



UTC PLYMOUTH

Safeguarding Policy

Safeguarding

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PART ONE: SAFEGUARDING POLICY

1.INTRODUCTION

1.1 Safeguarding is defined as –

- Protecting children from maltreatment;
- Preventing impairment of children's mental and physical health.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best life chances.

1.2 UTC Plymouth is committed to safeguarding and promoting the welfare of all its pupils/students. We believe that:

- All children/young people have the right to be protected from harm;
- Children/young people need to be safe and to feel safe in school;
- Children/young people need support which matches their individual needs, including those who may have experienced abuse;
- All children/young people have the right to speak freely and voice their values and beliefs;
- All children/young people must be encouraged to respect each other's values and support each other;
- All children/young people have the right to be supported to meet their emotional, and social needs as well as their educational needs – a happy healthy sociable child/young person will achieve better educationally;
- Schools can and do contribute to the prevention of abuse, victimisation, bullying, exploitation, extreme behaviours, discriminatory views and risk taking behaviours; and
- All staff and visitors have an important role to play in safeguarding children and protecting them from abuse.

1.3 UTC Plymouth will fulfil their local and national responsibilities as laid out in the following documents: -

- Working Together to Safeguard Children (DfE 2018)
- Keeping Children Safe in Education: Statutory guidance for schools and colleges (DFE Sept 2020)
- The Procedures of Plymouth Safeguarding Children Board
- The Children Act 1989
- The Education Act 2002 s175 / s157
- Mental Health and Behaviour in Schools: Departmental Advice (DfE 2014)

2. OVERALL AIMS

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

- Clarifying standards of behaviour for staff and pupils/students;
- Contributing to the establishment of a safe, resilient and robust ethos in the school, built on mutual respect, and shared values
- Introducing appropriate work within the curriculum;
- Encouraging students and parents to participate;
- Alerting staff to the signs and indicators that all might not be well;
- Developing staff awareness of the causes of abuse;
- Developing staff's awareness of the risks and vulnerabilities their students face;
- Addressing concerns at the earliest possible stage;

2.2 This policy will contribute to supporting our students by:

- Identifying and protecting the most vulnerable
- Identifying individual needs where possible; and
- Designing plans to meet those needs.

2.3 This policy will contribute to the protection of our students by:

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

3. KEY PRINCIPLES

3.1 These are the key principles of safeguarding.

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

4. KEY PROCESSES

4.1 Key staff should be aware of the guidance issued by relevant bodies.

5. EXPECTATIONS

5.1 All staff and visitors will:

- All staff working in schools are required to read at least part 1 of Keeping Children Safe in Education (KCSIE).
- Be familiar with this safeguarding policy;
- Be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, contractors, volunteers etc.
- Be involved in the implementation of individual education programmes, integrated support plans, child in need plans and interagency child protection plans;
- Be alert to signs and indicators of possible abuse (See Appendix One for current definitions and indicators);
- Record concerns and give the record to the Designated Safeguarding Lead, Deputy Safeguarding Officer or Principal;
- Deal with a disclosure of abuse from a child in line with the guidance in Appendix Two - you must inform the Designated Safeguarding Lead immediately, and provide a written account as soon as possible;

5.2 All staff and Governors will receive online safeguarding training.

6. THE DESIGNATED SAFEGUARDING LEAD

6.1 Our Designated Safeguarding Lead on the senior leadership team is **Justine Hardie**. The designate has lead responsibility and management oversight and accountability for child protection and, with the Principal, will be responsible for coordinating all child protection activity. In her absence, the Operational Designated Safeguarding Lead is **Jasmin Chapple**

6.2 The Designated Safeguarding Lead will lead regular case monitoring reviews of vulnerable children. These reviews must be evidenced by minutes and recorded in case files.

6.3 When the school has concerns about a child, the Designated Safeguarding Lead will decide what steps should be taken and should advise the Principal.

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

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

6.6 Access to these records by staff other than by the Designated Safeguarding Lead will be restricted to the safeguarding team.

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

6.8 Do not disclose to a parent any information held on a child if this would put the child at risk of significant harm.

6.9 If a pupil/student moves from our school, child protection records will be forwarded on to the Designated Safeguarding Lead at the new school (within 3 working days), with due regard to their confidential nature and in line with current government guidance on the transfer of such records. Direct contact between the two schools may be necessary, prior to admission, especially on transfer from primary to secondary schools. We will record where and to whom the records have been passed and the date.

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

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

6.12 Where a vulnerable young person is moving to a Further Education establishment, consideration should be given to the student's wishes and feelings on their child protection information being passed on in order that the FE establishment can provide appropriate support.

6.13 When a Designated Safeguarding Lead resigns their post or no longer has child protection responsibility, there should be a full face to face handover/exchange of information with the new post holder.

6.14 In exceptional circumstances when a face to face handover is unfeasible, the Principal will ensure that the new post holder is fully conversant with all procedures and case files

6.15 A designated teacher will be appointed by the Governors to promote the educational achievement of children who are looked after. The Governors will ensure that staff have the skills, knowledge and understanding necessary to keep looked after children safe. In particular they will ensure that the information they need in relation to the child's looked after status, his/her care arrangements and the levels of authority delegated to the carer by the authority looking after him/her is made available to them.

