



S&P Sephardi Community Safeguarding Children Policy

Date Policy Agreed: 29th November 2019

Date to be reviewed: 28th November 2020

Child Protection at S&P Sephardi Community

KEY PERSONNEL

S&P Designated Safeguarding Lead (DSL) Rabbi Shalom Morris - Head of Education 07471 352 822 rabbimorris@sephardi.org.uk	S&P Deputy Designated Safeguarding Lead (DDSL) Ian Stewart - Chief Operating Officer 07776 659 560 ian@sephardi.org.uk
WS Nominated Safeguarding Trustee Richard Sassoon 07970 554 174 richard.sassoon@sephardi.org.uk	Chairman of the Board of Trustees (Parnas President) Sabah Zubaidah 07768 351 221 sabah.zubaidah@sephardi.or.uk
Chief Executive Officer David Arden 07741 149 010 david@sephardi.or.uk	Westminster Council Local Authority Designated Officer (LADO) 020 7641 7668 lado@westminster.gov.uk
Tri-Borough (local) Safeguarding Children Board 020 8753 3914	Tri-Borough Safeguarding and Child Protection 020 7598 4876
Schools and Education Officer Hilary Shaw, Hilary.Shaw@rbkc.gov.uk	Tri-Borough Multi-Agency Safeguarding Lead (MASH) 020 7641 5026 Esahoe Erhahon - Education Officer eerhahon@westminster.gov.uk
The Disclosure and Barring Service 01325 953 795	Tri-Borough Prevent Team 020 7641 6032 Mark Chalmers - Programme Manager (Westminster) mchalmers@westminster.gov.uk
Childline 0800 1111 www.childline.org.uk	Turning Point (Drug/Substance misuse) 020 7481 7600 www.turning-point.co.uk
Shelter (Housing/Homelessness advice) 0344 515 2222 www.shelter.org.uk	Norwood (Jewish charity supporting vulnerable children/families) 020 8809 8809 www.norwood.org.uk
Police emergency number 999	Police non-emergency number 101

1.0 Introduction

- 1.0** S&P Sephardi Community is committed to promoting the safeguarding of children¹ and protecting them from harm. In line with our Safeguarding Policy, we acknowledge that abuse can occur within all communities. Our overriding priority is the immediate safety of the child or young person.
- 1.1** This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications: ‘Working Together to Safeguard Children’ 2015, Revised Safeguarding Statutory Guidance 2 ‘Framework for the Assessment of Children in Need and their Families’ 2000, and ‘What to do if You are Worried a Child is Being Abused’ 2015. The guidance reflects the principles in ‘Keeping Children Safe in Education’ 2015, London Child Protection Procedures 2017, and Keeping it Safe - Safeguarding Standards and Implementation Guidance, National Council for Voluntary Youth Services, 2014.
- 1.2** Our commitment to providing a safe environment is embodied in the following organisational documents and policies:
- Child Protection Policy
 - Anti-bullying and Racist Incidents Policy
 - Safer Recruitment Policy
 - Whistleblowing Policy
 - Health and Safety Policies
 - Equal Opportunities Policy
- 1.3** The Trustees of S&P Sephardi Community take seriously their responsibilities under the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our Community to identify, assess, and support those children¹ who are suffering harm.
- 1.4** We recognise that all adults, including staff, temporary staff, teachers, junior teachers, volunteers and Trustees, have a full and active part to play in protecting the children of our community from harm, and that the children’s welfare is our paramount concern.
- 1.5** We believe that our Community should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child.
- 1.6** The aims of this policy are:
- 1.6.1** To support the child’s development in ways that will foster security, confidence and independence.
 - 1.6.2** To provide an environment in which children and young people feel safe, secure, valued, respected and confident, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.
 - 1.6.3** To raise the awareness of all staff and volunteers of the need to safeguard children - including unborn children who may be at risk - and of their responsibilities in identifying and reporting possible cases of abuse (Reference Appendices 1 and 2).
 - 1.6.4** To provide a systematic means of monitoring children known or thought to be at risk of

¹ A child is defined in law (Children Act 1989, 2004 and Scottish equivalent) as anyone who has not reached their 18th birthday. ‘Children’ therefore means ‘children and young people’. Child Protection legislation and guidance therefore only applies to those members and users of S&P’s services up to that age.

harm, and ensure we, the Community, contribute to assessments of need and support packages for those children.

- 1.6.5 To emphasise the need for good levels of communication between all members of staff.
 - 1.6.6 To develop a structured procedure within the Community which will be followed by all members of the Community in cases of suspected abuse.
 - 1.6.7 To develop and promote effective working relationships with other agencies, especially the Police and Social Care.
 - 1.6.8 To ensure that all staff working within our Community who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check (according to guidance), and a central record is kept for audit.
- 1.7 'Safeguarding' is defined as the function of protecting children and vulnerable adults from abuse or neglect. It is an important shared priority of many public services, and a key responsibility of local authorities.

