

Child Protection and Safeguarding Guidance/Information Appendix – Alderwasley Hall School

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Child Protection and Safeguarding Guidance/Information

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Annex One

Key Procedures

If you are not sure, ask a manager or the Senior on Duty or contact notify@senadgroup.com where a SENAD Director will be available to advise

Responding to Concerns about a child

- ✓ You do this by following our ABC flow chart procedure below
- ✓ You do this without delay
- ✓ You ensure that the child is safe from harm now and continues to remain safe from harm
- ✓ You ensure that the concern is reported and is documented

At Alderwasley Hall School, we use CPOMS to document all safeguarding allegations or incidents. Access and training to use this system will be included as part of initial safeguarding Induction.



YOU WILL...

1. Make the child safe and ensure they are no longer at risk.
2. Speak to the Senior on Duty or DSL on Duty immediately if you think necessary. Do NOT delay!
3. Complete a Safeguarding Form and hand it to the Senior on Duty as soon as possible (within 2 hours). There should be no delay in reporting. If you have concern that is serious enough to require immediate action, you MUST speak to a Designated Safeguard Lead immediately. If it is an evening or weekend there will be a DSL on duty but you may need to speak to the Senior on Duty who will escalate to a DSL as needs be.
4. If the concern is regarding the Headteacher, Designated Safeguarding Lead or Registered Manager of Care, the issue is escalated to SENAD. The Proprietors who are Designated Safeguarding Leads for SENAD are:

Mark Ryder, Group Director of Children's Social Care
Sara Forsyth Group Director of Education
Nina Sharpe Group Adult Care Director

Remember:

- Keep it confidential
- No leading questions
- Reassure the child
- Don't promise confidentiality to the young person, explain that you will need to share information with appropriate adults if required
- Do not discuss with others (staff, parents, etc.)



THE DESIGNATED SAFEGUARDING LEAD will then . . .

1. Make sure the child is safe.
2. Acknowledge the entry on Clear Care/CPOMS.

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3. Clarify the information.
 4. Formulate a plan of action.
 5. Discuss with other DSLs or consult the Lead Designated Safeguard Lead.



THE DESIGNATED SAFEGUARDING LEAD will if required. . . .

- Refer to [Starting Point \(Derbyshire Safeguarding Board\)](#) as well as the placing authority of the child.
- If the concerns refer to a position of trust, then contact the Local Authority Designated Officer.
- Liaise with multi- agencies.
- Follow recommendations from the LADO and may investigate further.
- Inform the Head Teacher and other Designated Safeguarding Officers as appropriate.
- Provide feedback to the staff member that made the referral and other relevant others.

THE DESIGNATED SAFEGUARDING LEAD will also:

- Keep a record of all communications, actions and events.
- Inform the relevant social worker.
- Inform parents (unless the allegation is against them). Feedback as appropriate.
- Ensure that KCSIE 2026 Part 4 (Pg. 106) is complied with, using the support of the Group HR Director with regards to the implications and welfare considerations of staff the subject of an allegation.

At [Alderwasley Hall School](#) we also use this procedure for a child who is over 18 as they are vulnerable. For a young person who is over 18, we would involve the [Safeguarding vulnerable adults - Derby City Council](#)
[Home - Derbyshire Safeguarding Adults Board](#)

Safeguarding is everyone's responsibility

You always ask two questions:

Q1: Is the child safe right now?

If **YES** – then continue to **KEEP** the child safe

If **No** – Then **MAKE THEM SAFE** from harm right now!

Q2: Who do we need to tell about this?

