

Name of Policy:	Safeguarding And Child Protection
Applicable to:	Whole School
Written by:	Tracy Connor and Kevin Rossall
Contributors:	N/A
Approved on behalf of the ELT	September 2018
Effective date:	September 2018
Date of next review:	August 2020

Address: Road 17, 1st District, 3rd Zone,
5th Settlement, New Cairo, Cairo, Egypt

Tel: +202 2565 7115 / 20 / 21 Fax: +202 2565 7316

E-mail: info@ncbis.co.uk Web: www.ncbis.co.uk



@NcbisSecondary

@NcbisPrimary

@NCBISDutch



@ncbis.tigers

@New Cairo British International School



@NCBIS



@New Cairo British International School

New Cairo British International School is the sole operating activity of the Heliopolis Society for the Social and Cultural care of English Speaking Foreigners. Ministry of Social Affairs Registration No: 2643, New Cairo.

Safeguarding Children: Child Protection Policy

NCBIS Mission Statement

To provide a learning environment that supports academic achievement whilst promoting personal growth through the attributes of the IB Learner profile, within a caring international community committed to the traditional values of honesty, courtesy, respect, integrity and fair play.

Purpose and Scope of Policy

NCBIS aims to provide a safe and happy environment for all of our students so that learning can take place in a safe and secure atmosphere. This Child Protection Policy supports Article 3.1 of the Convention of the Rights of the Child, which states that “in all actions concerning children...the best interests of the child shall be a primary consideration”. We are committed to preventing child abuse and protecting children within our community.

This Child Protection Guidance sets out to outline the actions that will be taken to ensure that all students are protected from all forms of abuse.

Aims

We believe that all children have the right to:

- Grow up in a safe, secure and caring environment.
- Be protected from harm – including neglect, abuse and exploitation.
- Be listened to, and heard.
- Be valued in terms of their language, culture, religion, sex and race.
- Be treated as an individual.

There is a collective responsibility of all adults in our community to:

- Ensure that children are protected.
- Provide a safe, secure and loving environment.
- Provide support, encouragement and stimulation to enable each child to reach his/ her full potential.

The School will adhere to the following:

- The School operates safe recruitment procedures.
- There are two Designated Safeguarding Leads who are members of the School’s Primary and Secondary Leadership Teams.
- Any deficiencies or weaknesses in child protections arrangements will be remedied without delay.
- The Board of Governors will review the Child Protection policy and procedures and their efficient implementation on an annual basis.
- Ensure that no leading questions will be asked when speaking with students about issues related to safeguarding children (see below).

- Will not promise confidentiality to a student giving evidence.
- Inform the Independent Safeguarding Authority (ISA) in the UK and any other relevant authority within one month of any staff whose services are no longer used because he or she is unsuitable to work with children.

UK Legislation and statutory guidance

This policy is based on the UK Department for Education's statutory guidance, [Keeping Children Safe in Education](#) and [Working Together to Safeguard Children](#), and the [Governance Handbook](#). This policy is also based on the following legislation:

[The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children
 Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](#), which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18 [Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM.

[The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children. Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what 'regulated activity' is in relation to children. Statutory [guidance on the Prevent duty](#), which explains schools' duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism

Safeguarding and promoting the welfare of children means:

Protecting children from maltreatment

Preventing impairment of children's health or development

Ensuring that children grow up in circumstances consistent with the provision of safe and effective care

Taking action to enable all children to have the best outcomes

Definitions of Abuse

The following definitions of specific types of abuse are provided by NSPCC Kidscape (2014):

1) Physical Abuse:

"Physical abuse is any non-accidental injury to a child under the age of 18 by a parent or caregiver."

These injuries may include hitting, shaking, throwing, drowning, burning or scalding, poisoning, suffocating or otherwise causing physical harm to a child.

2) Sexual Abuse:

"Sexual abuse involves someone forcing or enticing a child under the age of 18 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."

These activities may involve physical contact including: assault by penetration or non-penetrative acts (such as masturbating, kissing, rubbing and touching outside of clothing).

It may also include non-contact activities such as: watching sexual activities, encouraging children to behave in sexually inappropriate ways, involving children looking at or in the production of sexual images, grooming a child in the preparation for abuse (including via the internet).

3) Emotional Abuse:

"Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe adverse affects on the child's health and emotional development."