Safeguarding relates to the need to protect certain people who may be in vulnerable circumstances. These are people who may be at risk of abuse or neglect, due to the actions (or lack of action) of another person. It is critical that everyone at S&P Sephardi Community works together to identify people at risk and to protect such people.

2.0 Safe Community, Safe Staff (Who this policy applies to)

2.1 We will ensure that:

2.1.1 All Trustees understand and fulfil their responsibilities, namely to ensure that:

- there is a Child Protection policy together with a staff code of conduct
- the Community operates safer recruitment procedures as set out in our Safer Recruitment Policy
- the Community has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in a regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned
- a senior leader has been appointed as the Designated Safeguarding Lead (DSL), along with a Deputy Designated Safeguarding Lead (DDSL). They form the Community's Safeguarding Team for Child Protection
- a Trustee with responsibility for Safeguarding is nominated to liaise with the LA (Westminster) on Child Protection issues and in the event of an allegation of abuse made against the DSLs or any Rabbi. The Safeguarding Trustee oversees the Safeguarding Team
- on appointment, the DSL/DDSL will undertake interagency training (Multi-Agency Safeguarding and Child Protection - Level 3 or its equivalent) and also undertake the 'Update' Course every 2 years
- all other staff working with children have Safeguarding training updated as appropriate (equivalent to Level 1)
- any weaknesses in Child Protection are remedied immediately
- Child Protection policies and procedures are reviewed annually and that the Child Protection policy is available on the Community website or by other means

- they consider how children may be taught about Safeguarding. This may be part of a broad and balanced Jewish Studies curriculum emphasising Jewish values (*middot tobot*), such as *hesed* (acts of kindness), *ve'ababta le're'aha kamoha* (*love thy neighbour as thyself*), and *tsedaka* (generosity,) or through discussing related topics during assemblies or in the classroom.
 - enhanced DBS checks are in place for Trustees, members of the Executive and all staff and member volunteers working with children on a regular basis.
- 2.1.2** The DSL, Rabbi Morris, is the Rabbi of Bevis Marks and the Head Teacher of the Cheder. The DDSL is Ian Stewart, the Chief Operating Officer. These officers have undertaken Multi-Agency Safeguarding and Child Protection Level 3 or its equivalent followed by biennial updates. The Trustee with responsibility for Safeguarding is Richard Sassoon.
- 2.1.3** Staff members who are involved in recruitment and at least one member of the Board of Trustees will also complete Safer Recruitment Training and keep up to date with current practice.
- 2.1.4** All members of staff and volunteers are provided with Child Protection awareness information at induction, and made aware of the Community safeguarding policies so that they know who to discuss a concern with. Child Protection awareness
- 2.1.5** All members of staff will be trained in and receive regular updates in e-safety and reporting concerns.
- 2.1.6** All other staff and Trustees have Child Protection awareness training, updated by the DDSL as appropriate, to maintain their understanding of the signs and indicators of abuse. All members of staff, volunteers, and Trustees know how to respond to a child who discloses abuse through delivery of 'Working Together to Safeguard Children', and 'What to do if you Suspect a Child is being Abused' (2015).
- 2.1.7** All parents/carers are made aware of the responsibilities of staff members with regard to Child Protection procedures through publication of the Community's Child Protection Policy.
- 2.1.8** Our Hall Hire Terms and Conditions will seek to ensure the suitability of adults working with children on Community sites at any time.
- 2.1.9** Community users organising activities for children are aware of the Community's Child Protection guidelines and procedures.
- 2.1.10** We will ensure that Child Protection concerns or allegations against adults working in the Community are referred to the LADO² for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS) for consideration for barring, following resignation, dismissal, or, in the case of a volunteer, when we cease to use their service as a result of a substantiated allegation.
- 2.2** Our procedures will be regularly reviewed and up-dated.
- 2.3** 776The names of the designated members of staff for Child Protection, the DSL, DDSL and Safeguarding Trustee will be clearly advertised in the Community, with a statement explaining the Community's role in referring and monitoring cases of suspected abuse.

² LADO= Local Authority Designated Officer. See Page 1 for contact details.

- 2.4 All new members of staff will be given a copy of our Safeguarding Statement, and Child Protection policy, with the DSL's name clearly displayed, as part of their induction into the Community.
- 2.5 The policy is available publicly either on the Community website or by other means. Parents/carers are made aware of this policy and their entitlement to have a copy of it via the Community newsletter/website.