If you're an adult working with the child

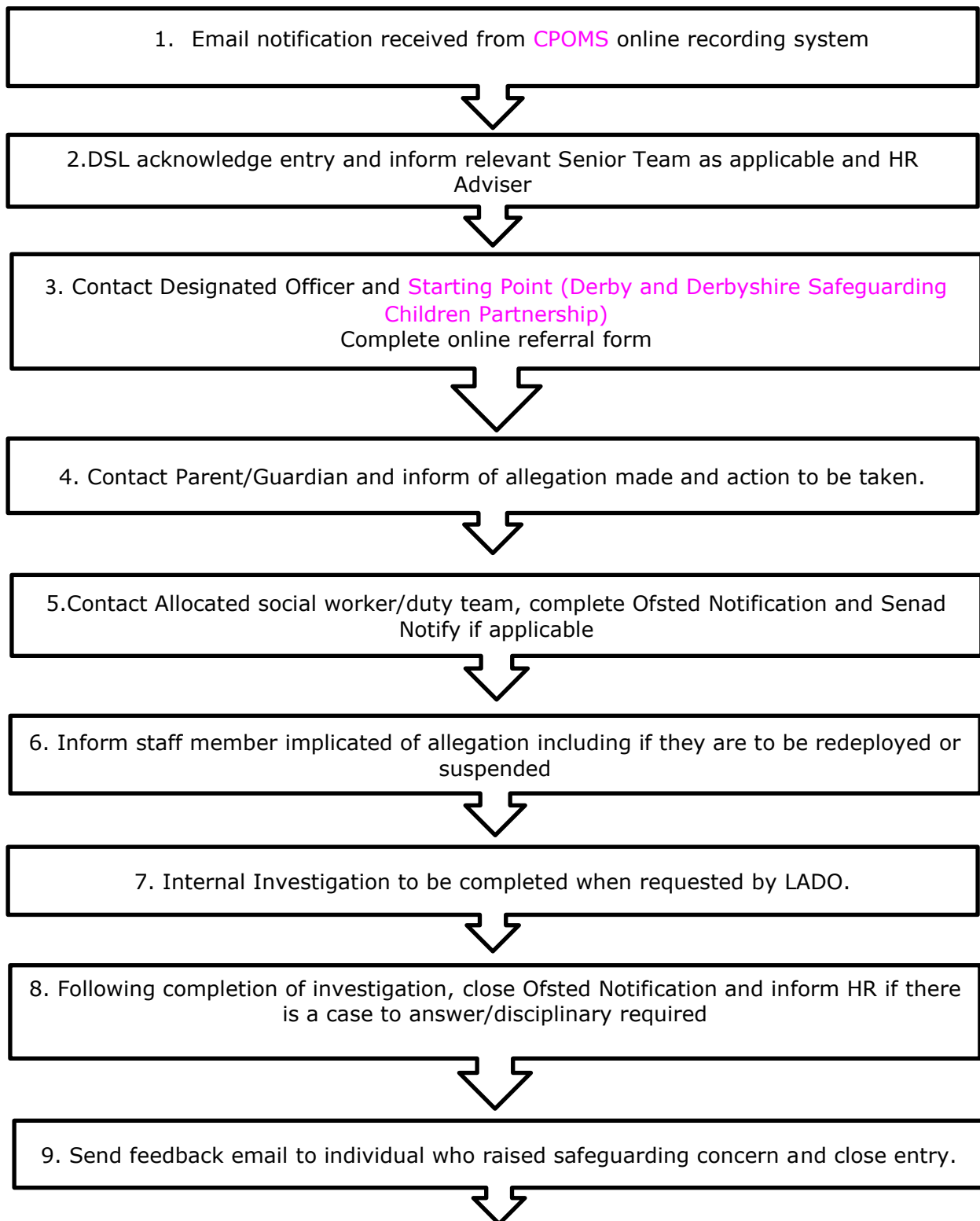
- ✓ report it by completing a **Yellow Safeguarding Form** – do this without delay and be clear and objective in what you have seen/heard.
- ✓ Inform the DSL or the senior on Duty

If you're the DSL/Manager

- ✓ report it using the **Alderwasley Hall School** flowchart
- ✓ **AND** notify the allocated social worker or duty team of the young person's Local Authority
- ✓ **AND** notify **Starting Point (Derby and Derbyshire Safeguarding Children Partnership)** by completing the online referral form
- ✓ **AND** notify the parents (unless specific reason not to)
- ✓ Notify Ofsted (if it meets the threshold)
- ✓ Add these actions to **CPOMS** entry
- ✓ Notify SENAD where necessary threshold met (if in doubt speak to Mark Ryder or Sara Forsyth)

If in doubt report it!

Designated Safeguarding Leads reporting flowchart:



Safeguarding Procedure Flowchart

If you are worried tell the **Alderwasley Hall School** Safeguarding Team without delay

If you have a concern, speak to a manager as soon as possible.