7. THE GOVERNING BODY

7.1 The Governing Body is the accountable body for ensuring the safety of the school. The nominated governor for safeguarding is **Samantha Smith**

7.2 The governing body will ensure that:

- The Governors must sign off the Safeguarding policy, and confirm that it adheres to the updated KCSIE policy along with all other legislation.
- The school has a safeguarding policy in accordance with the procedures of Plymouth Safeguarding Children Board;
- The school operates, "safer recruitment" procedures and ensures that appropriate checks are carried out on all new staff and relevant volunteers;
- At least one senior member of the school's leadership team acts as a Designated Safeguarding Lead;
- The Designated Safeguarding Lead attends appropriate refresher training every two years;
- The Principal and all other staff who work with children undertake training at a minimum of three yearly intervals;
- Temporary staff and volunteers are made aware of the school's arrangements for child protection and their responsibilities;
- The school remedies any deficiencies or weaknesses brought to its attention without delay; and
- The school has procedures for dealing with allegations of abuse against staff/volunteers.

7.3 The governing body reviews its policies/procedures annually

7.4 The Nominated Governor is responsible for liaising with the Principal and Designated Safeguarding Lead over all matters regarding child protection issues.

The role is strategic rather than operational – they will not be involved in concerns about individual pupils/students.

7.5 The Nominated Governor will liaise with the Principal and the Designated Safeguarding Lead to produce an annual report for governors and the local authority (s175/s157).

7.6 A member of the governing body (usually the Chair) and/or Chief executive is nominated to be responsible for liaising with the local authority and other partner agencies in the event of allegations of abuse being made against the Principal.

8. A SAFER SCHOOL CULTURE

Safer Recruitment and Selection

8.1 The school pays full regard to ‘Keeping Children Safe in Education’ (DfES 2020). Safer recruitment practice includes for “Anyone working in the school or college including supply teachers or volunteers” scrutinising applicants, verifying identity and academic or vocational qualifications, their right to work in the UK, obtaining professional and character references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking a selection programme, interviews and undertaking appropriate checks through the Disclosure and Barring Service (DBS).

8.2 All recruitment materials will include reference to the school’s commitment to safeguarding and promoting the wellbeing of pupils.

8.3 Senior Leaders and Staff involved in recruitment have undertaken Safer Recruitment training. One of the above will be involved in all staff / volunteer recruitment processes and sit on the recruitment panel.

8.4 Whilst UTC Plymouth are not the employer of supply teachers/volunteers, they should ensure allegations are dealt with properly. In no circumstances should UTC Plymouth decide to cease to use a supply teacher due to safeguarding concerns, without finding out the facts and liaising with the local authority designated officer (LADO) to determine a suitable outcome. Governing bodies and proprietors should discuss with the agency whether it is appropriate to suspend the supply teacher, or redeploy them to another part of the school, whilst they carry out their investigation.

Staff support

8.5 We recognise the stressful and traumatic nature of child protection work. We will support staff by providing an opportunity to talk through their anxieties with their line manager or the DSL and to seek further support as appropriate.

All staff have access to a counsellor via Reach South Academy and can create an account with the login details that have been sent to their UTC Plymouth staff email address. For further information please contact your line manager/DSL, who will be able to support you with gaining access to counselling via Reach South Academy.

9. OUR ROLE IN THE PREVENTION OF ABUSE

9.1 We will provide opportunities for students to develop skills, concepts, attitudes and knowledge that promote their safety and well-being.

The Curriculum

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

9.3 Relevant issues will be addressed through other areas of the curriculum, for example, PSHE, English and PE

Other areas of work

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

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

10. SAFEGUARDING PUPILS/STUDENTS WHO ARE VULNERABLE TO EXTREMISM,

10.1 Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

10.2 UTC Plymouth values freedom of speech and the expression of beliefs / ideology as fundamental rights underpinning our society's values. Both students and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the

vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

10.3 The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. UTC Plymouth is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.

10.4 Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in Appendix Four.

10.5 UTC Plymouth seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

Risk reduction

10.6 The school governors, the Principal and the Designated Safeguarding Lead will assess the level of risk within the school and put actions in place to reduce that risk. Risk assessment may include consideration of the school's curriculum and SEND policy, assembly policy, the use of school premises by external agencies, integration of pupils by gender and SEN, anti-bullying policy and other issues specific to the school's profile, community and philosophy.

10.7 This risk assessment will be reviewed as part of the annual s175 return that is monitored by the local authority and the local safeguarding children board.

Response

10.8 Our school, like all others, is required to identify a Prevent Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism: this will normally be the Designated Safeguarding Lead. The SPOC for UTC Plymouth is Jo Ware. The responsibilities of the SPOC are described in Appendix Five.

10.9 When any member of staff has concerns that a pupil may be at risk of radicalisation or involvement in terrorism, they should speak with the SPOC/Designated Safeguarding Lead.

10.A Numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism, but most, young people do not become involved in extremist action. For this reason, the appropriate interventions in any particular case may not have any specific connection to the threat of radicalisation, for example they may address mental health, relationship or drug/alcohol issues.

11. SAFEGUARDING PUPILS/STUDENTS WHO ARE VULNERABLE TO EXPLOITATION, FORCED MARRIAGE, FEMALE GENITAL MUTILATION, OR TRAFFICKING

11.1 Our safeguarding policy through the school's values, ethos and behaviour policies provides the basic platform to ensure children and young people are given the support to respect themselves and others, stand up for themselves and protect each other.

11.2 Our school keeps itself up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation.

11.3 Our staff are supported to recognise warning signs and symptoms in relation to specific issues, including such issues in an age appropriate way in their curriculum.

11.4 Our school works with and engages our families and communities to talk about such issues.

11.5 Our staff are supported to talk to families about sensitive concerns in relation to their children and to find ways to address them together wherever possible.