3.0 Responsibilities of the Safeguarding Team

3.1 The Safeguarding Team for Child Protection (DSL/DDSL) are responsible for:

3.1.1 Referring a child if there are concerns about possible abuse, to the Local Authority's Access Team³ and acting as a focal point for staff to discuss concerns. Referrals should be made in writing, following a telephone call using the Multi-Agency Referral Form (MARF) which is accessible at online at the Local Authority.

Early Help Information Centre:

<https://fisd.westminster.gov.uk/kb5/westminster/fis/chat.page>

- 3.1.2 Keeping written records of concerns about a child even if there is no need to make an immediate referral to comply with new GDPR.
- 3.1.3 Ensuring that all such records are kept confidentially and securely and are separate from child records.
- 3.1.4 A copy of the CP file will be retained by the Community until such time that the new Community acknowledges receipt of the original file. The copy can then be shredded.
- 3.1.5 Ensuring that an indication of the existence of the additional file in 3.1.3 above is marked on the child records.
- 3.1.6 Liaising with other agencies and professionals.
- 3.1.7 Ensuring that either they or the staff member attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with the parents.
- 3.1.8 Ensuring that any child about whom there are known concerns, who is absent without explanation for three weeks, is followed up and the reason for their absence is established. Appropriate action should/will be taken depending on the explanation. In the case of a child with a Child Protection Plan, the absence would be referred to local children's services.
- 3.1.9 In the case of a two week absence of a child with a Child Protection Plan, the absence would be referred to local children's services.
- 3.1.10 Organising Child Protection induction and update training for all Community staff and ensuring that safeguarding is on the agenda of the termly staff meetings.
- 3.1.11 Ensuring that the Trustee with responsibility for Safeguarding is kept appropriately informed of relevant issues so that the Trustees may discharge their legal responsibility for the Community.

3.2 The responsibilities of the Safeguarding Trustee are set out in detail in Appendix 6 of this document.

³ Contact details for the Local Authority Access Team on page 1.

4.0 Defining abuse

4.1 ‘Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.’

No Secrets, Department of Health (2000, Section 2.6, p.9)

www.db.gov.uk > Home > Publications

4.2 Incidents of abuse can be criminal offences and may be multiple, either to one person in a continuing relationship or to more than one person at a time.

4.3 Perpetrators of abuse can include relatives and family members, professional staff, paid care workers, volunteers, neighbours, friends and associates, or people who deliberately exploit vulnerable people and strangers. It is important to note that abuse may be unintentional, notably where vulnerable adults themselves carry out the abuse. The central concern is always whether a vulnerable person has been, or could be harmed.

4.4 Types of abuse

- **Physical abuse** – including hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions, and poor moving or handling techniques resulting in injury.
- **Sexual abuse** – including rape and sexual assault or sexual acts to which a vulnerable adult has not consented, or could not consent or consented to under pressure.
- **Emotional abuse** – including psychological abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, bullying, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal of services or supportive networks.
- **Neglect and acts of omission** – including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Abuse can take many forms. It may not fit comfortably into any of the above.

Fuller descriptions of the categories of abuse in addition to risk indicators can be found in Appendix 1 – Recognising signs of abuse.

5.0 Procedure in the event of a suspicion or an allegation

5.1 It is not the responsibility of anyone working at S&P Sephardi Community in a paid or unpaid capacity to decide whether or not child abuse has taken place. However there is a responsibility to act on any concerns through contact with the appropriate authorities so that they can then make inquiries and take necessary action to protect the young person. This applies BOTH to allegations/suspicions of abuse occurring within the Community and to allegations/suspicions that abuse is taking place elsewhere.

5.2 Responding to suspicion or an allegation of abuse:

We may become aware of possible abuse in various ways. We may see it happening, we may suspect it is happening because of signs such as those listed in Appendix 1 of this document, or it may be reported to us by someone else or directly by the young person affected.

In the last of these cases, it is particularly important to respond appropriately. If a young person says or indicates that they are being abused, you should:

- stay calm so as not to frighten the young person
- reassure the child that they are not to blame and that it was right to tell
- listen to the child, showing that you are taking them seriously
- keep questions to a minimum so that there is a clear and accurate understanding of what has been said. The law is very strict and child abuse cases have been dismissed where it is felt that the child has been led or words and ideas have been suggested during questioning. Only ask questions to clarify
- inform the child that you have to inform other people about what they have told you. Tell the child this is to help stop the abuse continuing
- safety of the child is paramount. If the child needs urgent medical attention, call an ambulance, inform the doctors of the concern and ensure they are made aware that this is a Child Protection issue. Report to the Head of Education immediately
- record all information
- report the incident to the Head of Education/DSL or DDSL.

5.3 Recording Information:

To ensure that information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern. The person recording should confine themselves to the facts and distinguish personal knowledge from what they have been told by others. Opinions should not be included.