You can also contact the Senior on Call to discuss your concerns. Please check the rota or with the Senior on Duty to find out who is On Call.

If you have spoken to the **Alderwasley Hall School** Safeguarding Team and you are still not happy with how your concern has been dealt with, you can escalate your concern to **Bernardo Vega/Kay Tunstall** by emailing

Bernardo.vega@senadgroup.com /
Keilan.tunstall@senadgroup.com

If you are still not happy, your concern can be escalated to

Mark Ryder, Director of Children's Social Care:

07719940613

mark.ryder@senadgroup.com

OR

Sara Forsyth, Director of Education:

07702202775

sara.forsyth@senadgroup.com

OR

notify@senadgroup.com

Also **Starting Point (Derby and Derbyshire Safeguarding Partnership)** on **01629 535353**

Finally, your concern can be raised with Ofsted: 0300 123 3155 (Monday to Friday from 8.00am to 6.00pm) | whistleblowing@ofsted.gov.uk | WBHL, Ofsted, Piccadilly Gate, Store Street, Manchester, M1 2WD or with The Children's Commissioner: 0800 528 0731 | advice.team@child

Annex Two

Definitions and indicators of abuse

1. Neglect

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

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

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

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

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

2. Physical abuse

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

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

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

3. Sexual abuse

Sexual abuse involves forcing, causing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by rape and/or

penetration¹ or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. There are specific offences for children under 13, who can never provide valid consent to sexual activity and there are specific offences which make clear that sexual activity with a child under 16 is an offence, regardless of whether they agreed to that activity (see Keeping Children Safe in Education/Working Together to Safeguard Children for full definition).

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

- Sexually explicit play or behaviour or age-inappropriate knowledge
- Anal or vaginal discharge, soreness or scratching
- Reluctance to go home
- Inability to concentrate, tiredness
- Refusal to communicate
- Thrush, persistent complaints of stomach disorders or pains
- Eating disorders, for example anorexia nervosa and bulimia
- Attention seeking behaviour, self-mutilation, substance abuse
- Aggressive behaviour including sexual harassment or molestation
- Unusual compliance
- Regressive behaviour, enuresis, soiling
- Frequent or openly masturbating, touching others inappropriately
- Depression, withdrawal, isolation from peer group
- Reluctance to undress for PE or swimming
- Bruises or scratches in the genital area
- Hidden or unknown pregnancy

4. Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse that can happen to any young person. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity:

- In exchange for something the victim needs or wants, and/or
- For financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Some children will be particularly vulnerable to being exploited, for example if they have had a chaotic upbringing or if they are in care or go missing, involved in gangs or being bullied. We recognise however that any child can become a target for exploitation, particularly where the internet and social media are involved. This is because the normal life events that go with being a child or teenager in today's age can be a challenge and make them susceptible to being groomed and exploited. The presence of any significant indicator for sexual exploitation should trigger a referral to local authority children's services. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity)
- Entering and/or leaving vehicles driven by unknown adults
- Possessing unexplained amounts of money, expensive clothes or other items
- Frequenting areas known for risky activities
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets.
- Missing for periods of time (CSE and county lines)

5. Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may

¹ A person commits an offence if they intentionally penetrate the vagina or anus of another person with a part of their body or anything else; the penetration is sexual, the victim does not consent to the penetration, and the perpetrator does not reasonably believe that the victim consents

feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment.

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

- The child consistently describes themselves in very negative ways – as stupid, naughty, hopeless, ugly
- Over-reaction to mistakes
- Delayed physical, mental or emotional development
- Sudden speech or sensory disorders
- Inappropriate emotional responses, fantasies
- Neurotic behaviour: rocking, banging head, regression, tics and twitches
- Self-harming, drug or solvent abuse
- Fear of parents being contacted
- Running away
- Compulsive stealing
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

N.B: Some situations where children stop communicating suddenly (known as "traumatic mutism") can indicate maltreatment.

6. Domestic Abuse

In April 2021, the Domestic Abuse Act 2021 received Royal Assent and introduced a statutory definition for the first time.

