

Aylesbury UTC Safeguarding Policy

September 2024-25 – Updated

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Responsible Officer: Deputy Principal

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Procedure available: Website

Authorised by: Governing Body

1. Aims

Appropriate action is taken in a timely manner to safeguard and promote children's welfare. All staff are aware of their statutory responsibilities with respect to safeguarding. Staff are properly trained in recognising and reporting safeguarding issues

2. Useful contacts

The Designated Safeguarding Lead (DSL) for Aylesbury UTC is:

Sarah Lovegrove – Assistant Principal - Contact details: Main Number - 01296388463 or 01296388688 - Email: swood@aylesburyutc.co.

The Deputy Designated Safeguarding Lead for Aylesbury UTC is:

Joe Dunckley – Principal - Contact details: Main number – 01296 388454 or 01296388688 - Email: jdunckley@aylesburyutc.co.uk

The Safeguarding Officer for Aylesbury UTC is:

Kelly Rudgley - Contact details: Main number – 01296344688 - Email: krudgley@aylesburyutc.co.uk

The Chair of Governors for Aylesbury UTC is: Ken

Email:

If school is uncontactable (closed for the day, the weekend, or during school holidays) then the following numbers are useful points of contact:

LADO team – 01296 383962

The Police non-emergency number is: 101

Childline is: 0800 1111

Legislation and statutory guidance

This policy is based on the Department for Education's statutory guidance Keeping Children Safe in Education and

Working Together to Safeguard Children, and the Governance Handbook.

Aylesbury UTC complies with this guidance.

This policy is also based on the following legislation:

Part 3 of the schedule to the Education (Independent School Standards) Regulations 2014, which places a duty on

schools to safeguard and promote the welfare of pupils at the school.

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 (FGM) Act 2003, as inserted by section 74 of the Serious Crime Act 2015, 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. This policy also acknowledges the Equality Act 2010, and the role school leaders and governors play in ensuring inclusion; the promotion of human rights, and equality.

This policy also complies with our funding agreement and articles of association.

4. Definitions and acronyms

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

Child protection is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

Abuse is a form of maltreatment of a child and may involve inflicting harm or failing to act to prevent harm. Appendix 1 explains the different types of abuse.

Neglect is a form of abuse and 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.

Appendix 1 defines neglect in more detail.

Sexting (also known as youth produced sexual imagery) is the sharing of sexual imagery (photos or videos) by children.

Children includes everyone under the age of 18.

Upskirting is the taking of images or videos of a sexually intrusive nature up someone's skirt without their permission.

Victim is a widely recognised and understood term. Not everyone who has been subjected to abuse considers themselves a victim or would want to be described in this way. This term is used in this document, but as a school we acknowledge when managing any incident, we will use any term with which the individual child is most comfortable.

Alleged perpetrator(s) and perpetrator(s) these are widely used and recognised terms and do appear in this document. However, as a school this terminology is not widely used, especially when speaking in front of children. In some cases, the abusive behaviour will have been harmful to the perpetrator as well.

Common acronyms used in this document:

CAMHS - Child and Adolescent Mental Health Services are services that support young people with their mental health.

CIN – Child in need. This is a form of social services plan and includes children who are aged under 18 and need local authority services to achieve or maintain a reasonable standard of health or development or need local authority services to prevent significant or further harm to health or development.

CP – Child protection. This is another form of social services plan and represents measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children. Child protection means safeguarding children from harm. Harm includes violence, abuse, exploitation and neglect.

CPOMS - Child Protection Online Management System. This is an online system used to record and create chronologies surrounding safeguarding and behavioural issues.

CSE – Child sexual exploitation. This is a type of sexual abuse. When a child or young person is exploited, they're given things, like gifts, drugs, money, status and affection, in exchange for performing sexual activities.

DBS - Disclosure and Barring Service, once known as the CRB (Criminal Records Bureau) check, this is used as part of the recruitment process at school. All candidates need to have a valid DBS certificate before starting in their role.

DPA – Data protection act. This is based around eight principles of 'good information handling'. These give people specific rights in relation to their personal information and place certain obligations on those organisations that are responsible for processing it.