Information should include the following:

- the child's name, age and date of birth
- the child's home address and telephone number
- whether the person making the report is expressing their concern or someone else's
- the nature of the allegation, including dates, times and any other relevant information
- a description of any visible bruising or injury, location, size etc. Also any indirect signs, such as behavioural changes
- details of witnesses to the incidents
- the child's account, if it can be given, of what has happened and how any bruising/injuries occurred
- have the parents been contacted? If so what has been said?
- has anyone else been consulted? If so record details
- has anyone been alleged to be the abuser? Record detail within the Community and to allegations/suspicions that abuse is taking place elsewhere.

5.4 What to do if you have a concern

5.4.1 All suspicions and allegations **MUST** be reported appropriately. It is recognised that strong emotions can be aroused particularly in cases where sexual abuse is suspected or where there is misplaced loyalty to a colleague. It is important to understand these feelings but not allow them to interfere with judgement about any action to take.

5.4.2 S&P Sephardi Community expects its staff to discuss any concerns they may have about the welfare of a child immediately with the person in charge and subsequently to check that appropriate action has been taken.

5.4.3 If the DSL/DDSL is not available you should take responsibility and call the Local Authority's Access Team or seek advice from the NSPCC helpline, the duty officer at your local social services department or the police. Telephone numbers can be found at the start of this document.

5.4.4 A summary of reporting procedures is provided in Appendix 5. Where there is a complaint against an officer, employee or volunteer, there may be three types of investigation.

- Criminal, in which case the police are immediately involved
- Child Protection, in which case social services and (possibly) the police will be involved
- Disciplinary or misconduct, in which case S&P Sephardi Community will be involved.

5.4.5 All suspicions and allegations must be shared with professional agencies that are responsible for Child Protection. If there is any doubt, you must report the incident: it may be just one of a series of other incidents which together cause concern.

5.4.6 Social services have a legal responsibility under The Children's Act 1989 to investigate all Child Protection referrals by talking to the child and family (where appropriate), gathering information from other people who know the child and making inquiries jointly with the police.

5.4.7 Any suspicion that a child has been abused by an employee or a volunteer should be reported to the DSL who will take appropriate steps to ensure the safety of the child in question and any other child who may be at risk. This will include the following:

- the DSL will refer the matter to local children's services
- the parent/carer of the child will be contacted as soon as possible following advice from the social services department
- the Safeguarding Trustee should be notified and will inform the Chief Executive Officer and the Chair of Board of Trustees to decide who will deal with any media inquiries and implement any immediate disciplinary proceedings.

5.4.8 Allegations of abuse are sometimes made sometime after the event. Where such an allegation is made, you should follow the same procedures and have the matter reported to social services. This is because other children may be at risk from the alleged abuser. Anyone who has a previous conviction for offences related to abuse against children is automatically excluded from working with children. To ensure that information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern. In recording you should confine yourself to the facts and distinguish what is your personal knowledge and what others have told you. Do not include your own opinions.

5.5 In the event of concerns outside the environment (i.e. a parent or a carer):

- Report your concerns to the DSL/DDSL
- If they are not available, the person being told or discovering the abuse should contact their local social services department or the police immediately
- Social Services, and the Safeguarding Team for Child Protection will decide how to inform the parents/carers
- The DSL should also report the incident to the Safeguarding Trustee, who, together with the Chief Executive Officer and the Chair of the Board of Trustees, should ascertain whether or not the person(s) involved in the incident play a role in the organisation and act accordingly
- Maintain confidentiality on a need to know basis.

6.0 Supporting Children

- 6.1** We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.
- 6.2.** We recognise that the Community may provide the only stability in the lives of children who have been abused or who are at risk of harm.
- 6.3.** We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- 6.4.** Our Community will support all children by:
- 6.4.1** Encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying.
 - 6.4.2** Promoting a caring, safe and positive environment within the Community.
 - 6.4.3** Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
 - 6.4.4** Notifying Local Children’s Services as soon as there is a significant concern, and within 24 hours of disclosure.

7.0 Unborn Babies

The Community’s Safeguarding responsibilities also extend to the protection from harm of unborn babies. Where an unborn baby is likely to be in need of services from Children’s Social Care when born, a referral is to be made to Children’s Social Care.

Wherever possible, the referrer should share their concerns with the prospective parent(s) and seek to obtain agreement to refer to Children’s Social Care, unless this action may place the unborn child at risk.