The Domestic Abuse Act 2021 (Part 1) defines domestic abuse as any of the following behaviours, either as a pattern of behaviour, or as a single incident, between two people over the age of 16, who are 'personally connected' to each other:

- physical or sexual abuse;
- violent or threatening behaviour;
- controlling or coercive behaviour;
- economic abuse (adverse effect of the victim to acquire, use or maintain money or other property; or obtain goods or services); and
- psychological, emotional or other abuse.

People are 'personally connected' when they are, or have been married to each other or civil partners; or have agreed to marry or become civil partners. If the two people have been in an intimate relationship with each other, have shared parental responsibility for the same child, or they are relatives.

The definition of Domestic Abuse applies to children if they see or hear, or experience the effects of, the abuse; and they are related to the abusive person. Witnessing the domestic abuse of another person is a key indicator of abuse.

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.

Our school Safeguarding leads all have direct links to the Domestic Abuse Notifications alert scheme and have received training in [Operation Compass](#).

7. Modern Slavery

This encompasses exploitation, including sexual exploitation, criminal financial exploitation, human trafficking, and slavery, servitude, and forced or compulsory labour. Exploitation can take many forms, including forced labour, slavery, servitude, forced criminality, and the removal of organs

8. Responses from parents/carers

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

- Delay in seeking treatment that is obviously needed

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

9. Special Education Needs & Disabled children or certain health conditions

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

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

All schools will be mindful that children with SEND may require extra support to access preventative work in the curriculum to help safeguard them. Such children are especially vulnerable when identifying concerns due to their impaired capacity to resist or avoid abuse.

We know that additional barriers can exist when recognising abuse, neglect and exploitation in this group of children which include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration;
- these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children;
- the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying - without outwardly showing any signs;
- communication barriers and difficulties in managing or reporting these challenges.
- being more prone to peer group isolation than other children;

Because of these vulnerabilities, we will consider on a case-by-case basis, the level of pastoral support needed for children with SEN and disabilities, along with ensuring any appropriate support for communication is in place.

Senior leaders and DSL will work closely together to ensure all staff are supported to understand the additional vulnerabilities of SEND children, including issues of cognitive understanding.

10. Extra-familial harm

All staff, but especially the DSL (and deputies) will consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual abuse (including harassment and exploitation), domestic abuse in their own intimate relationships (teenage relationship abuse), criminal exploitation, serious youth violence, county lines, and radicalisation.

The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.

It is worth remembering that the term “abuse” can also include the harm that children experience when they witness the ill-treatment of others, particularly when they hear, see or experience domestic abuse and its effects.

Annex Three

Indicators of vulnerability to radicalisation

1. Radicalisation is defined as:

The process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

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

the vocal or active opposition to our fundamental British values, including democracy, the rule of law, individual liberty, and mutual respect and tolerance of those with different faiths and beliefs

Radicalisation is the process of a person legitimising support for, or use of, terrorist violence.

Terrorism is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

4. KCSIE describes terrorism as an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

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 school staff are able to recognise those vulnerabilities.

6. Indicators of vulnerability include:

[Managing risk of radicalisation in your education setting - GOV.UK](#)

- **Identity crisis** - the child is distanced from their cultural/religious heritage and experiences discomfort about their place in society
- **Personal crisis** - the 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 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 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** - children may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

This list is not exhaustive, nor does it mean that all children experiencing the above are at risk of radicalisation for the purposes of violent extremism.

7. More critical risk factors could include:

- Being in contact with extremist recruiters
- Family members convicted of a terrorism act or subject to a Channel intervention
- 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; and

- Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis.

Preventing violent extremism - Roles and responsibilities of the Single Point of Contact (SPOC)

The SPOC for Alderwasley Hall School is responsible for:

- Ensuring that school/care staff are aware that you are the SPOC in relation to protecting children from radicalisation and involvement in terrorism;
- Maintaining and applying a good understanding of the relevant guidance in relation to preventing children from becoming involved in terrorism, and protecting them from radicalisation by those who support terrorism or forms of extremism which lead to terrorism;
- Raising awareness about the role and responsibilities of the school in relation to protecting children from radicalisation and involvement in terrorism;
- Monitoring the effect in practice of the school's PSE curriculum and assembly policy to ensure that they are used to promote community cohesion and tolerance of different faiths and beliefs;
- Raising awareness within school about the safeguarding processes relating to protecting children from radicalisation and involvement in terrorism
- Acting as the first point of contact within school for case discussions relating to children
- Collating relevant information in relation to referrals of vulnerable children into the Channel1 process
- Attending Channel meetings as necessary and carrying out any actions as agreed
- Reporting progress on actions to the Channel co-ordinator and sharing any relevant additional information in a timely manner.

