



# **St. Catherine's Catholic School**

## **Safeguarding Policy**

<b>Policy agreed by</b>	Governing Body
<b>Policy Reviewed by</b>	Doreen Cunningham
<b>Review Cycle</b>	Annual
<b>Last Review Date</b>	June 2019
<b>Key Updates</b>	September 2019



ST CATHERINE'S CATHOLIC SCHOOL  
MISSION STATEMENT

Life Faith Love Strength  
Success Belief Unity Joy Togetherness

ST CATHERINE'S  
CATHOLIC  
SCHOOL  
aims to:

Be a vibrant, inclusive, Catholic community where there is mutual love, service and respect.

Offer opportunities to everyone on their unique journey to nurture their strengths and potential.

Encourage everyone to positively serve our society and the world by living our Gospel values.

Celebrate and empower women of the future.



## 1. Purpose:

All members of St Catherine's School teaching and support community are committed to ensuring the well-being and continuing education of those of our students who have ongoing medical conditions. We seek to fulfil our pastoral responsibilities through our Catholic ethos and through our welfare structures. We seek to fulfil our formal statutory duties by adherence to Department for Education guidance regarding section 100 of the Children and Families Act 2014.

The policy applies to all on and off-site activities undertaken by students whilst they are the responsibility of the school.

## 2. Principles:

- This policy is restricted to students with an ongoing medical problem which requires particular care. All students with conditions such as asthma, diabetes, epilepsy or sickle cell anaemia are listed in the Medical Needs Booklet. Where a student with one of these conditions is under the care of a hospital consultant, she will have an Individual Health Care Plan to reflect the advice received from the medic. Minor or short term or one-off medical problems are covered by a separate First Aid Policy.
- We will maintain a focus on each individual child with an ongoing medical condition and seek to give parents and students confidence in our ability to provide effective support for medical conditions in school.
- We will always aim to:
  - Have a good understanding of how medical conditions impact on a child's ability to learn
  - Increase the child's confidence
  - Promote self care

## 3. Methods

1. When the school is notified that a student has an ongoing medical condition which requires particular care, an Individual Healthcare Plan (IHP) will be written by the Assistant Head Teacher with responsibility for Inclusion in consultation with the parents/ carers and the School nurse. If the student has an emergency healthcare plan prepared by her lead clinician this will also be used. The IHP will be completed within two weeks of notification.
2. A copy of the IHP will be kept in the student's school file and made available to named staff (identified in the IHP). A copy will also be held in the school office for emergency access.
3. Emergency contact details and emergency procedures are outlined at the top of the IHP
4. In general, in the case of an emergency, staff should make immediate contact with the office staff stating clearly the name of the child and what emergency situation has arisen. This procedure will be highlighted regularly in staff training and briefings.
5. Meetings between the parents/carers and the school representative will be minuted and the minutes kept in the student's school file.
6. The parents/ carers are responsible for keeping the school notified of any changes in the student's condition or medication. These should be notified to the Assistant Head Teacher with responsibility for Inclusion and the IHP will be updated accordingly.
7. IHPs will be developed with the student's best interests in mind and will ensure that the school assesses and manages risks to the student's education, health and social well-being and minimises disruption
8. IHPs will be reviewed at least annually or earlier if evidence is presented that the student's needs have changed.
9. Medicines will normally be stored in the school office. The exceptions to this are asthma pumps and epipens which students should carry with them at all times. A spare should be available in the school office. The school will only accept prescribed medicines that are in-

- date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
10. Students will be encouraged to manage their own medical needs, presenting themselves at the office at the prescribed times for any testing necessary and taking their medication under supervision. Where described, adult support will be provided in line with the student's EHCP and/or IHP
  11. A written record will be kept in the office of all medicines administered to students. This will include name of medicine and time taken.
  12. Students with serious medical conditions requiring large amounts of medication daily, and those with ambulance alerts/protocols will have an individual record of medication for ease of use.
  13. The school will carry out risk assessments regarding the participation of students with medical needs in day trips, visits and sporting activities. The school may meet parents as part of preparing to meet the student's need on a trip. Where possible, the school will arrange adjustments to the programme, accommodation or food provision to meet a student's needs. Risk assessments for trips will be overseen by the Assistant Head Teacher with that responsibility.
  14. Staff are responsible for their own personal medication. These must be kept securely in such a way that they are inaccessible to students.

