experience of adult life.

We recognise that, although drugs may not always be harmful, all carry the potential for harm and misuse. The schools drug and solvent abuse protocol aims to:

- Safeguard the health and well-being of all students at all times.
- Provide clear guidance to staff about procedures for managing drug related incidents.

The drug and solvent abuse protocol refers to the following:

- Tobacco and e-cigarettes
- Alcohol
- 'Legal highs'
- Illegal drugs
- Volatile substances

This protocol forms part of the Safeguarding the Welfare of Staff and Students Policy Suite, and should be read in conjunction with the King Alfred School Behaviour Policy.

### **The King Alfred School Recommended Drug and Solvent Abuse Procedures**

All suspicious or confirmed drug or solvent abuse by a student should be reported to the relevant Pastoral leader who should then inform Miss Matthews (designated teacher responsible for the management of drug incidents) or the Headteacher, Mrs Hurr. The student's parents should be contacted and informed about the situation. Parents/carers of the student in question should be made aware of the possible need to seek support and guidance from the relevant agencies outside of the school.

In a case where confirmed drug or solvent abuse is known the support of Social Services will be sought and the situation will be discussed with the students parents/carers at the earliest opportunity with the view to persuading the parents to seek specialist advice/counselling.

### **Confiscating/Temporary possession and disposal of drugs.**

It is advisable that any confiscation of an illegal drug is in the presence of a second adult witness, usually a member of the Senior Leadership Team.

### **Legal Drugs**

#### **Alcohol, Tobacco & e-Cigarettes**

Parents/carers should be informed and given the opportunity to collect the alcohol or tobacco, unless this would jeopardise the safety of the child. These confiscated items should be labelled and stored in a secure area in the main school office.

#### **Volatile Substances**

Depending on the level of danger posed by the volatile substance the school should arrange for its safe disposal. Small amounts can be placed in an appropriate bin, away from student access. Parents/carers should be informed.

## **Medicines**

Parents/carers should collect and dispose of any unused or date expired medicines.

## **Illegal drugs**

The law permits school staff to take temporary possession of a substance suspected of being an illegal drug for the purpose of preventing an offence from being committed or continued in relation to that drug providing that all reasonable steps are taken to destroy the drug or deliver it to a person lawfully entitled to take custody of it.

In taking temporary possession and disposing of suspected illegal drugs you are advised to:

- Ensure that a second adult witness is present throughout.
- Seal the sample in a plastic bag and include details of the date and time of seizure/find and witness present.
- Store in a SECURE location (school safe).
- Notify the police without delay. They will collect and then store or dispose of it.

The school should not attempt to analyse or taste unknown substances.

## **'Legal Highs'**

These will be treated as illegal drugs for the purposes of this protocol and the school's behavior policy.

## **Searches**

### **Personal Searches**

When a person is suspected of concealing illegal or other unauthorized drugs it is NOT appropriate for a member of staff to carry out a personal search; this includes the searching of outer clothing and inside pockets.

Every effort should be made to persuade the person to hand over voluntarily any drugs, in the presence of a second adult witness.

Where the individual refuses and the drug is believed to be illegal and the school wishes to proceed formally then the police MUST be called. The police can conduct a personal search.

### **Personal Property**

Staff must NOT search personal property without consent. If you wish to search personal items you should seek consent. If consent is refused then parents can be contacted to persuade their child or the police can be called if formal procedures are to be followed.

### **School Property**

Staff can search school property ie lockers, desks if you believe drugs are stored there. Prior consent should be sought although the school staff can proceed with the search if consent is refused. Parents should be contacted and informed of the outcome.

### **Recording an Incident**

Staff should make a full record of every incident. This should be shared sensitively with relevant members of staff (HOY/DHT) and stored securely.

Notes should always include the time/date, place, people present and what was said in case it is used at a subsequent court proceeding.

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Further Information

DfE and ACPO Drug Advice for Schools, DfE (2012)