Annex Four

Child Criminal Exploitation (CCE)

Alderwasley Hall School adheres to the local safeguarding partnership procedure in relation to CCE.

CCE occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity:

- a) in exchange for something the victim needs or wants, and/or
- b) for the financial or other advantage of the perpetrator or facilitator and/or
- c) through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

Some of the following can be indicators of CCE:

- children who appear with unexplained gifts or new possessions;
- children who associate with other young people involved in exploitation;
- children who suffer from changes in emotional well-being;
- children who misuse drugs and alcohol;
- children who go missing for periods of time or regularly come home late; and
- children who regularly miss school or education or do not take part in education.

Staff at Alderwasley Hall School recognise that prevention is the best position with regard to CCE. We seek to support children to develop confidence and build resilience. We will endeavour to support their age-appropriate knowledge and raise awareness and understanding of what CCE is, to understand the risks of CCE and to spot the warning signs for themselves and also their friends and peers and by doing so, know how to keep safe. Much of this work will be through our RSE and PSHE curriculum.

If prevention is not possible, we aim to identify children who are at risk of, or are being exploited very early, intervention is key to effectively working with the child to prevent or reduce the level of risk. Once they have been groomed some children will find it difficult to withdraw from their abusers and we need to contribute to helping to protect them. Some children feel that they are in a relationship with these people. We commit to working with our inter-agency partners to safeguard and protect children.

An important part of educating our children is focussing on what is a healthy relationship and issues of consent. This will also target potential abusers at an early age with the intention of helping to shape their attitudes to others. We aim to have a culture where the welfare of children is actively promoted and employees and children are vigilant. As part of this children will feel listened to and safe.

Serious Violence

We recognise that involvement in serious violence may place children and young people at risk of significant harm. Serious violence can occur within communities, peer groups, organised criminal networks, county lines activity, exploitation and other extra-familial contexts.

Children who are involved in serious violence may be victims, perpetrators, or both. The school recognises that children who become involved in violence are often vulnerable and may have experienced a range of adversities, including abuse, neglect, trauma, exploitation, adverse childhood experiences, exclusion from education, family difficulties, mental health needs and social disadvantage.

Staff should be alert to indicators which may suggest a child is at risk of serious violence, including but not limited to:

Increased absence from school.
Changes in behaviour, presentation or peer associations.
Unexplained injuries.
Carrying weapons or discussions relating to weapons.
Receiving unexplained gifts, money or possessions.
Involvement in anti-social behaviour or criminal activity.

Increased risk-taking behaviours.
Drug and alcohol misuse.
Episodes of going missing.
Experiences of exploitation, including county lines activity.

Any concerns regarding serious violence will be treated as a safeguarding concern and reported immediately to the Designated Safeguarding Lead (DSL). The DSL will assess risk, consider the wider context of the child's life and determine whether referrals to Children's Social Care, the Police, Youth Justice Services or other relevant agencies are required.

We are committed to working in partnership with safeguarding partners, families and other agencies to identify risks early, provide appropriate support and reduce the likelihood of children becoming involved in violence.

Further, we recognise that children with SEND may be particularly vulnerable to criminal exploitation, coercion, manipulation and involvement in serious violence due to communication difficulties, social vulnerability, reduced understanding of risk, a desire for social acceptance, or difficulties recognising exploitation. Staff will take account of these vulnerabilities when assessing risk and planning safeguarding responses.

Annex Five

Female Genital Mutilation

FGM is a procedure that includes the partial or total removal of the external female genital organs for non-medical reasons. It is illegal in the UK to subject a child to female genital mutilation (FGM); to assist or facilitate the practice; or to take a child abroad to undergo the procedure – Female Genital Mutilation Act 2003. The age at which girls are subject to FGM varies greatly from shortly after birth to any time up to adulthood. The majority of girls have the procedure between the ages of 5-8 years. It is estimated that 24,000 girls in the UK are at risk and 66,000 women living with the physical and psychological consequences.