Concerns may arise (but are not limited to):

- Where concerns exist regarding the mother’s ability to protect
- Where alcohol or substance abuse is thought to be affecting the health of the expected baby
- Where the expectant parent(s) are very young and a dual assessment of their own needs as well as their ability to meet the baby’s needs is required
- Where a previous child in the family has been removed because they have suffered harm or been at risk of significant harm
- Where a person who has been convicted of an offence against a child, or is believed by Child Protection professionals to have abused a child, has joined the family
- Where there are acute concerns regarding parenting capacity, particularly where the parents have either severe mental health problems or learning disabilities
- Where the child is believed to be at risk of significant harm due to domestic violence.

The above also applies to surrogacy arrangements.

Referrals about unborn babies should be made by the 18th week of the pregnancy, unless it has not been possible to meet this timescale, for example, because the pregnancy has been concealed.

Referring at this time:

- Provides sufficient time for a full and informed assessment.
- Avoids initial approaches to parents in the latter stages of pregnancy, as this is already an emotionally charged time.
- Enables parents to have more time to contribute their own ideas and solutions to concerns and increases the likelihood of a positive outcome.
- Enables the provision of support services so as to facilitate optimum home circumstances prior to the birth.
- Provides sufficient time to make adequate plans for the baby's protection, where this is necessary.

8.0 Confidentiality

8.1 We recognise that all matters relating to Child Protection are confidential.

8.2 The DSL and DDSL will disclose any information about a child to other members of staff on a need to know basis only.

8.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

8.4 All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.

8.5 We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with a Child Protection Advisor (CPA) at the Tri-Borough Local Safeguarding Children Board.

9.0 Supporting Staff

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

9.2 We will support such staff by providing an opportunity to talk through their anxieties with the DSL and DDSL and to seek further support as appropriate.

9.3 All Community staff should take care not to place themselves in a vulnerable position with a child. It is best practice to work in an open environment and avoid meetings in remote, secluded areas. However, it is understood that a teacher's responsibilities may lead to one being alone with a child during the normal course of work eg. When working with a single student in a streamed Hebrew group, if giving tuition towards a Bar or Bat Mitzvah, or if the teacher is working with a small class and one or two members of the class leave the room temporarily. In those instances, the member of staff should try to make sure that there is visual access/that doors are open, and that that the space is not enclosed. In instances where a child is making a **disclosure**, it is understood that they may seek to do so in a place that is private. In those instances the Fattal Succah is ideal as doors can be closed but the people in the room are visible to those outside. The needs of the student to be heard in that moment are paramount however and it is acknowledged that the Fattal Succah may not be available or convenient in which case the member of staff should find an appropriate alternative. If possible, inform other staff of the meeting beforehand, assessing the need to have them present or close by.

9.3.1 All staff should be aware of the Community's own Codes of Conduct as laid out in the Staff Handbook.

9.3.2 Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers, will be given at induction

9.3.3 We understand that a child may make an allegation against a member of staff.

9.3.4 If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the DSL or DDSL.

9.3.5 The DSL/DDSL on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO) at the earliest opportunity.

9.3.6 The DSL/DDSL will inform the Safeguarding Trustee that an allegation has been reported, on an anonymous basis (i.e. names of those involved will not be given). The Safeguarding Trustee will inform the Chief Executive and the Chair of the Board of Trustees that there has been an allegation.

9.3.7 If the allegation made to a member of staff concerns a member of the Safeguarding Team for Child Protection, the person receiving the allegation will immediately inform whichever of the DSL/DDSL is not subject to the allegation, or the Safeguarding Trustee, who will consult as in 8.7 above.

9.3.8 If the allegation made to a member of staff concerns the Safeguarding Trustee, Chief Executive Officer or the Chair of the Board of Trustees, the person receiving the allegation will immediately inform the Safeguarding Team who will notify whichever of the Safeguarding Trustee/Chief Executive Officer/Chair of the Board of Trustees who are not subject to the allegation. That Trustee or Chief Executive Officer will consult as in 8.6 above, without notifying the person who is subject to the allegation first.

9.3.9 Suspension of the member of staff against whom an allegation has been made needs careful consideration, and the Chief Executive Officer and relevant Trustee will seek legal advice, as well as the advice of the LADO and Trustee with HR responsibilities in making this decision.

9.3.10 In the event of an allegation against the Chief Executive, the decision to suspend will be made by the Chair of the Board of Trustees with advice as in 8.10 above.

10.0 Physical Intervention

10.1 We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, or causing damage to property and that at all times it must be the minimal force necessary to prevent injury to another person.

10.2 Such events should be recorded and signed by a witness.

10.3 We understand that physical intervention of a nature which causes injury or distress to a child may be considered under Child Protection or disciplinary procedures.

10.4 We recognise that touch is appropriate in the context of working with children, and all staff will be given 'Safe Practice' guidance to ensure they are clear about their professional boundary.

11.0 Radicalisation and Extremism

11.1 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.

11.2 S&P Sephardi Community values freedom of speech and the expression of beliefs / ideology as fundamental rights underpinning our society's values. Both children/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.