Emotional abuse may involve: rejecting or ignoring a child completely, using degrading language or behaviours towards them, responding to their attempts to interact with emotional detachment, making fun of them, threatening them or encouraging them to develop behaviours that are self-destructive, preventing the child from interacting socially with other children or adults, a child seeing or hearing the ill treatment or serious bullying (including cyber

bullying) of another, causing children to feel frequently frightened or in danger, the exploitation or corruption of children.

4) 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 involve a parent or carer failing to: provide adequate food, clothing or shelter (including exclusion from home or abandonment), protect a child from physical and emotional harm and danger, ensure adequate supervision (including the use of inadequate care givers), ensure access to appropriate medical care or treatment, respond to a child’s basic emotional needs. (See Appendix A for Key Indicators of Abuse)

Equality statement

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children’s diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face. We give special consideration to children who:

- Have special educational needs or disabilities
- Are young carers
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers

Roles and responsibilities

Safeguarding and child protection is **everyone’s** responsibility. This policy applies to all staff, volunteers and board members in the school. Our policy and procedures also apply to extended school and off-site activities

All staff

All staff will read and understand part 1 and Annex A of the Department for Education’s statutory safeguarding guidance, [Keeping Children Safe in Education](#), and review this guidance at least annually. This will be recorded on the online electronic “Safeguard System” and available for DSLs to view.

All staff will be aware of:

- Our systems which support safeguarding, the role of the designated safeguarding lead (DSL) the whistle blowing policy and the behaviour policy
- What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), FGM and radicalisation

Appendix 4 of this policy outlines in more detail how staff are supported to do this.

The designated safeguarding lead (DSL)

Our DSL’s are Tracy Connor and Kevin Rossall. The DSL takes lead responsibility for child protection and wider safeguarding. During term time, the DSLs will be available during school hours for staff to discuss any safeguarding concerns. Outside of school hours, the DSLs can also be contacted if necessary by email and phone. When the DSL is absent, the deputy DSL will act as cover. These are Sarah Neild and David Mate.

If the DSLs and Deputy DSLs are not available, the Principal, Mr John Bagust will act as cover (for example, during out-of-hours/out-of-term activities).

- The DSL will be given the time, funding, training, resources and support to:

- Provide advice and support to other staff on child welfare and child protection matters.
- Take part in strategy discussions and inter-agency meetings and/or support other staff to do so.
- Contribute to the assessment of children.
- Refer suspected cases, as appropriate, to the relevant body and support staff who make such referrals directly.
- The DSL will also keep the headteacher informed of any issues.
- The full responsibilities of the DSL are set out in their job description.

The Governing Board

The governing board will approve this policy at each review, and hold the principal to account for its implementation. The governing board will appoint a board member safeguarding lea to monitor the effectiveness of this policy in conjunction with the full governing board. This is always a different person from the DSL. The chair of the board will act as the 'case manager' in the event that an allegation of abuse is made against the principal, where appropriate.

The Principal

The principal is responsible for the implementation of this policy, including:

- Ensuring that staff (including temporary staff) and volunteers are informed of this policy as part of their induction
- Communicating this policy to parents when their child joins the school and via the school website
- Ensuring that the DSL has appropriate time, funding, training and resources, and that there is always adequate cover if the DSL is absent
- Ensuring that all staff undertake appropriate safeguarding and child protection training and update this regularly
- Acting as the 'case manager' in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate
- Ensuring the relevant staffing ratios are met, where applicable
- Making sure each child in the Early Years Foundation Stage is assigned a key person.

If you discover that FGM has taken place or a pupil is at risk of FGM

The Department for Education's Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs". FGM is illegal and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'. Possible indicators that a pupil has already been subjected to FGM, and factors that suggest a pupil may be at risk, are set out in appendix 5.

Any other member of staff who discovers that an act of FGM appears to have been carried out on a **pupil under 18** must speak to the DSL and follow our local safeguarding procedures.

Any member of staff who suspects a pupil is *at risk* of FGM must speak to the DSL and follow our safeguarding procedures.

Concerns about a staff member or volunteer

If you have concerns about a member of staff or volunteer, speak to the headteacher. If you have concerns about the headteacher, speak to the chair of the board. You can also discuss any concerns about any staff member or volunteer with the DSL.