SENAD staff need to have an awareness of the signs that a girl may have undergone FGM or be at risk of the practice. The Serious Crime Act 2015 sets out a duty on professionals (including teachers) to notify police when they discover that FGM appears to have been carried out on a girl under 18.

Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out; and discuss any such cases with the safeguarding lead and children's social care. The duty does not apply in relation to at risk or suspected cases. The duty only applies in cases where the victim discloses. If someone else, such as a parent or guardian, discloses that a girl under 18 has had FGM, a report to the police is not mandatory. However, in these circumstances' disclosures should still be handled in line with wider safeguarding responsibilities.

The 'cutting season' during the summer months is often the riskiest time for girls as the healing time required following the procedure, often necessitates it being carried out during the long summer holiday. The main indicators and risk factors are highlighted below but all employees and the nominated proprietors for safeguarding will need to have undergone at least basic awareness raising training to ensure they can identify when a girl may be at risk.

School staff should be alert to the following indicators:

- The family comes from a community that is known to practise FGM or is less integrated within the community.
- A child may talk about a long holiday to a country where the practice is prevalent.
- Parents who wish to take their daughter out-of-school to visit an 'at-risk' country (especially before the summer holidays).
- A child may talk about 'special female visitors' or 'elder' who are staying with the family, especially during the 'cutting season'
- A child may confide that she is to have a 'special procedure' or to attend a special occasion or celebration to become a woman
- A child may request help, directly or indirectly, from a teacher or another adult
- Any female child born to a woman or has a sister who has been subjected to FGM must be considered to be potentially at risk, as must other female children in the extended family
- A girl is withdrawn from PSHE/SRE without any specific reason being given
- Staff should not assume that FGM only happens outside the UK.

Indications that FGM may have already taken place may include:

- Difficulty walking, sitting or standing and may even look uncomfortable
- Spending longer than normal in the bathroom or toilet due to difficulties urinating
- Spending long periods of time away from a classroom during the day with bladder or menstrual problems.
- Frequent urinary, menstrual or stomach problems
- Prolonged or repeated absence, especially with noticeable behaviour changes (e.g., withdrawal or depression) on the girls return.
- Reluctance to undergo normal medical examinations
- Confiding in a professional without being explicit about the problem due to embarrassment or fear.
- Talking about pain or discomfort between her legs.

Where it is suspected that a girl may have undergone or is likely to undergo FGM, employees must share concerns with the DSL who in turn should consult the LADO.

Where you suspect that FGM has occurred:

- Be sensitive to the child, and family, be gender sensitive, make no assumptions, be non-judgemental, use simple language, record clearly
- You have a duty to protect, safeguard and share information

- Refer to Children's Social Care for coordination of careful assessment (not necessarily with consent)
- There will be potential enquiries under Section 47 of the children's Act (1989)
- Potential police enquiries
- Possible use of police protection or legal orders such as FGM PO, prohibitive steps but not necessarily the removal of the child.

Whilst all staff should speak to the DSL (or deputy) with regard to any concerns about female genital mutilation (FGM), there is a specific legal duty on *teachers*. If a *teacher*, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher *must* report this to the police.

Annex Six

Online Safety

Staff at Alderwasley Hall School ensure that children are able to use the internet and related communications technologies appropriately and safely and this is part of our wider duty of care. We recognise that the use of technology can be a significant component of many safeguarding issues including child sexual exploitation; radicalisation and sexual predation.

Our children are taught about safeguarding, including online, through various teaching and learning opportunities, as part of providing a broad and balanced curriculum. Children are taught to recognise when they are at risk and how to get help when they need it.

Online safety covers the safety issues associated with all information systems and electronic communications as a whole. This encompasses not only the internet but all wireless electronic communications including mobile phones, games consoles, cameras and webcams. It also needs to consider the increasing mobility of access to digital technology through the range of mobile devices.

We recognise that many children have unlimited and unrestricted access to the internet via mobile phone networks (i.e., 3G, 4G and 5G). Technology often provides a platform to facilitate harm. However, it is important to remember that the issue at hand is not the technology but the behaviour around how it is used; the use of new technologies in education brings more benefits than risks.