## **Appendix 1**

### **Managing medicines on school premises**

- Medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- No student under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents. In such cases, every effort should be made to encourage the student to involve their parents while respecting their right to confidentiality.
- The circumstances in which the school will administer non-prescription medicines will be set out in the IHP or, where non-prescription medicines are not covered in the IHP, as laid down in the school's First Aid Policy.
- A student under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. There are two exceptions to this:
  - a) insulin, which must still be in date, but may be made available inside an insulin pen or a pump, rather than in its original container
  - b) students with complex medical conditions may have their week's supply of tablets counted into a tablet dispenser to be brought into school each Monday
- All medicines should be stored safely. Students should know where their medicines are at all times and be able to access them immediately. Where

relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to students and not locked away. This is particularly important to consider when off school premises eg on school trips

- A student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another student for use is an offence. Monitoring arrangements may be necessary. The school will otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff will have access. Controlled drugs must be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.
- Appropriately trained school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

## **Appendix 2**

### **The Roles of those involved in providing support for students with medical conditions**

Roles are given in brief here. For full details please refer to the DfE guidance

#### **Governing Bodies**

- Must make arrangements to support students with medical needs, including making sure a policy is developed and implemented
- Must ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- Ensure staff have access to information and other teaching materials

#### **Head teachers**

- Ensure policy is developed and adequately implemented with partners
- Make sure all staff are aware of the policy and understand their role in implementation
- Ensure all staff who need to know are aware of a particular child's medical condition
- Ensure sufficient staff are appropriately trained
- Overall responsibility for the development of Individual Healthcare Plans
- Make sure staff adequately insured and made aware of cover.
- Making sure school nurse is aware of students requiring support

## **School Staff**

- Any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Although administering medicines is not part of teachers' professional duties, they should take into account the needs of students with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

## **School nurses**

- The school will either have an employed nurse or access to school nursing services.
- They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.
- They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- Can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

## **Other Healthcare Professionals**

- Should notify school nurse of students requiring support.
- May provide advice on developing IHPs

## **Students**

- Provide information about how their condition affects them.
- They should be fully involved in discussions and contribute to their IHP

## **Parents**

- Provide school with sufficient up to date information
- Are involved in development and review of IHP
- Should carry out any action they agreed to as part of implementation of IHP
- Ensure the school is provided with medication (without reminder)

## **Local Authorities**

- Are commissioners for school nurses as well as maintained schools.
- Have a duty to promote co-operation between relevant partners

## Clinical Commissioning Groups

- Responsible for commissioning other healthcare professionals such as specialist nurses.
- They have to ensure that commissioning is responsive to children's needs and that health services can cooperate with schools

## Ofsted

- The inspection framework places clear emphasis on meeting needs of disabled children and students with SEN. Inspectors are briefed to consider students with medical conditions alongside these groups and to report on how well their needs are being met.

### 1. Purpose:

- All members of St Catherine's School teaching and support community are committed to ensuring the safety and well-being of our students and to promoting a climate where young people and adults will feel confident about sharing any concerns which they may have about their own safety or the safety or well-being of others.
- We seek to fulfill our pastoral responsibilities through our Catholic ethos and through our welfare structures.
- We seek to fulfill our formal statutory duties by adherence to Department for Education requirements and to local Safeguarding Guidelines.

The school's Safeguarding policy draws upon duties conferred by

- S175 of the 2002 Education Act,
- Every Child Matters 2003
- The Children's Acts 1989 and 2004
- "Working Together to Safeguard Children". (DfE 2015)
- Keeping Children Safe in Education (DfE September 2018)
- "FGM - Guidance for all staff" (Bexley Sep 2015)
- The Prevent Duty (DfE 2015)
- We acknowledge our obligation to emulate Christ's love of and care for children (Luke Ch 9 & Ch 18).

The policy applies to all on and off-site activities undertaken by students whilst they are the responsibility of the school.

### 2. Principles:

- 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.
- All members of and visitors to St Catherine's should be alive to the reality of child abuse and the likelihood that amongst our students there are victims.

Staff should be alert to possible concerns being raised in St Catherine's. (For definitions of abuse see Appendix 1).