Allegations of abuse made against other pupils

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as "banter" or "part of growing up". Most cases of pupils hurting other pupils will be dealt with under our school's behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- Is serious, and potentially a criminal offence
- Could put pupils in the school at risk

- Is violent
- Involves pupils being forced to use drugs or alcohol
- Involves sexual exploitation or sexual abuse, such as indecent exposure, sexual assault, or sexually inappropriate pictures or videos (including sexting)

If a pupil makes an allegation of abuse against another pupil:

- You must tell the DSL and record the allegation, but do not investigate it
- The DSL will contact the local authority children's social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence
- The DSL will put a risk assessment and support plan into place for all children involved – both the victim(s) and the child(ren) against whom the allegation has been made – with a named person they can talk to if needed
- The DSL will contact the children and adolescent mental health services if appropriate

We will minimise the risk of peer-on-peer abuse by:

- Challenging any form of derogatory or sexualised language or behaviour
- Being vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards female pupils, and initiation or hazing type violence with respect to boys
- Ensuring our curriculum helps to educate pupils about appropriate behaviour and consent
- Ensuring pupils know they can talk to staff confidentially
- Ensuring staff are trained to understand that a pupil harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy

Notifying parents

Where appropriate, we will discuss any concerns about a child with the child's parents. The DSL will normally do this in the event of a suspicion or disclosure. Other staff will only talk to parents about any such concerns following consultation with the DSL. If we believe that notifying the parents would increase the risk to the child, we will consider alternative action before doing so. In the case of allegations of abuse made against other children, we will normally notify the parents of all the children involved.

Mobile phones and cameras

Staff are allowed to bring their personal phones to school for their own use, but will limit such use to non-contact time when pupils are not present. Staff members' personal phones will remain in their bags or cupboards during contact time with pupils. Staff will not take pictures or recordings of pupils on their personal phones or cameras.

Record-keeping

We will hold records until the child's 26th birthday. All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded in writing. If you are in any doubt about whether to record something, discuss it with the DSL. Non-confidential records will be easily accessible and available.

Confidential information and records will be held securely and only available to those who have a right or professional need to see them.

Training All staff

All staff members will undertake safeguarding and child protection training at induction, including on whistle-blowing procedures, to ensure they understand the school's safeguarding systems and their responsibilities, and can identify signs of possible abuse or neglect. Staff will complete annual Safeguarding training using the Educare and Safeguard

platform. Staff will also receive regular safeguarding and child protection updates (for example, through emails, e-bulletins and staff meetings) as required, but at least annually. Volunteers will receive appropriate training.

The DSL

The DSL will undertake advanced child protection and safeguarding training at least every 2 years. In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments).

Board Members

All board members complete online safeguarding training to make sure they have the knowledge and information needed to perform their functions and understand their responsibilities.

Recruitment - interview/appointment panels

At least one person on any interview/appointment panel for a post at the school will have undertaken safer recruitment training. This will cover, as a minimum, the contents of the UK's Department for Education's statutory guidance, Keeping Children Safe in Education, and be in line with local safeguarding procedures.

Appendix 1: Key Indicators of Abuse

The presence of any one or a combination of these indicators is not in itself any proof of child abuse. However, the presence of these indicators should alert us to the possibility of child abuse.

Signs or symptoms, which **may** indicate **physical abuse**:

- Patterns of bruising; inconsistent account of how bruising or injuries occurred
- Finger, hand and nail marks, black eyes
- Bite marks
- Round burn marks, burns and scalds
- Lacerations, abrasions, welts
- Fractures
- 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

Signs or symptoms, which **may** indicate **sexual abuse** :

- Sexually explicit play or behaviour or age inappropriate behaviour
- Anal or vaginal discharge, soreness or scratching
- Truancy, lateness, reluctance to go home
- Inability to concentrate, tiredness
- Refusal to communicate, elective mute
- Thrush or other infections
- Persistent complaints of stomach disorders or pains
- Eating disorders, e.g. anorexia nervosa and bulimia
- Attention seeking behaviour, self mutilation, substance abuse
- Aggressive behaviour including sexual harassment or molestation
- Unusually compliant
- Regressive behaviour
- Enuresis, soiling
- Frequent or open masturbation, touching others inappropriately
- Excessive reaction to being touched
- Depression, withdrawal, isolation from peer group
- Reluctance to undress for PE or swimming
- Bruises, scratches, etc., in genital area
- Lack of trust in a familiar or particular adult

Signs or symptoms, which **may** indicate **emotional (psychological) abuse**:

- Over-reaction to mistakes, continual self deprecation

- Delayed physical/mental/emotional development
- Sudden speech disorders, elective mutism/deafness
- Inappropriate emotional responses, fantasies
- Disruptive behaviour or conduct problems
- Marked deterioration in academic performance
- Rocking, banging head, regression
- Self mutilation, drug or solvent abuse
- Suicidal thoughts
- Fear of parents being contacted
- Running away, compulsive stealing
- Masturbation
- Appetite disorders – anorexia, bulimia
- Soiling, smearing faeces, enuresis