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

11.7 Our school brings in experts and uses specialist material to support the work we do.

12. WHAT WE DO WHEN WE ARE CONCERNED

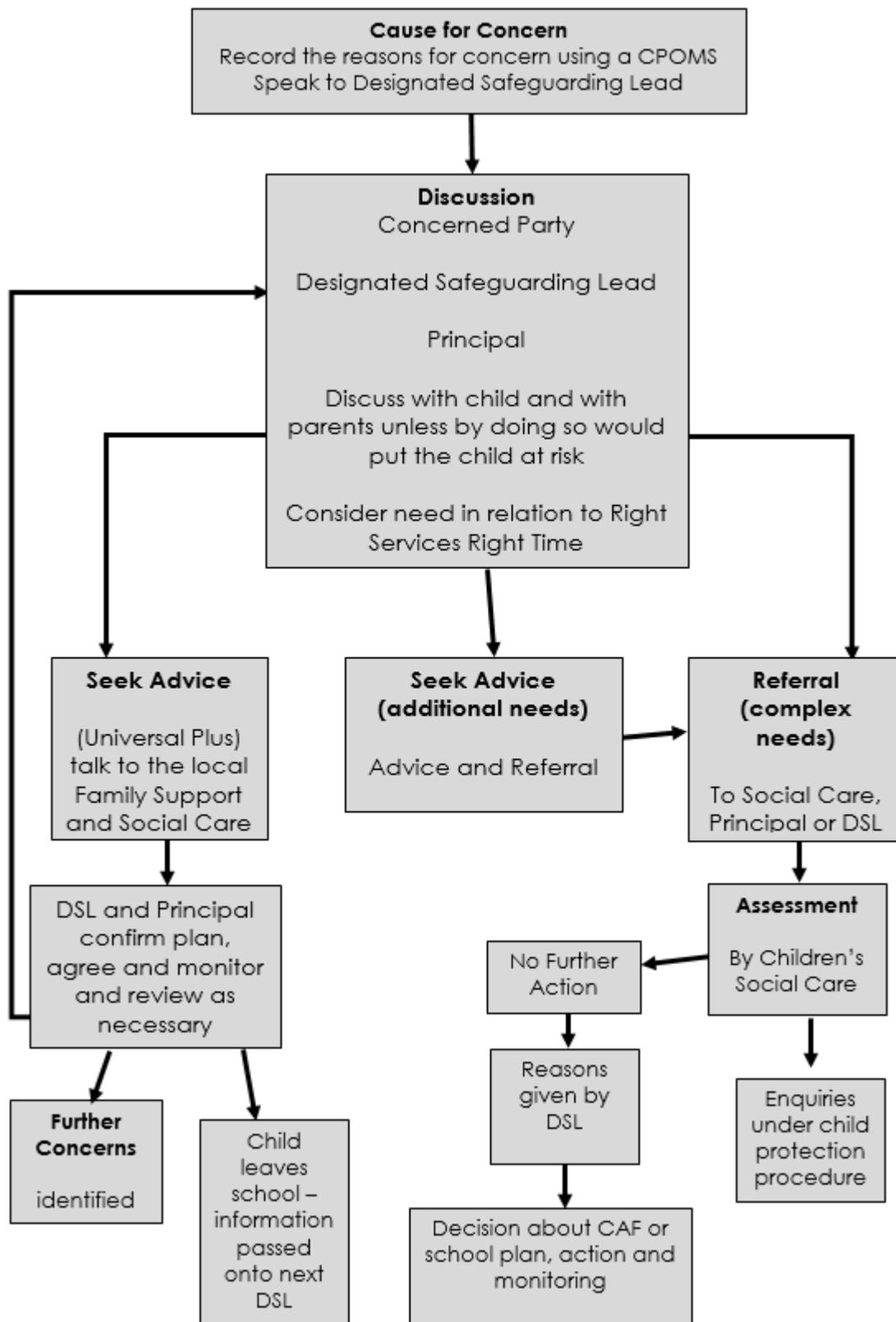
12.1 Where risk factors are present but there is no evidence of a particular risk then our DSO /SPOC advises the school on preventative work that can be done within school to engage the pupil into mainstream activities and social groups. The DSO may well be the person who talks to and has conversations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

12.2 In this situation, depending on how worried we are and what we agree with the parent and the young person (as far as possible) –

- The DSO/SPOC can decide to notify the LSCB and/or Social Care of the decision so that a strategic overview can be maintained and any themes or common factors can be recognised; and
- The school will review the situation after taking appropriate action to address the concerns.

12.3 The DSO/SPOC will also offer and seek advice about undertaking an early help assessment such as the family Common Assessment Framework (CAF) and/or making a referral to children's social care.

PART TWO: THE KEY PROCEDURES RESPONDING TO CONCERNS ABOUT A CHILD



13. INVOLVING PARENTS / CARERS

13.1 In general, we will discuss any child protection concerns with parents / carers before approaching other agencies, and will seek their consent to making a referral to another agency. Appropriate staff will approach parents / carers after consultation with the Designated Safeguarding Lead. However, there may be occasions when the school will contact another agency before informing parents/carers because it considers that contacting them may increase the risk of significant harm to the child.

13.2 Parents / carers will be informed about our safeguarding policy through: website and newsletters

14. MULTI-AGENCY WORK

14.1 We work in partnership with other agencies in the best interests of the children. The school will, where necessary, liaise with the school nurse and doctor, and make referrals to children's social care. Referrals should be made by the Designated Safeguarding Lead to Social Care (01752306800) and appropriate agencies. Where the child already has a safeguarding social worker, the request for service should go immediately to the social worker involved, or in their absence to their team manager.