11.3 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. S&P Sephardi Community is clear that this exploitation and radicalisation should be viewed as a Safeguarding concern.

11.4 Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation, are in Appendix 3.

11.5 The Community Trustees, the Head of Education and the other Designated Safeguarding Leads will assess the level of risk within the Community and put actions in place to reduce that risk. Risk assessment may include consideration of the use of Community premises by external agencies, anti-bullying policy and other issues specific to the Community's profile, community and philosophy.

Response

11.6 When any member of staff has concerns that a child may be at risk of radicalisation or involvement in terrorism, they should speak with the Head of Education/DSL. They should then follow normal safeguarding procedures. If the matter is urgent then the Police must be contacted by dialling 999. In non-urgent cases where police advice is sought then dial 101. The Department of Education has also set up a dedicated telephone helpline for staff and Trustees to raise concerns around Prevent (020 7340 7264).

11.7 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.

12.0 Domestic Abuse

- 12.1** Domestic abuse represents one quarter of all violent crime. It is actual or threatened physical, emotional, psychological or sexual abuse. It involves the use of power and control by one person over another. It occurs regardless of race, ethnicity, gender, class, sexuality, age, religion or mental or physical ability. Domestic abuse can also involve other types of abuse.
- 12.2** We use the term domestic abuse to reflect that a number of abusive and controlling behaviours are involved beyond violence.
- 12.3** Slapping, punching, kicking, bruising, rape, ridicule, constant criticism, threats, manipulation, sleep deprivation, social isolation, and other controlling behaviours all count as abuse.
- 12.4** The signs and symptoms of a child suffering or witnessing domestic abuse are similar to other forms of abuse or neglect. (See Appendix 1).

Appendix 1 - Recognising signs of child abuse

Categories of Abuse:

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

Signs of Abuse in Children:

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation.

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but they:

- must be regarded as indicators of the possibility of significant harm
- justify the need for careful assessment and discussion with designated / named / lead person, manager (or in the absence of all those individuals, an experienced colleague)
- may require consultation with and / or referral to Children's Services.

*The absence of such indicators does not mean that abuse or neglect has not occurred. In an abusive relationship the child may:

- appear frightened of the parent(s)
- act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups).

The parent or carer may:

- persistently avoid child health promotion services and treatment of the child's episodic illnesses
- have unrealistic expectations of the child
- frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- be absent or misusing substances
- persistently refuse to allow access on home visits
- be involved in domestic abuse.
- Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- Several different explanations provided for an injury
- An explanation which is inconsistent with injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries.

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead (rarely accidental, though a single bruised eye can be either accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe(s) indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and this will always require an experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water on his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation.

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

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

Scars

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

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or non-attachment
- Aggressive behaviour towards others
- Scape-goat behaviour within the family
- Frozen watchfulness, particularly in pre-school aged children (0-3)
- Low self-esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others.

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation

- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties).

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both.

In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information-seeking, but still cause significant upset, confusion, worry, physical damage, etc. it may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** – agreement including all the following:
 - Understanding that consent is based on age, maturity, development level, functioning and experience.
 - Knowledge of society’s standards for what is being proposed
 - Awareness of potential consequences and alternative
 - Assumption that agreements or disagreements will be respected equally

- Voluntary decision
- Mental competence.
- **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses; that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from Community
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods.

Child Sexual Exploitation

The following list of indicators is not exhaustive or definitive, but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with Community, opting out of education altogether

- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

Domestic Abuse

How does it affect children?

Children can be traumatised by seeing and hearing violence and abuse. They may also be directly targeted by the abuser or take on a protective role and get caught in the middle. In the long term this can lead to mental health issues such as depression, self-harm and anxiety.

What are the signs to look out for?

Children affected by domestic abuse reflect their distress in a variety of ways. They may change their usual behaviour and become withdrawn, tired, start to wet the bed and have behavioural difficulties. They may not want to leave their house or may become reluctant to return. Others will excel, using their time in your care as a way to escape from their home life. None of these signs are exclusive to domestic abuse so when you are considering changes in behaviours and concerns about a child, think about whether domestic abuse may be a factor.

What should I do if I suspect a family is affected by domestic abuse?