Signs or symptoms, which **may** possibly indicate **neglect**:

- Hunger
- Tiredness or listlessness
- Child dirty or unkempt
- Consistently poorly or inappropriately clad for the weather
- Poor school attendance or often late for school
- Poor concentration
- Affection demanding or attention seeking behaviour
- Untreated illnesses/injuries
- Severe rash or skin diseases
- Stealing or scavenging compulsively
- Failure to achieve developmental milestones, e.g. growth, weight
- Failure to develop intellectually or socially

*Child abuse cases are applicable to children and juveniles **under the age of 18.***

Appendix 2: Keeping Records and Making a Report

Concerns should be recorded online on the “SAFEGUARD” platform. As soon as a concern is raised –DSLs will be immediately informed. When a DSL has read the concern you will receive an electronic notification that this has happened. In the event that the online platform cannot be reached, concerns must be filed on the form below and handed in an envelope for urgent attention of the named DSL.

Child's Name :	
Your account of the concern : (what was said, observed, reported and by whom)	
Additional information : (your opinion, context of concern/disclosure)	
Your response : (what did you do/say following the concern)	
Your name :	Your signature :
Your position in school :	Date and time of this recording :
Action and response of DSL:	

Feedback given to member of staff reporting concern:	Outcome of action taken by DSP/Headteacher (e.g. what was parental response? outcome of professional consultation/referral? etc.)
Information shared with any other staff? If so, what information was shared and what was the rationale for this?	
Name: Date:.....	

Checklist

- Child clearly identified?
- Name, designation and signature of the person completing the record populated?
- Date and time of any incidents or when a concern was observed?
- Date and time of written record?
- Distinguish between fact, opinion and hearsay
- Concern described in sufficient detail, i.e. no further clarification necessary?
- Child's own words used? (Swear words, insults, or intimate vocabulary should be written down verbatim.)
- Record free of jargon?
- Written in a professional manner without stereotyping or discrimination?
- Record of concern passed to DSL in a timely manner?
- The record includes an attached completed body map (if relevant) to show any visible injuries

Appendix 3: Guideline checklist for disclosure follow-up

If a child discloses a safeguarding issue to you, you should:

- Listen to and believe them. Allow them time to talk freely and do not ask leading questions
- Stay calm and do not show that you are shocked or upset
- Tell the child they have done the right thing in telling you. Do not tell them they should have told you sooner
- Explain what will happen next and that you will have to pass this information on. Do not promise to keep it a secret
- Write up your conversation as soon as possible in the child's own words. Stick to the facts, and do not put your own judgement on it
- Sign and date the write-up and pass it on to the DSL or record on the online platform.

Determine risk for re-offence

- What? / Who? / When? / Where?

If the offence is ongoing and the child lives with the offender

- Will you report to authorities?
- Who will you bring in to protect the child, such as a non-offending parent?
- What immediate actions can the child take apart from reporting?

Listen to as much as the child wants to tell you without pushing the child for details. Try to keep limits – giving the child other alternatives to talk if more time is needed, such as counseling or others in her/his support system.

Explore the feelings and concerns the child has about the experience

- Guilt?
- Fear?
- Shame?
- Anger?

Affirm that the experience was “assault” and thus s/he is never to blame for someone else's action. Affirm each of the feelings, while also determining if those feelings are overwhelming to the child, then working on helping the child put those feelings within a healthy limit.

Explore the support system so the child can have someone to talk with

- Parents or other adult relative?
 - Friend?
 - Trusted adult such as a teacher, School Counsellor
- External support such as Family Therapist / Maadi Psychology Centre.

Explore the play the child enjoys and help her/him continue to do these things

- Movies with friends
- Parties that are safe
- Arts, writing

End the session by making sure the child knows what to do if attempted or assault happens again.

- Say NO, or run away to somewhere safe – ask the child to specify to whom
- Tell someone – ask the child to specify to whom
- Consider giving child an emergency number

Appendix 4 NCBIS Procedural Guidelines in the event of a disclosure or clear indications that a child has been abused

In recent years, Egypt has made progress in the protection of children, reforming legislation and providing services for the most vulnerable children. However, important challenges remain, particularly with regards to resource allocation. Bearing in mind that resources are stretched and awareness of child protection legislation within Egypt by our students may be limited, it is likely that our students will turn to us as trusted adults.