14.2 We will cooperate with any child protection enquiries conducted by children's social care: the school will ensure representation at appropriate inter-agency meetings such as integrated support plan meetings initial and review child protection conferences, and core group meetings.

14.3 We will provide reports as required for these meetings. If the school is unable to attend, a written report will be sent. The report will, wherever possible, be shared with parents / carers at least 24 hours prior to the meeting.

14.4 Where a pupil/student is subject to an inter-agency child protection plan or a multi agency risk assessment conference (MARAC) meeting, the school will contribute to the preparation, implementation and review of the plan as appropriate.

15. OUR ROLE IN SUPPORTING CHILDREN

15.1 We will offer appropriate support to individual children who have experienced abuse or who have abused others.

15.2 An individual support plan will be devised, implemented and reviewed regularly for these children. This plan will detail areas of support, who will be involved, and the child's wishes and feelings. A written outline of the individual support plan will be kept in the child's child protection record.

15.3 Children and young people who abuse others will be responded to in a way that meets their needs as well as protecting others within the school community through a multi-agency risk assessment. We will ensure that the needs of children and young people who abuse others will be considered separately from the needs of their victims.

15.4 We will ensure the school works in partnership with parents / carers and other agencies as appropriate.

16. RESPONDING TO AN ALLEGATION ABOUT A MEMBER OF STAFF

See also Plymouth Safeguarding Children Board Procedures on Allegations against Staff, Volunteers and Supply Teachers.

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

- Behaved in a way that has harmed a child or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved in a way that indicates s/he is unsuitable to work with children.
- Where someone may have been involved in an incident outside of school which didn't involve children, but could have an impact on their suitability to work with them (e.g. domestic violence).

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

16.3 All staff working within our organisation must report any potential safeguarding concerns or "cause for concern" about an individual's behaviour towards children and young people immediately. Allegations or concerns about colleagues and visitors must be reported directly to the Principal unless the concern relates to the Principal. If the concern relates to the Principal, it must be reported immediately to the Chief Executive who will liaise with the Chair of Governors and they will decide on any action required.

16.4 Allegations against a teacher who is no longer teaching should be referred to the police. Historical allegations of abuse should also be referred to the police. UTC Plymouth should ensure they provide effective support for anyone facing an

allegation and provide them with a named contact if they are suspended. Where UTC Plymouth are not the employer of an individual they still have responsibility to ensure allegations are dealt with appropriately and that they liaise with relevant parties (this includes supply teachers and volunteers). It is essential that any allegation of abuse made against a teacher or other member of staff or volunteer in a school or college is dealt with very quickly, in a fair and consistent way that provides effective protection for the child and, at the same time supports the person who is the subject of the allegation.

17. CHILDREN WITH ADDITIONAL AND/OR SPECIAL EDUCATIONAL NEEDS

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

17.2 When the school is considering excluding, either fixed term or permanently, a vulnerable pupil and / or a pupil/student who is the subject of a child protection plan or where there is an existing child protection file, we will call a multi-agency risk assessment meeting prior to making the decision to exclude. In the event of a one off serious incident resulting in an immediate decision to exclude, the risk assessment *must* be completed prior to convening a meeting of the Governing Body.

Child Sexual Exploitation

The sexual exploitation of children and young people has been identified throughout the UK, in both rural and urban areas, and in all parts of the world. It affects boys and young men as well as girls and young women. The abuser could be male or female. It is a form of sexual abuse and can have a serious impact on every aspect of the lives of children involved and their families.

The sexual exploitation of children is described in the government guidance document (Feb 2017) as child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

CSE can take many different forms including:

- Exploitation by family members, including being 'sold for sex'
- Sexually exploitative relationships with older adults
- Sexually exploitative relationships with peers

- Sexual exploitation through technology including grooming through social media and the taking and circulation of sexually explicit images of the child

Sexually harmful or problematic behaviour (Peer on peer abuse)

The NSPCC suggest harmful sexual behaviour include:

- Using sexually explicit words and phrases
- Inappropriate touching
- Using sexual violence or threats
- Full penetrative sex with other children or adults.
- Up skirting- (Up skirting is typically when a photograph is taken under a person's clothing without them knowing, for sexual gratification or to cause the victim humiliation, distress or alarm. Up skirting is now a form of peer-on-peer abuse.) It's a criminal offence.

The UTC principles of working with children who have harmful or problematic sexual behaviour include:

- When working with children who harm others, we must recognise that such children are likely to have considerable needs themselves, and also that they may pose a significant risk of harm to other children and young people.
- The needs of the children and young people who sexually harm should be considered separately from the needs of their victims.
- Evidence suggests that children who abuse may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or Sexual Abuse, have problems in their educational development and may have committed other offences.
- The reasons why young people sexually abuse are multi-faceted and to explore these further, a full risk assessment and an assessment of need must be carried out in every case.
- Children who sexually harm others should be held responsible for their abusive behaviour.
- Early and effective intervention with children and young people who sexually harm others may play an important part in protecting children, by preventing the continuation or escalation of abusive behaviour.
- Children who sexually harm others have a right to be consulted and involved in all matters and decisions that affect their lives. Their parents have a right to information, respect and participation in matters that affect their family.
- The complex nature of the problem requires a co-ordinated, multi-disciplinary approach, which addresses both child protection and criminal justice issues.
- Peer on peer abuse is dealt with as a safeguarding concern and not managed through the systems set out in the school behaviour policy.