The following organisations are delivering domestic and sexual violence helplines in Westminster:

- Jewish Women's Aid (JWA) Office: 020 8445 8060 Email: clientsupport@jwa.org.uk
- Domestic Abuse Helpline Tel: 0808 801 0500
- Dina Sexual Violent Support Line: 0808 801 0656
- Refuge For Women and Children's Domestic Abuse Advice
Tel: 0808 2000 247
- Solace Advice Hub, Tel: 0808 802 5565, [Email: advice@solacewomensaid.org](mailto:advice@solacewomensaid.org)
- Women and Girls Network Advice Hub. Tel: 0808 801 0660, [Email: advice@wgn.org.uk](mailto:advice@wgn.org.uk)
- 24 Hour Domestic Violence Helpline (run in partnership by Women's Aid and Refuge) Tel: 0808 2000 247

Appendix 2 - Forced Marriage and FGM

Forced Marriage (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistleblowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a Community or through a third party. Always call either the Contact Centre or the Forced Marriage Unit 020 7008 0151.

Female Genital Mutilation (FGM)

It is essential that staff in settings where childcare is provided is aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 All other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier.

Is FGM legal?

FGM is internationally recognised as a violation of the human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening are:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya,

Somalia, Sudan, Sierra Leone, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistani, Indonesian and Pakistani)

- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage.

Signs that may indicate a child has undergone FGM:

- Prolonged absence from Community and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinary tract infection
- Disclosure.

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule- that we may only have one chance to reach out to someone at risk. The manner in which professionals respond is crucial and could save a life. It is essential that settings /Communities/colleges take action **without delay** and make a referral to children's services.

Appendix 3 - 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. Children 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 Community staff members are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
 - Identity Crisis – the student / child is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
 - Personal Crisis – the student / child 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 / child’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 / child 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 / children may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.
7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

8. More critical risk factors could include:

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

The Department of Education guidance [‘The Prevent Duty’](#) can be accessed via this link.

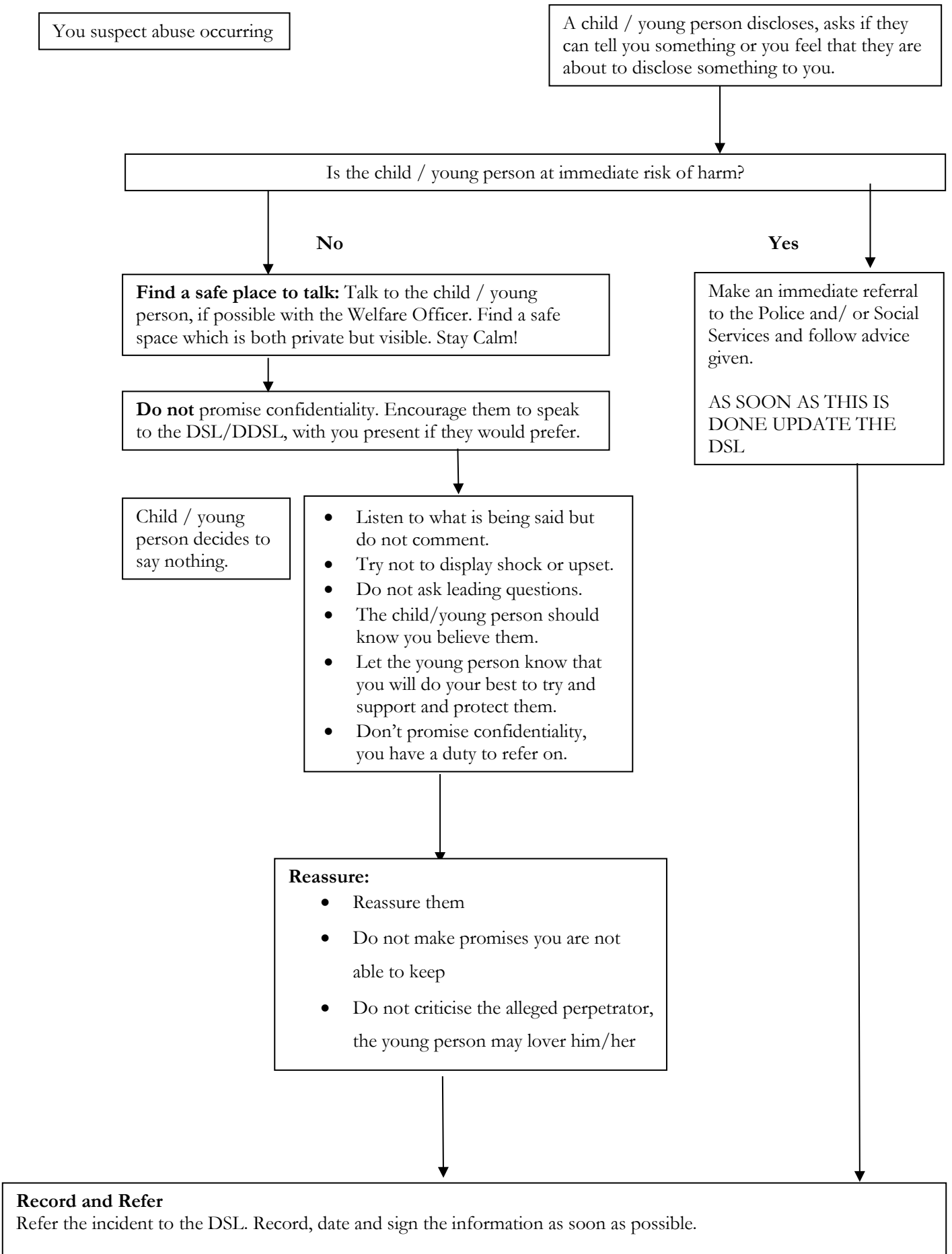
Appendix 4 – How to respond if you are concerned - Immediate Action