- Any staff member who has a concern about a student's welfare should raise that concern to the Designated Safeguarding Lead or make a referral.
- We work to safeguard and promote the welfare of the children in our care. Particular care should be taken with a student who:
  - is disabled and has specific additional needs;
  - has special educational needs (whether or not they have a statutory education, health and care plan);
  - is a young carer;
  - is frequently missing/goes missing from care or home;
  - is misusing drugs or alcohol;
  - is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
  - has returned home to their family from care.
- This will be achieved by:
  - providing staff induction on safeguarding for all new members of staff
  - continuing to develop awareness in all staff, through regular training and updates, of the need for safeguarding and their responsibilities in identifying abuse
  - ensuring all staff are familiar with current Government guidelines and are alert to their responsibilities regarding the Prevent Duty and the reporting of Female Genital Mutilation (FGM) (See Appendix 2)
  - ensuring that all staff are aware of early help and referral procedures within the school
  - ensure that all staff are aware of the process for making referrals to children's social care and for statutory assessments
  - ensuring that outside agencies are involved where appropriate
  - displaying the flow chart '*Actions where there are concerns about a child*' in the staff room and offices around the school (See Appendix 3)
  - ensuring that an appropriate level of confidentiality is observed in the best interests of the child
  - monitoring children who have been identified as 'at risk'
  - ensuring that key concepts of safeguarding are integrated within the pastoral curriculum especially via Citizenship.
  - creating an environment where children feel secure, have their viewpoints valued, are encouraged to talk and are listened to

## Procedures

1. In all the following guidance it is important to remember that confidentiality cannot be guaranteed in respect of safeguarding issues; staff should have an understanding of 'an appropriate level of confidentiality'.
2. All school staff have a responsibility to identify children who may be in need of extra help or who are suffering, or are likely to suffer, significant harm. All staff then have a responsibility to take appropriate action, working with other services as needed.

3. All staff are required to report instances of actual or suspected abuse without delay to either
  - Designated Safeguarding Lead (DSL) – Ms. Stephanie Hayes  
*or in her absence*
  - Deputy Designated Safeguarding Leads (DDSL) – Mr Adam Jones or Mr Matthew Allen
  - All staff may raise concerns directly with Children’s Social Care Services.
4. The Governor with Responsibility for safeguarding is Mrs. Karen Laponder
5. The DSL will ensure that the policy is read and used appropriately: ensuring each member of staff has access to and understands Safeguarding and Child Protection Policy, especially new and part time staff. In addition the DSL will ensure that all staff read and have regard for the contents of Keeping Children Safe in Education September 2019.
6. If there is a suspicion that abuse of students by a member of staff is taking place this must be referred without delay to the Designated Safeguarding Lead.
7. If there is a suspicion that abuse of students by the Head Teacher is taking place this must be referred without delay to the Designated Safeguarding Lead.
8. All staff should be aware of the possibility of peer on peer abuse. This may occur within the school or in a social setting. Allegations of peer on peer abuse must be managed in the same way as any other allegation (see point 9 below). All staff need to be clear that peer on peer abuse is unacceptable and will be taken seriously. (See Appendix 1)
9. If a child discloses any form of abuse:
  - Stay calm and reassuring and listen carefully
  - Explain you cannot keep this information secret, you may need to share the information with the safeguarding lead teacher. (for advice on information sharing see Appendix 2)
  - Allow the student to continue at her own pace, ask questions for clarification only and avoid asking leading questions as this may compromise any subsequent police investigation.
  - Reassure the student that support is available and that you will be following it up.
  - Make a written account of the disclosure and of your conversation with the student using the student’s exact words. Sign and date the account.
  - Report to the Designated Safeguarding Lead (or alternatives as shown above) without delay.
  - Ensure that the student has been provided with the support offered.
  - If the student reports sexting or requests for images, the member of staff should take the phone without looking at the messages to hand it over to the police.
10. Safeguarding is the responsibility of the whole school community; individual staff have the right to refer concerns directly to Children’s Social Care where they believe the student is at immediate risk of harm in a case of genuine emergency.
11. The DSL or DDSL will decide whether or not an incident should be reported

as a safeguarding issue to the Multi-Agency Safeguarding Hub (MASH), deal with the referral procedure including the Inter-agency Referral Form and liaise with the Head Teacher and Year Leader as appropriate.