9. Contextual safeguarding.

There are often wider environmental factors present in a child's life that are a threat to their safety and/or welfare. Children who are victims or alleged perpetrators

should be assessed to gain an understanding of the impact of contextual issues on their safety and welfare.

Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority children's social care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to the child.

These threats can take a variety of different forms and children can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

10. Children Missing from Education

A child going missing is a potential indicator of abuse and neglect or that they may be being exploited. After reasonable attempts have been made to contact the family, we will follow the PSCB procedure and refer to the team.

If a looked after child or a child subjected to a CP plan goes missing, we will refer them to the team within 24 hours.

Children missing education procedures will be followed where a child or young person has 10 days or more continuous absence from school without an explanation and/or has left school suddenly and the destination is unknown and/or has not taken up an allocated school place as expected. Any such concern will be reported to the Local Authority through the Education Welfare Service.

The school will also refer to any child being withdrawn from school with the intent to be electively home educated where there are safeguarding concerns.

12. Private Fostering

Private fostering describes an arrangement that lasts for 28 days or more, where someone who is not a close relative cares for a child. This means someone who is not a grandparent, uncle, aunt, stepparent or older brother or sister. By law, parents and carers (or agencies where this does not happen) must notify their local authority of any private fostering arrangement.

Any such concern will be reported to the Local Authority through Social Care and the Education Welfare Service.

The school will also refer to the EWO and School Admissions any child being withdrawn from school with the intent to be electively home educated where there are safeguarding concerns.

APPENDICES

APPENDIX ONE DEFINITIONS AND INDICATORS OF ABUSE

1. NEGLECT

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

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

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

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

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

2. PHYSICAL ABUSE

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

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

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

3. SEXUAL ABUSE

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

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

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

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

4. SEXUAL EXPLOITATION

Both Child Sexual Exploitation CSE and Child Criminal Exploitation CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males and females.

The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

Child sexual exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person. The presence of any significant indicator for sexual exploitation should trigger a referral to children’s social care. All staff need to know the indicators that may signal that children are at risk from, or are involved with, serious violent crime. Including:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
- Entering and/or leaving vehicles driven by unknown adults;
- Frequenting areas known for risky activities;
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets.
- Unexplained gifts/new possessions - these can indicate children have been approached by/involved with individuals associated with criminal networks/gangs
- Increased absence from school
- Change in friendship/relationships with others/groups
- Significant decline in performance
- Signs of self-harm/significant change in wellbeing
- Signs of assault/unexplained injuries

A helpline to support potential victims of sexual harassment and abuse in education has been developed. The dedicated NSPCC helpline number is 0800 136 663 and will support those that have been victims of sexual harassment and abuse in education .

All schools are required to provide relationships and sex and education to all secondary pupils and relationships education to all primary age pupils. Important issues such as personal privacy, respect and consent to ensure that more young people have a better understanding of how to behave towards their peers, are part of our guidance to ensure more young people have a better understanding of how to behave towards their peers, including online. Many schools do a great job day in and day out of working within a complex modern society but the new Relationship, Sex and Health Education curriculum will help them navigate some of the more difficult issues. UTC Plymouth delivers this curriculum through allocated PSHE lessons developed alongside the Government guidelines.

Personal, Social, Health and Economic (PSHE) Education is a subject that will develop skills, knowledge and personal qualities you need to manage your life, now and in the future. It will help you to stay healthy, while preparing you to make the most of life and work. PSHE is taught through three themes being; living in the wider world; relationships and healthy living.

Staff should also be aware of the associated risks and understand the measures in place to manage them, all safeguarding concerns should be logged onto CPOMS.

5. EMOTIONAL ABUSE

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

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

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

- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis. N.B.: Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

6. RESPONSES FROM PARENTS

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

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

7. DISABLED CHILDREN

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

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

APPENDIX TWO DEALING WITH A DISCLOSURE OF ABUSE

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

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

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

Immediately afterwards

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

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

APPENDIX THREE

ALLEGATIONS ABOUT A MEMBER OF STAFF, GOVERNOR OR VOLUNTEER

1: Inappropriate behaviour by staff/volunteers could take the following forms:

Physical - For example the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling.

Emotional - For example intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality.

Sexual - For example sexualised behaviour towards pupils, sexual harassment, sexual assault and rape.

Neglect - For example failing to act to protect a child or children, failing to seek medical attention or failure to carry out an appropriate risk assessment.

2: If a child makes an allegation about a member of staff, governor, visitor or volunteer the Principal should be informed immediately. The Principal should carry out an urgent initial consideration in order to establish whether there is substance to the allegation. The Principal should not carry out the investigation him/herself or interview pupils.

3: The Principal must exercise, and be accountable for, their professional judgement on the action to be taken, as follows –

- If the actions of the member of staff, and the consequences of the actions, raise credible child protection concerns the Principal will notify the Local Authority Designated Officer **Marie Partridge** (LADO) Team (Tel: 01752 306340) or email LADO@plymouth.gov.uk. The LADO Team will advise about action to be taken and may initiate internal referrals within children's social care to address the needs of children likely to have been affected.
- If the actions of the member of staff, and the consequences of the actions, do not raise credible child protection concerns, but do raise other issues in relation to the conduct of the member of staff or the pupil(s), these should be addressed through the school's own internal procedures.
- If the Principal decides that the allegation is without foundation and no further formal action is necessary, all those involved should be informed of this conclusion, and the reasons for the decision should be recorded on the child protection file.