- **Act on any concerns** - Tell your Line Manager
- **Make sure the person is not in immediate danger** and take any necessary action – e.g. dial 999.
- **Listen** carefully and try not to show shock or disbelief – keep calm
- **Remain calm and non-judgemental.**
- **Record** the words the person uses.
- **Assure** the person that their complaint or allegation will be taken seriously and clarify the bare facts. Summarise your note and repeat it to the person; avoid detailed questioning.
- **Record** any bruising or injury, if they are apparent.
- **Describe** the size and colour of any bruising and the exact location on the body, along with the dates and time it has been observed.
- **Get consent** – explain that you have a duty to report what you have been told, or witnessed, to your Line Manager or the S&P Designated Safeguarding Lead/Deputy.
- **Inform your Line Manager** immediately. Where it is not possible to make contact with them, contact the S&P Designated Safeguarding Lead/Deputy, as soon as possible. Where your concern is urgent (although not classified as an emergency) and you are unable to make contact with the S&P Designated Safeguarding Lead or Deputy and you are worried, ring Westminster Social Services - Adult Safeguarding Team.
- **Keep the S&P Designated Safeguarding Lead/Deputy informed.** Where an ambulance or the police have been called and you have been unable to contact your Line Manager or The S&P Sephardi Community Designated Safeguarding Lead/Deputy, try to make contact with The S&P Sephardi Community Designated Safeguarding Lead/Deputy, as soon as possible, to advise them of the incident.
- **Ensure** that the person concerned is not left in unsafe or distressed state.

DO NOT:

- **Do not promise** to keep complete confidentiality – you are legally obliged to pass this information to your Line Manager.
- **Do not ask probing questions.**
- **Do not be judgemental** or jump to conclusions.
- **Do not rush the person.**
- **Do not start any investigation;** such as attempting to question the alleged perpetrator.
- **Do not throw away any interim notes** that have been made.
- **Do not contaminate or disturb any evidence.**

Appendix 5 S&P Sephardi Community Child Protection Flow Chart



Appendix 6 – The role of the Safeguarding Trustee

The trustee responsible for safeguarding will play an essential role in ensuring children, vulnerable adults and our community are kept safe from harm

This includes the following duties:

- To be familiar with Local Authority (LA) guidance and policy relating to Safeguarding and Child Protection and associated issues, and to attend training for nominated Safeguarding and Child Protection governors
- To ensure that the Trustees put in place a suitable Safeguarding and Child Protection Policy and associated procedures
- To champion Safeguarding and Child Protection issues within the Community
- To encourage other Trustees to develop their understanding of the governing body's responsibilities with regard to Safeguarding and Child Protection and assist them to perform their functions in respect of Safeguarding children, young people and vulnerable adults
- To contribute to ensuring any deficiencies in the Community's safeguarding practices are addressed
- To meet regularly with the senior member of the Community's leadership team who is the designated lead for Safeguarding and Child Protection in order to monitor the effectiveness of the Community's Safeguarding policies.
- To ensure that the Executive receives an annual report on the implementation of the community's safeguarding and Child Protection policy and procedures
- Ensuring that the Community's Safeguarding and Child Protection policy is communicated to, and implemented by, all staff
- Ensuring that the designated member of staff with lead responsibility for Safeguarding and Child Protection is part of the Community's leadership team, and has sufficient time and resources at his / her disposal to carry out his / her duties effectively
- Ensuring that a deputy designated member of staff for Safeguarding and Child Protection is identified
- Ensuring that the Designated Leader for Safeguarding and Child Protection and his/her deputy receive training at least every two years
- Training in Child Protection and Safeguarding is undertaken by all relevant staff, including volunteers, clerical staff and other ancillary staff, at least every three years
- Ensuring arrangements are in place for the inclusion of Safeguarding and Child Protection procedures in an induction programme for all relevant staff working in the Community
- Ensuring arrangements are in place for safer recruitment procedures
- Knowledge of the number of students currently subject to a Child Protection Plan (Nb. details of names will not be provided to maintain confidentiality)
- Oversight of how Safeguarding and Child Protection issues are addressed through the curriculum.