12. The parent/carer will normally be contacted before a referral is made to the MASH team. However, if the case concerns alleged or suspected sexual abuse, or the DSL has reason to believe that informing the parent at this stage may put the student at further risk, nothing will be said ahead of the referral and arrangements for informing the parent will be agreed with the MASH team
13. All correspondence related to safeguarding issues will be kept securely in a confidential school file, which is separate from a student's school records.
14. For their own safety and protection, staff should exercise caution in situations where they are alone with students. Interviews should be held in a room or office where there is a clear glass panel in the door.
15. School staff should also be alert to the possible risks that might arise from visitors within the school and from social contact with students outside of the school. Staff members should advise the Head Teacher of any personal/family connections with students in the school which may lead to visits/ telephone calls or contact being made outside of the school.
16. Email communication e.g. school on-line learning platform, must only use routes via the school email system; personal ones should never be used. Visits/telephone calls by students to the homes of staff members should only occur in very exceptional circumstances and with the prior knowledge and approval of the Head Teacher.
17. Staff should not contact students through social media sites and should ensure that their own pages have the highest privacy settings.
18. Allegations made against members of staff will be dealt with through the school's complaint procedure.

## **Training**

Whole school safeguarding training will be organised in accordance with the LSCB's recommendations on an annual basis.

All newly recruited staff and Governors attend additional Safeguarding sessions linked to their induction programme. (This includes PGCE students.)

Safeguarding updates are issued at staff meetings and briefings and, where appropriate, emails, throughout the academic year.

The Designated Safeguarding Lead (and the Deputy) will attend the appropriate training courses every 2 years and be able to attend Designated Teacher seminars and inter agency-training organised by the appropriate bodies.

## **Volunteers**

- Any individual (including parents/carers) or organisation engaged by the school to work in a voluntary capacity with students will be subjected to all reasonable vetting procedures.
- Where it is not possible to instigate an enhanced DBS check for volunteers, they will be asked to provide references and to sign a declaration that they have not been convicted of any criminal or disciplinary offence which would preclude their employment as a paid worker with children.
- Volunteers will work under the direct supervision of an established staff

member and will be subject to the same code of conduct as paid employees of the school. Volunteers will at no time be given responsibility for the personal care of students. They will be encouraged to access the LSCB's training.

- Voluntary sector groups that operate within this school provide off-site services for our students or use school facilities will be expected to adhere to this policy or operate a policy which is compliant with the procedures adopted by the appropriate bodies.
- Premises lettings are also subject to acceptance of this requirement.

## **Specific Safeguarding issues**

### **Children 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. A child going missing from education is a potential indicator of abuse or neglect.
- St Catherine's recognizes that children that go missing from education, particularly on repeat occasions, are at risk of abuse and neglect, including sexual exploitation, radicalisation forced marriage or FGM
- Parents of students at St Catherine's will be asked to provide three emergency contact numbers. Attendance is tracked at the weekly attendance meeting with the EWO. The EWO makes home visits when there is cause for concern.
- If a student is withdrawn from the school having not reached the normal date of transfer; due to a family move or any other reason, all efforts will be made to identify any new address and the school to which they are being admitted and to ensure that their educational records are sent without delay to the child's new school. If the parent/carer fails to provide this information, an urgent referral will be made to the LA Admissions Team in order that they might make further enquiries.
- A child's name will only be removed from the School Admissions Register in accordance with the Student Registration Regulations and with the authorisation of the relevant local authority.
- St Catherine's will inform their local authority of any pupil who is going to be deleted from the admission register where they:
  - have been taken out of school by their parents and are being educated outside the school system e.g. home education;
  - have ceased to attend school and no longer live within reasonable distance of the school;
  - have been certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither she nor her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age;
  - are in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe they will be returning to the school at the end of that period; or,

- have been permanently excluded.
- St Catherine's will inform the local authority of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more.
- St Catherine's will request the Child Protection/Safeguarding file form the previous school for any student admitted in-year.