4: Where an allegation has been made against the Principal, then the Chair of the Governing Body takes on the role of liaising with the LADO team in determining the appropriate way forward. For details of this specific procedure see the Section on [Allegations against Staff and Volunteers](#) in the procedures of Plymouth Safeguarding Children Board.

APPENDIX FOUR

INDICATORS OF VULNERABILITY TO RADICALISATION

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

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

3: Extremism is defined by the Crown Prosecution Service as: The demonstration of unacceptable behaviour by using any means or medium to express views which:

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

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

5: Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit

vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.

6: Indicators of vulnerability include:

- Identity Crisis – the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
- Personal Crisis – the student / pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
- Personal Circumstances – migration; local community tensions; and events affecting the student / pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- Unmet Aspirations – the student / pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
- Special Educational Need – students / pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

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

8: More critical risk factors could include:

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

APPENDIX FIVE

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

The SPOC for UTC Plymouth is Jo Ware, who is responsible for:

- Ensuring that staff of the school are aware that you are the SPOC in relation to protecting students/pupils from radicalisation and involvement in terrorism;
- Maintaining and applying a good understanding of the relevant guidance in relation to preventing students/pupils from becoming involved in terrorism, and protecting them from radicalisation by those who support terrorism or forms of extremism which lead to terrorism;
- Raising awareness about the role and responsibilities of UTC Plymouth in relation to protecting students/pupils from radicalisation and involvement in terrorism;
- Monitoring the effect in practice of the school's RE curriculum and assembly policy to ensure that they are used to promote community cohesion and tolerance of different faiths and beliefs;
- Raising awareness within the school about the safeguarding processes relating to protecting students/pupils from radicalisation and involvement in terrorism;
- Acting as the first point of contact within the school for case discussions relating to students / pupils who may be at risk of radicalisation or involved in terrorism;
- Collating relevant information from in relation to referrals of vulnerable students / pupils.
- Attending meetings as necessary and carrying out any actions as agreed.
- Reporting progress on actions

- Sharing any relevant additional information in a timely manner.

We promote a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity. We aim to

- Establish an effective multi-agency referral and intervention process to identify vulnerable individuals;
- Safeguard individuals who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist-related activity; and
- Provide early intervention to protect and divert people away from the risks they face and reduce vulnerability.

APPENDIX SIX

SELF-HARM POLICY

Introduction

Our definitions of Self-Injury

We regard self-injury to be a coping mechanism for young people who are attempting to cope with high levels of distress and emotional pain. It is any deliberate, non-suicidal behaviour, which causes physical pain or injury and is aimed at reducing the emotional pain and distress of the individual concerned.

These behaviours may include deliberate bone-breaking, cutting, bruising, banging and non-suicidal overdosing and the behaviours are usually chronic, repetitive and habitual. Young people who self-injure will generally attempt to hide any scarring or injuries and can find it extremely difficult to discuss their behaviours, and the emotions behind them, with others. We understand, these behaviours may not be about seeking attention, but rather to be about seeking relief and release from emotional distress. We also understand that self-injury is not suicidal behaviour. However, the emotional distress that causes these behaviours can lead to suicidal thinking and actions. We will consequently take ALL incidents of self-injury seriously, investigate them and attempt to provide the most appropriate emotional support possible.

Aims

Our school team is dedicated to ensuring the emotional, physical and mental well-being of all the students in our community. We consequently aim to:

- Recognise any warning signs that one of our students may be engaging in self-harming behaviours.
- Understand the risk factors associated with these behaviours including low self-esteem, perfectionism, mental health issues such as anxiety or depression, home or school problems, social isolation, emotional, physical or sexual abuse.
- Be proactive in discussing this topic with students we might feel are deliberately harming themselves.
- Know how to respond to students who wish to discuss these behaviours with us and take them seriously at all times.
- Be able to produce short and long-term care and management plans for such students in conjunction with external agencies if necessary.
- Provide the appropriate level of practical and emotional support for staff dealing with students who self-harm and ensure appropriate training and education is available to all staff regarding this issue.
- Provide an appropriate awareness campaign for students and ensure the topic is a significant part of our PSHE Emotional Literacy curriculum.

Recognising warning signs

We are aware that for some young people there will not be any specific warning signs that they are engaging in or contemplating engaging in self-harming behaviours. For others, the following indicators may be noted:

- Risky behaviours, for example, drug taking, alcohol misuse.
- Lack of self-esteem, being overly negative.
- Bullying of others.
- Social withdrawal.
- Significant change in friendships.
- Regularly bandaged wrists and arms.
- Obvious cuts, burns or scratches (that don't look like accidents).
- A reluctance to participate in PE or change clothes.
- Frequent accidents that cause physical injuries.
- Wearing long-sleeved tops even in very hot weather.

Key responsibilities

Everyone in the school community – the Governing Body, the Head Teacher, all staff and teachers, pupils and parents/carers – all have responsibilities to promote and adhere to this policy in order to help ensure the well-being of all within the community. These are outlined as follows:

Governing Body

- Ensure pupils have access to appropriate and accurate information regarding self-harm alongside details of relevant support agencies.
- Determine how and when the topic is covered in the school curriculum.
- Provide access to appropriate and accurate information for parents or carers.
- Ensure that 'special arrangements' are made for students who self-harm (for example, time out, and wearing long-sleeved tops) as part of the Individual Management Plans and that these are appropriately reviewed.
- Ensure the existence of a Procedural Policy in case of self-harming incidents occurring within the school context and that this is reviewed as necessary.
- Ensure that all students are aware of the behaviours that will not be tolerated and that they understand these key rules, for example, no self-injury in front of others, no attempts to manipulate others with the threat of self-injury.