Trusted Adults

All adults working regularly in the School are considered appropriate for that position. All visitors to the school should wear a "Visitor" badge. The adults who work directly with children are trusted adults for the children and they may share any concerns or worries with these adults. The "trusted adults" should act appropriately in the company of children and not place themselves in situations that may be misunderstood. To this end, the School operates safe recruitment procedures.

Action by trusted adult

Notification of abuse or neglect is required when "a person suspects on reasonable grounds that a child has been or is being abused or neglected". A student may tell you directly and specifically what is going on, or s/he may hint indirectly at a situation. Sometimes the child will use "strings attached," such as asking the teacher to promise not to tell anyone (a promise the teacher cannot keep). Or, a student may claim the problem belongs to someone else, that s/he is only there about a friend. Use your judgment in deciding how much to discuss the situation with the child.

If a child makes a disclosure to you as a trusted adult, you should:

- Be welcoming, even if the time isn't convenient. It may have taken a great deal of courage for them to approach you as an adult and they may not do so again.
- Find a quiet place where the conversation won't be interrupted.
- Stay calm and listen very carefully. Trust your "gut" feelings.
- Allow the child to talk at its own pace.
- Ask questions for clarification only. Talk quietly with the child without leading them. The child's sense of trust in the adult(s) is paramount in these situations therefore it is important to reassure the child that you believe their story.
- Reassure them. Tell them you are sorry that this has happened to them and that you will do all you can to help them. Explain what may happen next.
- Make notes as soon as possible afterwards including date, time, place and exact words used. All reported concerns should be recorded by hand. Observations should be clearly outlined and substantiated. Sketches should be included as appropriate. (See Appendix 2 for Child Protection Report Form)
- Make the child aware that you cannot keep the information to yourself and will seek help from other appropriate adults.
- Inform the relevant Designated Safeguarding Lead immediately. Give the original notes to the relevant Designated Safeguarding Lead as soon as possible
 - Respect the child's privacy by not discussing the situation out of school.
- **Under no circumstances contact the parents at this stage or investigate/verify the situation.**
- After reporting it is important to maintain a supportive presence for the child.

Anyone aware of a disclosure by a child must report it to the appropriate school's Designated Safeguarding Lead. Remember that an educator who reports in good faith is protected from civil liability.

Action by Designated Safeguarding Lead:

Following the disclosure, the relevant Designated Safeguarding Lead will:

- Record the information in the Child Protection Book.
- This information is confidential and the Child Protection Book is kept in a locked cabinet.
- Information will only be shared on a 'need to know basis' but should include involvement of the appropriate safeguarding team for age of the child.
- The Designated Safeguarding Lead and Principal will decide what further action is required within 24 hours of the report.
- Ensure the physical and emotional safety of the child – if the child faces danger by returning to the family, an alternative living arrangement should be sought where possible. It may also be important to avoid the risk of an abuser being alerted prematurely before the child is adequately protected.
- Arrange a meeting with parents and school counsellor, as soon as possible but no later than 96 hours of the abuse being disclosed.
- In the event of serious injury to a child, the child should be taken, preferably with parents or parental consent to the appropriate medical facility.
- If any recommendation is not followed to the satisfaction of the safeguarding team, the school and the family, the case will be reviewed to see whether the child is fit to return to an academic environment and whether governmental authorities should be notified.

(See Appendix 3 for Guideline checklist for disclosure follow-up)

Recruitment of staff

The NCBIS Recruitment Policy is in line with the CPP and is therefore committed to safeguarding and promoting the welfare of children. To ensure child safety, NCBIS recruits according to the following procedures:

- In Egypt, the Department of Social Solidarity with the Department of State Security complete extensive criminal reference checks on non-Egyptian nationals before issuing a work visa. Egyptian nationals must undergo a police check before a job offer becomes binding.
- In addition to this, applicants who are either UK residents or applicants, undergo appropriate child protection screening, which includes checks with past employers and the Disclosure and Barring Service (DBS), (formerly the Criminal Records Bureau - CRB) in line with UK procedures. The appropriate national equivalent is demanded for other nationalities.
- The DBS website (<https://www.gov.uk/disclosure-barring-service-check/overview>) has a section on obtaining checks on employees from a number of other countries and may be referred to.

No applicant is allowed to begin work with NCBIS students until the successful completion of the appropriate safety checks.