We will ensure that we meet our statutory obligations to ensure that children and young people are safe and are protected from potential harm, both within and outside our school. This also forms part of our school's protection from legal challenge, relating to the use of digital technologies.

There are additional duties under the Counter Terrorism and Securities Act 2015 which requires our schools to ensure that children are safe from terrorist and extremist material on the internet.

SENAD and Alderwasley Hall School will ensure that there are filters and monitoring systems in place to limit exposure to risks when children are using the IT systems and technology that can be used online. SENAD uses the filtering software NetSupport. It is regularly reviewed for effectiveness and updated as required by SENAD's Group IT manager Neil Owen. However, some children are able to access the internet using their own data plan. **To minimise inappropriate use, at Alderwasley Hall School we ask staff to remain vigilant and raise any concerns immediately. If children do bring in mobile phone devices, some teachers may ask for the device to be stored securely in the classroom and returned at appropriate times during the education day. For children who reside in the children's home, they will be required to leave their mobile devices in their bedroom. See Policy 403AHS.**

Staff in our school recognise that whilst we have appropriate filters and monitoring systems in place, we also do not "over block" so that we do not restrict this teaching opportunity to teach children about keeping safe online.

We observe our responsibilities under the relevant Data Protection Act and DfE Guidance Document Teaching Online Safety in Schools (2023)

[Teaching online safety in schools - GOV.UK \(www.gov.uk\)](https://www.gov.uk/teaching-online-safety-in-schools)

See also policy 510 on SharePoint and The Online Safety Act

[Online Safety Act 2023 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2023/5/section/1)

Annex Seven

Reporting and Recording at Alderwasley Hall School

At **Alderwasley Hall School** we use **CPOMS** online system for recording all safeguarding concerns.

New staff will be taught how to use the system during their induction training. There will be annual refresher courses for staff.

The nominated staff member for Alderwasley Hall School who will lead on all training is

Sue Hart (Training Officer) and Kay Tunstall (DSL)

In addition, The SENAD group has a nominated "Super-User" who can be called on for further advice and guidance on how to use CPOMS. This is

Kay Tunstall

When you complete a form on **CPOMS** the DSL/DDSL will receive a notification that a safeguarding concern has been raised. You should receive a response within 24 hours from the DSL/DDSL. If you do not receive a response within the timescale, you must follow this up verbally with the DSL to ensure that appropriate and timely action is being taken. When completing records ensure you remain factual and detailed with your entries. DSLs should keep records of the rationale for any decisions made.

The record will remain on **CPOMS** and will be added to as further actions are taken, producing a chronological record. This record will remain "live" until closed out by the DSL as a result of No Further Action or conclusion of the investigation and subsequent actions.

You will receive feedback and a de-brief at the conclusion of a safeguarding referral that you reported.

If required, the DSL will support you in completing the online record. If you feel you need further training, please raise this with your line manager and/or during your supervision meeting.

Senior Leaders within the school and home are able to monitor the records and reports on **CPOMS** and may from time-to-time request further clarification from you. The information from **CPOMS** also informs future development and learning needs for the school.

Directors will monitor safeguarding records and reports remotely and will collate information and data to track trends and ensure compliance and for quality assurance. In addition, data will be used to inform training needs for the organisation.