Principal

- Appoint a designated member of staff to be responsible for all incidents of self-harm and be responsible for disseminating the policy and training to the whole team.
- Be ultimately responsible for ensuring that designated staff receive appropriate training and supervision (possibly from the local CAMHS team). Ensure that all staff in the school community are fully conversant with and adhere to our Self-Harm policy.

Designated Staff

- Ensure that the policy is disseminated and implemented appropriately, providing regular feedback and updated to the Principal and Governing Body.
- Develop a record-keeping system to record such incidents and ensure that this is kept up to date and incidents and developments are regularly reported to the Principal.
- Ensure that students have an appropriate care and management plan which is recorded and, if necessary, developed with the support of external specialist agencies.
- Liaise with external agencies (specifically mental health) in order to provide the most appropriate support alongside utilising key services to provide up to date education and information for students, parents/carers and staff.
- Liaise with parents/carers as appropriate in order to ensure the safety and well-being of students in the school community.
- Report on suicidal intent or feelings straight away and refer to other professional bodies as appropriate.
- Engage in appropriate supervision so as to ensure personal well-being.

All Staff

- Act in an empathetic manner, assuring students that they are available to actively listen in a calm and non-judgmental manner.
- Will not invalidate any students' concerns or emotional distress.
- Know the available support options or referral routes and refer students to these as appropriate.

- Ensure that students know they cannot make any promises to keep things confidential if they feel that the student is at risk.
- Adhere to our Duty of Care Policy and Health and Safety Policy.
- Be committed to providing an emotionally literate context in which the self-esteem and emotional and mental well-being of all are fostered and promoted.
- Be aware of the 'healthy' coping strategies students can utilise and know who to ask for advice if they feel that these are being abused or becoming unsuccessful for the student.
- Ask for help if they feel a situation falls outside of their emotional competency, skills or knowledge base.

Parents or Carers

- Ensure that they both understand and endorse this policy.
- Find out about self-harm, making use of school-based and external resources and discuss your findings with your child.
- Ensure that school staff are kept informed of any changes or incidents that occur outside of the school that you feel may impact on the behaviour and well-being of your child.
- If you become aware that your child is engaging in these behaviours, work with designated staff in order to help us develop the best ways of supporting you and your child.
- Know that you may also need emotional support and find out where this is best accessed.

Students

- If they are self-harming, they will take care of any wounds appropriately and not display them in the school context.
- Ensure that they don't engage in 'sensationalised' conversations with peers or staff or talk about the methods they use to other students.
- Try to find something fun and positive each day.
- Never encourage others to participate in self-harm.
- Discuss why they or others might self-harm, that is emotional factors, and not focus on the act of self-harm itself.
- Ensure that they know who they can talk to in both the immediate and longer term, should they feel distressed or at risk in either the school or social context (such as designated staff).
- Alert a member of staff if they are at all concerned about a friend or peer who may be at risk of self-harming, engaging in these behaviours, or who may present as suicidal or discussing suicide.

The Policy will be monitored by the Principal and Governing Body and reviewed after requesting evaluative feedback from all key stakeholders. This will enable us to make the relevant and appropriate changes and ensure that this policy remains useful and user friendly.

APPENDIX SEVEN

FEMALE GENITAL MUTILATION (FGM) POLICY

Introduction

Female genital mutilation (FGM) is a collective term for procedures, which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on new-born infants or on young women before marriage or pregnancy.

FGM has been a criminal offence in the U.K. since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence for the first time for UK nationals, permanent or habitual UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

The rights of women and girls are enshrined by various universal and regional instruments including the Universal Declaration of Human Rights, the United Nations Convention on the Elimination of all Forms of Discrimination Against Women, the Convention on the Rights of the Child, the African Charter on Human and Peoples' Rights and Protocol to the African Charter on Human and Peoples' Rights on the rights of women in Africa. All these documents highlight the right for girls and women to live free from gender discrimination, free from torture, to live in dignity and with bodily integrity.

FGM has been classified by the World Health Organisation (WHO) 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; and
- 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.

Indicators

These indicators are not exhaustive and whilst the factors detailed below may be an indication that a child is facing FGM, it should not be assumed that is the case simply on the basis of someone presenting with one or more of these warning signs. These warning signs may indicate other types of abuse such as forced marriage or sexual abuse that will also require a multi-agency response.

The following are some signs that the child may be facing/at risk of FGM:

- A female child is born to a woman who has undergone FGM or whose older sibling or cousin has undergone FGM;
- The family belongs to a community in which FGM is practised or have limited level of integration within UK community;
- The family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children;
- If a female family elder is present, particularly when she is visiting from a country of origin, and taking a more active / influential role in the family;
- The family makes preparations for the child to take a holiday, e.g. arranging vaccinations, planning an absence from school;
- The child talks about a 'special procedure/ceremony' that is going to take place;
- An awareness by a midwife or obstetrician that the procedure has already been carried out on a mother, prompting concern for any daughters, girls or young women in the family;
- Repeated failure to attend or engage with health and welfare services or the mother of a girl is very reluctant to undergo genital examination, including cervical smears;
- Where a girl from a practising community is withdrawn from Sex and Relationship Education they may be at risk from their parents wishing to keep them uninformed about their body and rights.

Consider whether any other indicators exist that FGM may have or has already taken place, for example:

- The child has changed in behaviour after a prolonged absence from school;
- The child has health problems, particularly bladder or menstrual problems;
- The child has difficulty walking, sitting or standing and may appear to be uncomfortable.