## The Prevent duty

St Catherine's School will fulfill our obligations under the 'Counter Terrorism and Security Act' (2015) to prevent students from being radicalised by violent extremists from religious, political and other extremist groups through the Spiritual, Moral, Social and Cultural Curriculum (SMSC) and the Citizenship Curriculum by:

- Enabling students to develop their self-knowledge, self-esteem and self-confidence;
- Enabling students to distinguish right from wrong and to respect the civil and criminal law
- Encouraging students to accept responsibility for their behaviour and make a positive contribution to the lives of others
- Enabling students to acquire a broad general knowledge of and respect for, public institutions and services
- Furthering tolerance and harmony between different cultural traditions and acquire an appreciation of and respect for their own and other cultures
- Encouraging respect for other people
- Encouraging respect for democracy and support for participation in the democratic processes

In addition we will:

- Train staff to recognise radicalisation and extremism (See Appendix 3) (Extremism 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. Also included in our definition of extremism are calls for the death of members of our armed forces, whether in this country or overseas.)
- Ensure staff are confident in their responsibilities regarding the Prevent duty and the reporting of (FGM)
- Refer vulnerable people to the 'Channel' prevent panel
- Prohibit extremist speakers and events
- Ensure the firewall and filters prevent access to extremist materials
- Have regard to the published advice in 'Keeping children safe in education' (September 2016)

## LA Contacts

LADO            James McMillan      0203 303 7777 ext 5543

FRONT DOOR/MASH            0203 045 5440  
Recruitment

- St Catherine’s follows safer recruitment strategies to help deter, reject or identify unsafe applicants for positions at the school
- All staff recruited by the school will be subject to reference and Disclosure and Barring Service and teaching staff will be checked against the DfE checks Protection of Children Act List, prior to their appointment.
- The school will only use employment agencies that can demonstrate that they positively vet their supply staff and will report misconduct of temporary or agency staff to the agency concerned and Local Authority’s designated Officer.
- Staff joining the school on a permanent or temporary basis will be given a copy of this policy.
- Relevant members of staff and governors who are involved in recruitment will undertake safer recruitment training. All recruitment panels must have at least one member who has successfully completed this training within the past 2 years.

## Appendix 1

All school 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.

### *Definition of abuse*

An abused child is a boy or girl under the age of 18 years who has suffered from, or is believed to be at significant risk of neglect, physical injury, emotional abuse or sexual abuse. Child abuse may be perpetrated by any adult who has a position of trust or authority with respect to a child. These adults may be the parents or carers of the child or any person known or unknown to the child or family who may have contact with the child. A child may also be the victim of abuse where the abuser is another child.

“Abuse and neglect are forms 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, in an institutional setting or in the community; by those known to them, or more rarely by a stranger. They may be abused by an adult or adults or another child or children.”

### Types of abuse

#### *Physical Abuse*

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

#### *Emotional Abuse*

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional

development. It may involve conveying to 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 the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may 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 though it may occur alone.

### *Sexual Abuse*

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetration (e.g. rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may include 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education.

### *Neglect*

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

### *Peer on peer abuse*

The different forms peer on peer abuse can take:

- sexual violence and sexual harassment.
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexting (also known as youth produced sexual imagery);
- initiation/hazing type violence and rituals.

## Appendix 2

### The seven golden rules to sharing information

1. Remember that GDPR (2018) and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

## Appendix 3

### Further information on Child Sexual Exploitation and Female Genital Mutilation

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly „consensual“ relationship where sex is exchanged for

affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber bullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Female Genital Mutilation (FGM): professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practice FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 11-12 of the Multi-Agency Practice Guidelines referred to previously. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

## **Appendix 4**

### **Further information on Preventing Radicalisation**

Protecting children from the risk of radicalisation should be seen as part of schools' 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 managing 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. School staff should use their professional judgment 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 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 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 (“the Prevent guidance”). Paragraphs 57-76 of the Prevent guidance are concerned specifically with schools (but also cover childcare).

The statutory Prevent guidance summarises the requirements on schools in terms of four general themes: risk assessment, working in partnership, staff training and IT policies.