Annex Eight

Further reading and information	
Abuse/Domestic Abuse	https://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/supporting-practice-in-tackling-child-sexual-abuse/ https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2 https://www.gov.uk/guidance/domestic-abuse-how-to-get-help https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief https://www.gov.uk/government/collections/disrespect-nobody-campaign https://www.gov.uk/government/publications/tackling-child-sexual-abuse-strategy The National Domestic Abuse helpline can be called free of charge and in confidence, 24 hours a day on 0808 2000 247
Bullying	https://www.gov.uk/government/publications/preventing-and-tackling-bullying
Children and the Courts/ Family members in prison	https://www.gov.uk/government/publications/young-witness-booklet-for-5-to-11-year-olds https://www.gov.uk/government/publications/young-witness-booklet-for-12-to-17-year-olds https://www.nicco.org.uk/
Child Exploitation	https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance https://www.gov.uk/government/publications/care-of-unaccompanied-and-trafficked-children https://www.gov.uk/government/publications/modern-slavery-how-to-identify-and-support-victims https://www.gov.uk/government/publications/child-exploitation-disruption-toolkit https://www.childrenssociety.org.uk/information/professionals/resources/county-lines-toolkit
Children Missing from Education, Home or Care	https://www.gov.uk/government/publications/children-missing-education https://www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care https://www.gov.uk/government/publications/missing-children-and-adults-strategy
Designated Safeguarding Lead	https://www.gov.uk/government/publications/pace-code-c-2019/pace-code-c-2019-accessible DfE stat guidance template
Drugs	https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives https://www.talktofrank.com/
Female Genital Mutilation	https://www.gov.uk/government/collections/female-genital-mutilation https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack
Forced Marriage	https://www.gov.uk/guidance/forced-marriage https://www.gov.uk/government/publications/the-right-to-choose-government-guidance-on-forced-marriage
Homelessness	https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities
Health & Wellbeing	https://www.pshe-association.org.uk/curriculum-and-resources/resources/rise-above-schools-teaching-resources https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3 https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2 https://www.nhs.uk/mental-health/conditions/fabricated-or-induced-illness/overview/
Online	https://www.childnet.com/resources/cyberbullying-guidance-for-schools http://www.educateagainsthate.com/ https://digisafe.lgfl.net/ https://learning.nspcc.org.uk/research-resources/schools/e-safety-for-schools https://www.saferrecruitmentconsortium.org/ http://www.gov.uk/government/publications/searching-screening-and-confiscation http://www.swgfl.org.uk/ https://www.gov.uk/government/publications/the-use-of-social-media-for-online-radicalisation

	https://www.gov.uk/government/publications/ukcis-online-safety-audit-tool https://www.gov.uk/government/collections/online-safety-guidance-if-you-own-or-manage-an-online-platform https://www.saferinternet.org.uk/advice-centre/parents-and-carers https://www.childline.org.uk/ https://reportharmfulcontent.com/ https://www.ceop.police.uk/safety-centre/ https://www.childnet.com/parents-and-carers/parent-and-carer-toolkit https://parentzone.org.uk/
Private Fostering	https://www.gov.uk/government/publications/children-act-1989-private-fostering https://www.ecpat.org.uk/News/dfe-training-for-foster-carers
Radicalisation	https://www.gov.uk/government/publications/prevent-duty-guidance https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty http://educateagainsthate.com/ https://prevent.lgfl.net/
Serious Violence	https://www.gov.uk/government/publications/serious-violence-strategy https://www.gov.uk/government/publications/advice-to-schools-and-colleges-on-gangs-and-youth-violence https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy https://www.gov.uk/government/publications/violence-against-women-and-girls-national-statement-of-expectations
Sexual Violence & Harassment	Child sexual abuse and exploitation Barnardo's (barnardos.org.uk) https://www.lucyfaithfull.org.uk/ https://www.mariecollinsfoundation.org.uk/ https://www.nspcc.org.uk/ https://www.saferinternet.org.uk/ https://rapecrisis.org.uk/ https://www.nice.org.uk/guidance/ng55 https://www.stopitnow.org.uk/concerned-about-a-child-or-young-persons-sexual-behaviour/preventing-harmful-sexual-behaviour/ https://learning.nspcc.org.uk/child-abuse-and-neglect/harmful-sexual-behaviour https://learning.nspcc.org.uk/research-resources/2019/harmful-sexual-behaviour-framework https://www.stopitnow.org.uk/concerned-about-a-child-or-young-persons-sexual-behaviour/preventing-harmful-sexual-behaviour/ http://www.anti-bullyingalliance.org.uk/ / https://www.thesurvivorstrust.org/ https://www.victimsupport.org.uk/ Childline Childline https://sexting.lgfl.net/ Sharing nudes and semi-nudes: advice for education settings working with children and young people - GOV.UK (www.gov.uk)
KCSiE 2026	Keeping children safe in education 2026
Working Together to Safeguard Children 2026	Working together to safeguard children 2026: statutory guidance (publishing.service.gov.uk)