# APPENDIX 13 – SSCB EFFECTIVE SUPPORT FOR CHILDREN & FAMILIES IN SOMERSET



## UNDERSTANDING THE LEVELS OF NEED

Level of Need	Description	Examples of Services	What you need to do
<p><b>Level 1</b> Universal Services</p>	<p>Anyone can access universal services. These are services such as GPs and Health Visitors who provide health advice and treatment to all children. Every child has a right to an education. This is provided through schools, unless children are identified as being educated at home.</p> <p>The majority of children living in each local authority area require support from universal services alone. Children, young people and their families who receive universal services have no additional needs; all their health and developmental needs will be met by universal services. These are children who consistently receive child focused care-giving from their parents or carers.</p>	<ul style="list-style-type: none"> <li>✚ Early years (Nurseries/Child minders)</li> <li>✚ Education/School place</li> <li>✚ GP / Dentist</li> <li>✚ Maternity services</li> <li>✚ Health Visiting service</li> <li>✚ School nursing</li> <li>✚ Housing</li> <li>✚ Community health care</li> <li>✚ Youth centres / Leisure Services</li> <li>✚ Children's Centres</li> </ul>	<p>All children and families should receive universal services such as health care and education, as well as early years and youth services.</p> <p>Professionals working with families should check if children are in receipt of universal services and take appropriate action where this is not the case or consider whether to step up to Level 2.</p>
<p><b>Level 2</b> Additional</p>	<p>Children, young people and their families who require some extra support or intervention in addition to what every child receives, to help them reach their potential. This may be short term, but requires a targeted service to support the child and their family.</p> <p>It is possible for different agencies to provide a targeted service to different members of a family at this level.</p> <p>You will need parental consent to share relevant information with other involved professionals.</p>	<ul style="list-style-type: none"> <li>✚ Parenting support</li> <li>✚ School holiday and short breaks provision for disabled children</li> <li>✚ Extra health support for family members</li> <li>✚ Behavioural/learning support</li> <li>✚ Educational Psychologist</li> <li>✚ Special Educational Needs (SEN) support</li> <li>✚ Housing support</li> <li>✚ Primary Mental Health Link Workers</li> <li>✚ Help to find education and employment</li> <li>✚ Speech and language therapy</li> <li>✚ Pupil Referral Unit support as outreach</li> <li>✚ Children's centres</li> <li>✚ Targeted youth work</li> <li>✚ Drug and alcohol early intervention</li> <li>✚ Domestic abuse early intervention</li> <li>✚ Channel Panel/Regional Police Prevent Team</li> </ul>	<p>Professionals should talk to the family and carry out an Early Help Assessment in order to identify appropriate services that could improve outcomes for the child.</p> <p>The aim of the Early Help Assessment is to ensure the child receives <b>the right service, in the right place, at the right time</b> with regular reviews to understand the effectiveness of the intervention and the impact on meeting the child's needs as children develop. The child will either step down to Level 1 or step up to Level 3.</p>
<p><b>Level 3</b> Complex</p>	<p>Children, young people and their families who require significant or complex personalised support, often from several agencies working together, to help them reach their potential. These children continue to need the support of universal services.</p> <p>Effective intervention may be short term, but might require longer term involvement, particularly where families have a variety of complex needs.</p> <p>For some families the threshold may be met for an assessment led by Children's Social Care (CSC) under Section 17 of the Children Act 1989. The services required as a result of an assessment may come from a range of agencies outside of CSC.</p>	<ul style="list-style-type: none"> <li>✚ Existing or previous Early Help Assessment</li> <li>✚ Existing lead professional</li> <li>✚ Multiple service provision</li> <li>✚ Children with disabilities whose needs are not met by Universal Services</li> <li>✚ Families who are identified through the Troubled Families programme</li> <li>✚ High level Special Educational Needs and Disability – Education, Health and Care Plan (EHC)</li> <li>✚ Domestic abuse services</li> </ul>	<p>Professionals must talk to the family about completing an Early Help Assessment which is to ensure the child receives <b>the right service, in the right place, at the right time</b>.</p> <p>A team around the child/family meeting must take place to agree a co-ordinated response which will be detailed in an action plan. CSC may carry out a statutory Children and Families assessment if the children in need threshold is met.</p>
<p><b>Level 4</b> Acute</p>	<p>These children are suffering or are likely to suffer significant harm. This is the threshold where child protection procedures may need to be put in place. This means that children may be referred to Children's Social Care under Sections 20, 47 or 31 of the Children Act 1989. This would also include those children remanded to the care of the Local Authority or to custody and statutory youth offending services.</p> <p>This level includes Tier 4 health services which include residential, day patient or outpatient settings for children and adolescents with severe and/or complex health problems.</p>	<ul style="list-style-type: none"> <li>✚ Children's Social Care statutory involvement</li> <li>✚ Fostering and residential care</li> <li>✚ Youth Offending Service / Police</li> <li>✚ Specialist CAMHS</li> <li>✚ Drug and alcohol services</li> <li>✚ Domestic abuse services</li> <li>✚ In-patient and continuing health care</li> <li>✚ Health care for children with life limiting illness</li> <li>✚ Services for children with profound and enduring disability</li> <li>✚ Channel Panel/Regional Police Prevent Team</li> </ul>	<p>Professionals must make a referral to Somerset Direct and/or other specialist services.</p> <p>For child protection concerns CSC will carry out a statutory Children and Families assessment and take appropriate action needed to safeguard the child under statutory child protection procedures.</p>

## **APPENDIX 14 - MANAGING ALLEGATIONS AGAINST OTHER PUPILS**

DfE guidance Keeping Children Safe in Education (2016) states that 'Governing bodies should ensure that there are procedures in place to handle allegations against other children'. The guidance also states the importance of minimising the risks of peer-on- peer abuse.