The following further checks are also sought:

- Degree/post graduate certificates are confirmed through the authorities by the HR Department. Original copies are to be given to the HR Department before arrival in Egypt.
- A medical certificate is sought to ensure that the member of staff is fit for the post on offer. An additional safeguard exists via the expatriate and local medical insurance, which is provided for all NCBIS employees.
- References from the present employer (head/principal) and any previous recent employer are required. One of the questions on the reference form is whether there is any reason why the candidate cannot work with children/ does the staff member have a criminal record? One referee is spoken to personally.

If the suspected offender is a teacher/ employee / volunteer the following procedures should be followed:

Stage 1

- The suspected abuse is reported to Designated Safeguarding Lead (unless the Designated Safeguarding Lead is the object of the allegation in which case the suspected abuse is reported directly to the Principal) and the Principal.
- The child's parents are informed immediately.
- Restrictions are placed on the teacher's access to the child, and possibly to all children.

Stage 2

- The Principal sees the teacher concerned, with a witness.
- The teacher is isolated from the school, with no access allowed to the school, pending investigation.
- The Principal meets with the teacher, outside the school, if necessary, for further discussion.
- Appropriate Disciplinary procedures may be invoked from the staff disciplinary policy.
- In light of evidence, the Principal decides the appropriate course of action.

If the suspected offender is the Principal, the following procedures should be followed:

Stage 1

- The suspected abuse is reported directly to the Chairman of the Board of Directors without informing the Principal.
- The child's parents are informed immediately.
- Restrictions are placed on the Principal's access to the child, and possibly to all children.

Stage 2

- The Chairman sees the Principal with a witness.
- The Principal is isolated from the school, with no access allowed to the school, pending investigation.
 - The Chairman meets with the Principal, outside the school, if necessary, for further discussion.
- Appropriate disciplinary procedures may be invoked from the staff disciplinary policy.
- In light of evidence, the Chairman decides the appropriate course of action.

Staff Training

- Every year, all staff should be made aware of the school's policy and procedures regarding child protection. Have regular, mandatory child protection training.
- The Designated Safeguarding Lead will undergo training in safeguarding children not less than every two years.
- The Principal and all staff will undergo training in safeguarding not less than every three years.
- Temporary and voluntary staff who work with children are to be made aware of the arrangements in this guidance.

The School shall not hold responsible or fault any school employee making a report of abuse that is later judged to be false, unless it can be demonstrated that the person willfully and intentionally falsified a report.

The School shall cover all legal fees for any staff named in legal action as a consequence of their having made a report of alleged child abuse in good faith.

If you have concerns about the safety of a child, doing nothing is not acceptable

Appendix 5 Signs of FGM

Indicators that FGM has already occurred include:

- A pupil confiding in a professional that FGM has taken place
- A mother/family member disclosing that FGM has been carried out
- A family/pupil already being known to social services in relation to other safeguarding issues
- A girl:

- o Having difficulty walking, sitting or standing, or looking uncomfortable
- o Finding it hard to sit still for long periods of time (where this was not a problem previously)
- o Spending longer than normal in the bathroom or toilet due to difficulties urinating
- o Having frequent urinary, menstrual or stomach problems
- o Avoiding physical exercise or missing PE
- o Being repeatedly absent from school, or absent for a prolonged period
- o Demonstrating increased emotional and psychological needs – for example, withdrawal or depression, or significant change in behaviour
- o Being reluctant to undergo any medical examinations
- o Asking for help, but not being explicit about the problem
- o Talking about pain or discomfort between her legs

Potential signs that a pupil may be at risk of FGM include:

- The girl's family having a history of practising FGM (this is the biggest risk factor to consider)
- FGM being known to be practised in the girl's community or country of origin
- A parent or family member expressing concern that FGM may be carried out
- A family not engaging with professionals (health, education or other) or already being known to social care in relation to other safeguarding issues

A girl:

- o Having a mother, older sibling or cousin who has undergone FGM
- o Having limited level of integration within UK society
- o Confiding to a professional that she is to have a “special procedure” or to attend a special occasion to “become a woman”
- o Talking about a long holiday to her country of origin or another country where the practice is prevalent, or parents stating that they or a relative will take the girl out of the country for a prolonged period
- o Requesting help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM
- o Talking about FGM in conversation – for example, a girl may tell other children about it (although it is important to take into account the context of the discussion)
- o Being unexpectedly absent from school
- o Having sections missing from her ‘red book’ (child health record) and/or attending a travel clinic or equivalent for vaccinations/anti-malarial medication

The above indicators and risk factors are not intended to be exhaustive.