- Schools are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them. Schools and colleges should have clear procedures in place for protecting children at risk of radicalisation. These procedures may be set out in existing safeguarding policies. It is not necessary for schools and colleges to have distinct policies on implementing the Prevent duty.
- The Prevent duty builds on existing local partnership arrangements. For example, governing bodies and proprietors of all schools should ensure that their safeguarding arrangements take into account the policies and procedures of Local Safeguarding Children Boards (LSCBs).
- The Prevent guidance refers to the importance of Prevent awareness training to equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas. Individual schools are best placed to assess the training needs of staff in the light of their assessment of the risk to pupils at the school of being drawn into terrorism. As a minimum, however, schools should ensure that the designated safeguarding lead undertakes Prevent awareness training and is able to provide advice and support to other members of staff on protecting children from the risk of radicalisation.
- Schools must ensure that children are safe from terrorist and extremist material when accessing the internet in schools. Schools should ensure that suitable filtering is in place. It is also important that schools teach pupils about online safety more generally.

The Department for Education has also published advice for schools on the Prevent duty. The advice is intended to complement the Prevent guidance and signposts other sources of advice and support.

## **Channel**

School staff should understand when it is appropriate to make a referral to the Channel programme. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual’s engagement with the programme is entirely voluntary at all stages.

Section 36 of the CTSA 2015 places a duty on local authorities to ensure Channel panels are in place. The panel must be chaired by the local authority and include the police for the relevant local authority area. Following a referral the panel will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, and, where considered appropriate and necessary consent is obtained, arrange for

support to be provided to those individuals. Section 38 of the CTSA 2015 requires partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in providing information about a referred individual. Schools and colleges which are required to have regard to Keeping Children Safe in Education are listed in the CTSA 2015 as partners required to cooperate with local Channel panels

*Keeping children safe in education (DfE July 2015)*

## **INDICATORS OF VULNERABILITY TO RADICALISATION**

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

2. Extremism is defined by the Government in the Prevent Strategy as:

Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

3. Extremism is defined by the Crown Prosecution Service as:

The demonstration of unacceptable behaviour by using any means or medium to express views which:

- Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
- Seek to provoke others to terrorist acts;
- Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
- Foster hatred which might lead to inter-community violence in the UK.

4. There is no such thing as a 'typical extremist': those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

5. Students may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.

6. Indicators of vulnerability include:

- Identity Crisis – the student is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
- Personal Crisis – the student may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;

- Personal Circumstances – migration; local community tensions; and events affecting the student’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- Unmet Aspirations – the student may have perceptions of injustice; a feeling of failure; rejection of civic life;
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration; and
- Special Educational Need – students may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

8. More critical risk factors could include:

- Being in contact with extremist recruiters;
- Accessing violent extremist websites, especially those with a social networking element;
- Possessing or accessing violent extremist literature;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve societal issues; and
- Joining or seeking to join extremist organisations; and
- Significant changes to appearance and/or behaviour;
- Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis.

## Appendix 5

### Registered Sex Offenders

A person who attends St Catherine’s Catholic School premises and is required to register with police under the Sexual Offences act 2003 is required to notify the school’s designated teacher for Safeguarding.

St Catherine’s Catholic School

Designated Teacher for Safeguarding                      Stephanie Hayes

Deputy Designated Teachers                                      Adam Jones & Matthew Allen

The school will require persons to participate in a risk assessment and subsequent written agreement.

Risk assessment:

This is a confidential document which will be shared with MAPPA and the designated teachers

and Head of the school only. This assessment is completed with two members of the safeguarding team. Risk Assessments are reviewed annually unless further information is disclosed to establish any changes of details such as address changes, further offences and/or removal from sex offenders register.

Written agreement: this will be drawn up following the completed risk assessment.

For support, the school may contact the Jigsaw Team  
Bexleyheath Police Station, 2 Arnsberg Way, Bexleyheath, Kent, DA7 4QS  
Main phone number 101

Risk Assessment

Meeting date: \_\_\_\_\_

Meeting attended by: \_\_\_\_\_

Name of person	
Details of disclosure	
Sexual Offences History	
Student's Name and Form	
Relationship to Student	
Lives with student	Yes / No
Details of contact with Student	
If you are not a family member, who has given permission for you to have contact with the student	Name: Address:
<p>This form will be shared with MAPPA representatives.</p> <p>This form is housed securely and will only be shared with persons by hand</p> <p>This form is reviewed at least annually</p>	

<p>Form discussed with Head Teacher: Yes/No</p> <p>Further action:</p>
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