DSL – Designated safeguarding lead. This is the person in charge of safeguarding on school site on a day-to-day basis. All safeguarding concerns and disclosures are passed to this person for advice and further actions to be taken.

DDSL – Deputy designated safeguarding lead. This is the person in charge of safeguarding on school site on a day-to-day basis when the DSL is not present. In those situations, all safeguarding concerns and disclosures are passed to this person for advice and further actions to be taken.

FGM – Female genital mutilation - is a procedure where the female genitals are deliberately cut, injured or changed, but there's no medical reason for this to be done. It's also known as female circumcision or cutting.

HBV – Honour based violence, is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community.

IICSA – Independent inquiry into child sexual abuse. This was an inquiry established to examine how the country's institutions handled their duty of care to protect children from sexual abuse.

LA – Local authority is an organization that is officially responsible for all the public services and facilities in a particular area. For Wallingford School this is Oxfordshire County Council.

LADO - Local Authority Designated Officer works within Children's Services and gives advice and guidance to employers, organisations and other individuals who have concerns about the behaviour of an adult who works with children and young people.

MASH – Multi-agency safeguarding hub team which identifies risks to vulnerable adults and children. If an immediate response from Children's Social Care is necessary.

NSPCC - National Society for the Prevention of Cruelty to Children. A charitable organisation whose services help children who've been abused, protect children at risk and find the best ways to prevent child abuse from ever happening.

PSHE - Personal, social, health and economic education is an important and necessary part of all pupils' education.

SEN – Special educational needs refer to any student who may find it harder to learn than the majority of children of the same age, or they may have a disability which prevents or hinders them from making use of the educational facilities provided for other children.

SEND - Special educational needs and disabilities refers to any student who may find it harder to learn than the majority of children of the same age, or they may have a disability which prevents or hinders them from making use of the educational facilities provided for other children.

SENDco - Special educational needs and disabilities coordinator is the member of staff within school who coordinates the provision for children with special educational needs or disabilities in schools.

The following **3 safeguarding partners** are identified in Keeping Children Safe in Education (and defined in the Children Act 2004, as amended by chapter 2 of the Children and Social Work Act 2017). They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs:

The local authority (LA)

A clinical commissioning group for an area within the LA

The chief officer of police for a police area in the LA area

5. 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 (SEND) (see section 10)
- 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
- Are at risk due to either their own or a family member's mental health needs
- Are looked after or previously looked after
- LGBTQ+

We are an inclusive school and all policies and provisions in place look at how best to incorporate the needs of all the subgroups within our school and wider community equally into all aspects of school life.

Additionally, it is recognised that students that are absent as well as missing from education are potentially at greater risk of a range of safeguarding concerns. They are discussed and appropriate safeguarding sightings and procedures placed around them as actions from weekly pastoral strategy meetings.

6. Roles and responsibility

Safeguarding and child protection is **everyone's** responsibility. This policy applies to all staff, volunteers and governors and is consistent with the procedures of the 3 safeguarding partners for each school. Our policy and procedures also apply to extended school and off-site activities.

6.1 All staff

All staff must read and understand part 1 and Annex A of the Department for Education's statutory safeguarding guidance, [Keeping Children Safe in Education](#), and re-read this guidance at least annually. All staff will confirm that they have read and understood key documentation, which will include Part 1 and Annex A

of Keeping Children Safe in Education, this policy, the school's Code of Conduct, Whistleblowing Policy and Behaviour Policy.

All staff will be aware of:

Our systems which support safeguarding, including the role and identity of the designated safeguarding lead (DSL) and their deputy, and the safeguarding response to children who go missing from education.

The Early Help Assessment (previously known as the Common Assessment Framework) and their role in it, including identifying emerging problems, liaising with the DSL and/or DDSL, and sharing information with other professionals to support early identification and assessment.

The process for making referrals to local authority children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play.

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), indicators of being at risk from or involved with serious violent crime, FGM and radicalisation.

How concerns are recorded via Child Protection Online Management System (CPOMS).

Section 15 and appendix 4 of this policy outline in more detail how staff are supported to do this.