In most instances, the conduct of students towards each other will be covered by the school's behaviour policy. Some allegations may be of such a serious nature that they may raise safeguarding concerns. These allegations are most likely to include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is also likely that incidents dealt with under this policy will involve older students and their behaviour towards younger students or those who are vulnerable.

The intervention of child protection agencies in situations involving sexual activity between children can require difficult professional judgments. Some situations are statutorily clear – for example, a child under the age of 13 cannot consent to sexual activity. But it will not necessarily be appropriate to initiate safeguarding procedures where sexual activity involving children and young people below the age of legal consent (16 years) comes to notice.

In our society generally the age at which children become sexually active has steadily dropped. It is important to distinguish between consensual sexual activity between children of a similar age (where at least one is below the age of consent), and sexual activity involving a power imbalance, or some form of coercion or exploitation. It may also be difficult to be sure that what has or has been alleged to have taken place definitely does have a sexual component.

As usual, important decisions should be made on a case by case basis, on the basis of an assessment of the children's best interests. Referral under safeguarding arrangements may be necessary, guided by an assessment of the extent to which a child is suffering, or is likely to suffer, significant harm. Key specific considerations will include:

- The age, maturity and understanding of the children;
- Any disability or special needs of the children;
- Their social and family circumstance;
- Any evidence in the behaviour or presentation of the children that might suggest they have been harmed;
- Any evidence of pressure to engage in sexual activity;
- Any indication of sexual exploitation.

There are also contextual factors. Gender, sexuality, race and levels of sexual knowledge can all be used to exert power. A sexual predator may sometimes be a woman or girl and the victim a boy.

### **Policy**

At The King Alfred School we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other students. We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's behaviour policy.

### **Prevention**

As a school we will minimise the risk of allegations against other pupils by:

- Providing a developmentally appropriate PSHE syllabus which develops 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 pupils identified as being at risk
- Developing robust risk assessments & providing targeted work for pupils identified as being a potential risk to other pupils.

### **Allegations against other pupils which are safeguarding issues**

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

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

Examples of safeguarding issues against a student could include:

#### **Physical Abuse**

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

#### **Emotional Abuse**

- Blackmail or extortion
- Threats and intimidation

#### **Sexual Abuse**

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

#### **Sexual Exploitation**

- Encouraging other children to engage in inappropriate sexual behaviour (e.g. 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

#### **Procedure:**

- When an allegation is made by a pupil against another student, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the Designated Safeguarding Officer (DSO) should be informed.
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances.
- If appropriate the DSO should contact the Somerset Safeguarding Children's Board (SSCB) Consultation Line to discuss the case. The DSO will follow through the outcomes of the discussion and make a referral where appropriate.
- If the allegation indicates that a potential criminal offence has taken place the DSO will refer the case to Somerset Direct and contact the Police.
- Parents of both the alleged abuser and the alleged victim, should be informed and kept updated on the progress of the referral.
- The DSO will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils' files.
- The DSO will share information as appropriate within sharing and confidentiality guidelines. This would include the students' Heads of Year.

- It may be appropriate to exclude the pupil being complained about for a period of time according to the school's behaviour policy and procedures.
- Where neither social services nor the police accept the complaint, a thorough school investigation should take place into the matter using the school's usual disciplinary procedures.
- In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative supervision plan.
- The plan should be monitored and a date set for a follow-up evaluation with all parties concerned.

## **APPENDIX 15 – GUIDANCE FOR THE USE OF REASONABLE FORCE WITH STUDENTS**

### **What is reasonable force?**

The term 'reasonable force' covers the broad range of actions used by most teachers at some point in their career that involve a degree of physical contact with pupils.

Force is usually used either to control or restrain. This can range from guiding a pupil to safety by the arm through to more extreme circumstances such as breaking up a fight or where a student needs to be restrained to prevent violence or injury.

'Reasonable in the circumstances' means using no more force than is needed.

As mentioned above, schools generally use force to control pupils and to restrain them. Control means either passive physical contact, such as standing between pupils or blocking a pupil's path, or active physical contact such as leading a pupil by the arm out of a classroom.

Restraint means to hold back physically or to bring a pupil under control. It is typically used in more extreme circumstances, for example when two pupils are fighting and refuse to separate without physical intervention.