It should be remembered that this will have lifelong consequences, and can be highly dangerous at the time of the procedure and directly afterwards.

Staff must take into consideration that by alerting the girl's or woman's family to the fact that she is disclosing information about FGM may place her at increased risk of harm and staff should therefore take sufficient steps to minimise this risk.

It should not be assumed that families from practising communities will want their girls and women to undergo FGM.

Mandatory Reporting of FGM

From the 31st October 2015, teachers in England and Wales have a duty to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police.

'Known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes

physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the [FGM Act 2003](#).

A failure to report the discovery in the course of their work could result in a referral to their professional body. The Home Office has produced guidance [Mandatory Reporting of Female Genital Mutilation](#) – procedural information to support this duty and a [Fact Sheet on the New Duty for Health and Social Care Professionals and Teachers to Report Female Genital Mutilation \(FGM\) to Police](#).

If there are suspicions that a girl under the age of 18 years may have undergone FGM or is at risk of FGM **staff must** still report the issue by following their internal safeguarding procedures. Staff must share the information about their concerns, potential risk and/or the actions which are to be taken. Next steps should be discussed with the safeguarding lead and if necessary a social care referral made.

Where is FGM Practised?

As a result of immigration and refugee movements, FGM is now being practiced by ethnic minority populations in other parts of the world, such as USA, Canada, Europe, Australia and New Zealand. FORWARD estimates that as many as 6,500 girls are at risk of FGM within the UK every year.

There is no Biblical or Koranic justification for FGM and religious leaders from all faiths have spoken out against the practice.

Consequences of FGM

Depending on the degree of mutilation, FGM can have a number of short-term health implications:

- Severe pain and shock;
- Infection;
- Urine retention;
- Injury to adjacent tissues;
- Immediate fatal haemorrhaging.

Long-term implications can entail:

- Extensive damage of the external reproductive system;
- Uterus, vaginal and pelvic infections;
- Cysts and neuromas;
- Increased risk of Vesico Vaginal Fistula;
- Complications in pregnancy and childbirth;
- Psychological damage;
- Sexual dysfunction;
- Difficulties in menstruation.

In addition to these health consequences there are considerable psycho-sexual, psychological and social consequences of FGM.

Justifications of FGM

The justifications given for the practise are multiple and reflect the ideological and historical situation of the societies in which it has developed. Reasons include:

- Custom and tradition;
- Religion, in the mistaken belief that it is a religious requirement;
- Preservation of virginity/chastity;
- Social acceptance, especially for marriage;
- Hygiene and cleanliness;
- Increasing sexual pleasure for the male;
- Family honour;
- A sense of belonging to the group and conversely the fear of social exclusion;
- Enhancing fertility.

Students Mental Health Support

All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

UTC Plymouth will offer support to all students and staff with their mental health. This includes referrals being sent to Young Devon for students, and staff having access to counselling via Reach South. Advice is often sent out by our mental health lead when requested or required. Parents and students have access to this information, by contacting **Jasmin Chapple** or the student's mentor via email or phone; 01752284250.

We will signpost all pupils, parents and staff to other resources to support good mental health. And a link has been placed on the UTC Plymouth website for online counselling with Kooth.

When setting expectations for pupils' learning, teachers will bear in mind of potential situations that could impact on both children's and adults' mental health.

Negative experiences and distressing life events, can affect the mental health of pupils and their parents. Staff are aware that children, parents/carers and families may find potential situations challenging and need access and signposting to specific support.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following the UTC Plymouth child protection policy and speaking to the designated safeguarding lead or a deputy.

Safeguarding Team Contact Details

ROLE	NAME	CONTACT DETAILS
Designated safeguarding lead (DSL)	Justine Hardie	justine.hardie@utcplymouth.org 01752284250
Operational DSL	Jasmin Chapple	jasmin.chapple@utcplymouth.org 01752284250
Head of UTC Plymouth Safeguarding Officer	Jo Ware	jo.ware@utcplymouth.org 01752284250 Mobile: 07510586941
Safeguarding Officer	Leigh Hotchin	leigh.hotchin@utcplymouth.org 01752284250
Safeguarding Officer	Nathan Tills	nathan.tills@utcplymouth.org 01752284250
Safeguarding Officer	Natasha Ive	natasha.ive@utcplymouth.org 01752284250
Safeguarding Officer	Esther Knight	esther.knight@utcplymouth.org 01752284250
Local authority designated officer (LADO)	Jane Parmenter	jane.parmenter@plymouth.gov.uk 01752304769
Chair of governors	Sam Smith	sam.smith@utcplymouth.org

16. CONSISTENCY OF POLICIES

This policy should be read alongside the following Academy policies:
Reference all other UTC safeguarding policies e.g. whistleblowing, allegations management, positive behaviour policy etc.

POLICY NAME: Safeguarding Policy**Policy Prepared by: Sarah Beveridge**

Document date	Filename	Mtg submitted	Summary of changes required
Feb 14		Staffing	New Policy
Mar 17		FGB	Reviewed
June 17		FGB	Policy re-written and now includes FGM
Sept 18		FGB	Update to reflect new legislation
Feb 18			Update to reflect TLR and new staff
Mar 19			Update to reflect new Legislation and new staff
May 08			Reformatted and proof-Read
May 19			Reviewed, staff changes and proof-read by Sophie Wood
April 2020			Reviewed, staff changes and proof-read by Jasmin Chapple
August 2020			Reviewed, staff changes, and new legislation added by Jasmin Chapple
September 2020			Information added - looked after children
April 2021			Information added- NSPCC details.