6.2 The designated safeguarding lead (DSL)

The DSL is a member of the Senior Leadership Team. The DSL for Aylesbury UTC is Sarah Wood, Assistant Principal. The DSL takes lead responsibility for child protection and wider safeguarding.

During term time, the DSL will be available during school hours for staff to discuss any safeguarding concerns.

If it is necessary to contact the DSL out of school hours, this can be done by emailing

swood@aylesburyutc.co.uk When the DSL is absent, the Deputy DSL, will act as cover.

If the DSL and Deputy DSL are not available, Kelly Rudgeley, Safeguarding Officer, and other DSL trained members of staff will act as cover (for example, during out of hours/out of term activities). Information on staff who are DSL trained is available upon request.

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 (local authority children's social care, Channel programme, Disclosure and Barring Service, MASH, and/or police), and support staff who make such referrals directly.

The DSL will also keep the principal informed of any issues and liaise with local authority case managers and designated officers for child protection concerns as appropriate.

6.3 The board of governors

The board will review and approve this policy annually.

The board will appoint a board level lead to monitor the effectiveness of this policy in conjunction with the full board. This is always a different person from the DSL.

The chair of governors may act as the 'case manager' in the event that an allegation of abuse is made against the principal, where appropriate (see appendix 3).

Section 14 has information on how governors are supported to fulfil their role.

6.4 The principal

The principal is responsible for the implementation of this policy at the school, either directly or by delegation to the DSL, including:

- Ensuring that staff (including temporary staff) and volunteers are informed of our systems which support safeguarding, including 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 (see appendix 3).

6.5 The DSL and Safeguarding Officer

The DSL and the safeguarding officer is responsible for attending and coordinating meetings with external agencies and actions arising from those meetings for all students who are CP and CIN.

This will be done in consultation with the DSL and where appropriate other members of the wider pastoral team. They will be responsible for appropriately feeding back key outcomes and actions to appropriate staff.

7. Confidentiality

You should note that:

Timely information sharing is essential to effective safeguarding.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children.

The Data Protection Act (DPA) 2018 and the General Data Protection Regulation do not prevent, or limit, the sharing of information for the purposes of keeping children safe.

If staff need to share ‘special category personal data’, the DPA 2018 contains ‘safeguarding of children and individuals at risk’ as a processing condition. This allows practitioners to share information without consent if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.

Staff should never promise a child that they will not tell anyone about a report of abuse, as this may not be in the child’s best interests.

The governments [information sharing advice for safeguarding practitioners](#) includes 7 ‘golden rules’ for sharing information and will support staff who have to make decisions about sharing information.

If staff are in any doubt about sharing information, they should speak to the DSL (or deputy).

Confidentiality is also addressed in this policy with respect to record-keeping in section 13, and allegations of abuse against staff in appendix 3.

8. Recognising abuse and taking action

Staff, volunteers, and governors must follow the procedures set out below in the event of a safeguarding issue. See Appendix 4 for further information about specific safeguarding issues detailed in this section.

8.1 If a child is suffering or likely to suffer from harm, or in immediate danger

Make a referral to children’s social care and/or the police **immediately** if you believe a child is suffering or likely to suffer from harm, or in immediate danger. **Anyone can make a referral.**

Tell the DSL (see section 6.2) as soon as possible if you make a referral directly.

- If staff members have any **concerns** about a child (as opposed to a child being in immediate danger) they will need to decide what action to take. Where possible, there should be a conversation with the Designated Safeguarding Lead and/or Deputy Designated Safeguarding Lead (DSL/DDSL) to agree a course of action, although any staff member can make a referral to children’s Social Care. Other options could include referral to specialist services or early help services and should be made in accordance with the referral threshold set by the Oxfordshire Safeguarding Children Board. <http://www.oscb.org.uk/>

- If anyone other than the DSL makes the referral, they should inform the DSL and/or DDSL, as soon as possible.
- If, after a referral the child's situation does not appear to be improving, the DSL/DDSL (or the person who made the referral) should press for re-consideration to ensure their concerns have been addressed and, most importantly, that the child's situation improves.
- If Early Help is appropriate, the DSL/DDSL should support the staff member in liaising with other agencies and setting up an inter-agency assessment as appropriate.
- If Early Help and or other support is appropriate the case should be kept under constant review and consideration given to a referral to children's social care if the child's situation doesn't appear to be improving.