School staff should always try to avoid acting in a way that might cause injury, but in extreme cases it may not always be possible to avoid injuring the pupil.

### **Who can use reasonable force?**

- All members of school staff (not just teaching staff) have a legal power to use reasonable force.
- This power applies to any member of staff at the school. It can also apply to people whom the headteacher has temporarily put in charge of pupils such as unpaid volunteers or parents accompanying students on a school organised visit.

Staff are urged to exercise great caution in the use of force, and should always try to use other means to resolve a situation. This is particularly the case where the enforcement of good order is the motive and there is no risk to person or property.

Reasonable force should only be used as a last resort, or when:

- the potential consequences of not intervening are sufficiently serious to justify considering use of reasonable force
- the chances of achieving the desired result by other means are low; and
- the risks associated with not using reasonable force outweigh those of using reasonable force.

The use of reasonable force might be justified where there is/are:-

- **violent behaviour** by a student such as fighting or attacking a member of staff or another student
- **acts of vandalism**
- **behaviour by a student**, such as rough play, the misuse of objects or running in the corridors, which is **likely to cause personal injury or damage to property**

### **When can reasonable force be used?**

Reasonable force can be used to prevent pupils from hurting themselves or others, from damaging property, or from causing disorder. In a school, force is used for two main purposes – to control pupils or to restrain them.

The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances.

Only the circumstances of the situation can really determine whether reasonable force can be justified.

### **Using Reasonable Force**

All teachers and staff have the statutory power to use reasonable force. There are good practice guidelines regarding this:

- Staff must not act in a way which might cause pain or injury, e.g. striking, holding a student around the neck, or pulling hair or ears or in any way which might be considered indecent.
- Staff should avoid the use of physical force except in the aforementioned circumstances and only after alternative responses have been considered.
- Wherever possible staff should seek the support of a colleague in situations where the use of physical force may be necessary.
- If possible, staff should seek to ensure they are accompanied throughout any such situation.
- Staff should immediately inform the Headteacher following any such situation with a written record which should include the following:
  - the names of students involved and any witnesses, together with where and when the incident took place
  - the reason why force was necessary
  - a description of the incident including the steps taken to calm the situation before force was deemed to be necessary
  - the nature of the force used
  - the student's response
  - the outcome of the incident
  - details of any injury suffered by any of the parties or damage to property.

Schools cannot use force as a punishment – it is always unlawful to use force as a punishment.

### **Power to search pupils without consent**

In addition to the general power to use reasonable force described above, headteachers and authorised staff can use such force as is reasonable given the circumstances to conduct a search for the following "prohibited items":

- knives and weapons
- alcohol
- illegal drugs
- stolen items
- tobacco and cigarette papers
- fireworks
- pornographic images
- any article that has been or is likely to be used to commit an offence, cause personal injury or damage to property.

Force **cannot** be used to search for items banned under the school rules.

School staff (including people with temporary authorisation to have charge or control of pupils) will be kept informed about and advised how to deal with pupils who present particular risks to themselves or others (as a result of SEN and/or disabilities and/or other personal circumstances, such as domestic violence) by appropriate handover and liaison.

School staff will minimise the highest risks, for example by calling the police if a pupil suspected of having a weapon seems likely to resist a search.

### **Telling parents when force has been used on their child**

It is good practice for schools to speak to parents about serious incidents involving the use of force and to consider how best to record such serious incidents. It is up to schools to decide whether it is appropriate to report the use of force to parents.

In deciding what a serious incident is, teachers should use their professional judgement and consider the:

- pupil's behaviour and level of risk presented at the time of the incident;
- degree of force used;
- effect on the pupil

### **What about other physical contact with pupils?**

It is not illegal to touch a pupil. There are occasions when physical contact, other than reasonable force, with a pupil is proper and necessary.

Examples of where touching a pupil might be proper or necessary:

- When comforting a distressed pupil;
- When a pupil is being congratulated or praised;
- To demonstrate how to use a musical instrument;
- To demonstrate exercises or techniques during PE lessons or sports coaching; and
- To give first aid.

### **Further sources of information**

Use of reasonable force: Advice for headteachers, staff and governing bodies (DfE July 2013)  
Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children and Adults who display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders (2002)

Guidance on the Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties (2003)

Screening, searching and confiscation – advice for headteachers, staff and governing bodies.

Dealing with allegations of abuse against teachers and other staff – guidance for local authorities, headteachers, school staff, governing bodies and proprietors of independent schools

Police and Criminal Evidence Act 1984 (PACE) Code G: Revised Code of Practice for the Statutory Power of Arrest by Police Officers