8.2 If a child makes a disclosure to you

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. Alternatively, if appropriate, make a referral to children's social care and/or the police directly (see 8.1), and tell the DSL as soon as possible that you have done so.

8.3 If you discover that FGM has taken place, or a child 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 in the UK 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 4.

Any teacher who discovers (either through disclosure by the victim or visual evidence) that an act of FGM appears to have been carried out on a **pupil under 18** must immediately report this to the police, personally. This is a statutory duty, and teachers will face disciplinary sanctions for failing to meet it.

Unless they have good reason not to, they should also discuss the case with the DSL and involve children's social care as appropriate.

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.

The duty for teachers mentioned above does not apply in cases where a pupil is at risk of FGM or FGM is suspected but is not known to have been carried out. Staff should **not** examine pupils.

Any member of staff who suspects a pupil is at risk of FGM or suspects that FGM has been carried out must speak to the DSL/Deputy DSL, who will report this to the police.

8.4 If you have concerns about a child (as opposed to believing a child is suffering or likely to suffer from harm, or in immediate danger)

Figure 1 after 8.5 illustrates the procedure to follow if you have any concerns about a child's welfare.

Where possible, speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken.

Speak to a member of the senior leadership team and/or take advice from local authority children's social care.

You can also seek advice at any time from the NSPCC helpline on 0808 800 5000.

Make a referral to local authority children's social care directly, if appropriate (see 'Referral' below). Share any action taken with the DSL as soon as possible.

Early help

If early help is appropriate, the DSL will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff may be required to support other agencies and professionals in a strength and needs assessment, in some cases acting as the lead practitioner.

The DSL will keep the case under constant review and the school will consider a referral to local authority children's social care if the situation does not seem to be improving. Timelines of interventions will be monitored and reviewed and recorded on CPOMS.

Referral

If it is appropriate to refer the case to local authority children's social care or the police, the DSL will make the referral or support you to do so.

If you make a referral directly (see section 8.1), you must tell the DSL as soon as possible.

The local authority will make a decision within 1 working day of a referral about what course of action to take and will let the person who made the referral know the outcome. The DSL or person who made the referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.

If the child's situation does not seem to be improving after the referral, the DSL or person who made the referral must follow local escalation procedures to ensure their concerns have been addressed and that the child's situation improves.

8.5 If you have concerns about extremism

If a child is not suffering or likely to suffer from harm, or in immediate danger, where possible speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Speak to a member of the senior leadership team and/or seek advice from local authority children's social care. Make a referral to local authority children's social care directly, if appropriate (see 'Referral' above).

Where there is a concern, the DSL will consider the level of risk and decide which agency to make a referral to. This could include [Channel](#), the government's programme for identifying and supporting individuals at risk of being drawn into terrorism, or the local authority children's social care team.

The Department for Education also has a dedicated telephone helpline, 020 7340 7264, which school staff and local governors can call to raise concerns about extremism with respect to a pupil. You can also email counter.extremism@education.gov.uk. Note that this is not for use in emergency situations.

In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you:

Think someone is in immediate danger

Think someone may be planning to travel to join an extremist group

See or hear something that may be terrorist-related

8.6 Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE)

Some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

Children can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

Any concerns should be immediately passed onto the DSL.

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g., through others sharing videos or images of them on social media.

CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16- and 17-year-olds who can legally consent to have sex. Some children may not realise they are being exploited e.g., they believe they are in a genuine romantic relationship.

Any concerns should be immediately passed onto the DSL.

8. Serious Violent Crime

All staff should be aware of the indicators that may signal that child are at risk from, or involved with, serious violent crime. Such indicators include:

- Increased absence from school
- A change in friendships or relationships with older individuals or groups
- A significant decline in performance
- Signs of self-harm or a significant change in wellbeing
- Signs of assault or unexplained injuries
- Unexplained gifts or new possessions

Any concerns should be immediately passed onto the DSL.

9. Domestic abuse

All staff should be aware that domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse directly. However, they may also see, hear, or experience the effects of abuse at home, and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.