

## **ARDMORE LANGUAGE SCHOOLS SAFEGUARDING POLICY AND PROCEDURES**

### **POLICY STATEMENT**

#### **Aim**

Ardmore Language Schools provide English language summer and activity courses for children under 18 years at educational and residential centres of prestigious establishments or through homestay.

They support children to academic excellence, through language learning, activity courses, character development and the creation of a global mindset.

#### **Commitment**

Ardmore Language Schools

- Have statutory and moral duties to safeguard and promote the welfare of children engaged in its activities
- Believe that all children have the right to be protected from abuse, exploitation, extremism and radicalisation.
- Believe that all children should experience a safe, secure and friendly environment.
- Aims to ensure that proprietors, employees and volunteers comply with legal, contractual and professional standards and responsibilities in their work with children. This includes high quality record keeping and record management
- Strives to build and embed a culture of openness that recognises and accepts that abuse can happen in this organisation
- Believes that pro-active safeguarding and promoting the welfare of children is everyone's responsibility.

All children have the right

- To be safe; no one should take this right away from them.
- To protect their own bodies; their body belongs to them.
- To say no; it is alright to say no to someone if that person tries to do something to them that they feel is wrong.
- To get help against bullies; tell children to enlist the help of friends, to say no without fighting and to tell an adult.
- To tell; assure children that no matter what happens staff will not be angry with them should report any incident that frightens or confuses them or makes them unhappy.
- To be believed; when children are told to go to an adult for help, they need to know they will be believed and supported.
- Not to keep secrets; teach children that some secrets should never be kept, even if they promised the abuser not to tell.

**Ardmore Language Schools endeavors to safeguard children and staff by:**

- Promoting and prioritising the safety and wellbeing of children.
- Adopting child protection guidelines through effective procedures and a staff code of conduct.
- Ensuring appropriate action is taken in the event of incidents/concerns of abuse and that support is provided to all parties.
- Following carefully the procedures for safer recruitment and selection of staff.
- Providing effective management for the staff through supervision, support and training.

- Sharing information about child protection and good practice with children, parents and care givers, staff and any relevant third parties.
- Sharing information about concerns with the agencies who need to know and involving parents and children appropriately.
- Reviewing our policy and best practice at regular intervals.

## Terminology

**A child:** The legal definition of a child in the UK is a person under the age of 18. As an organisation we understand that under 18s from overseas may not have the same knowledge of life and local customs as children from the UK and USA and may potentially be more vulnerable to harm. We are committed to meeting and exceeding our duty of care, where possible, towards all children and safeguarding them from harm. (Working Together to Safeguard Children, 2018)

**Safeguarding** and promoting the welfare of children is defined for the purposes of this guidance as:

- Protecting children from maltreatment e.g. abuse and neglect
- Preventing impairment of children's physical health and/or mental 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.

(Working Together to Safeguard Children, 2018)

## Safeguarding is what is done to prevent harm

**Child protection** is an integral part of the safeguarding process. It focuses on protecting individual children identified as suffering from or likely to be at risk of significant harm (Working Together to Safeguard Children, 2018). Child protection is the response to harm.

**Abuse:** A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm (commission), or by failing to act to prevent harm (omission). Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by one adult, or adults, or another child or group of children (Working Together to Safeguard Children, 2018)

**Local Safeguarding Partners.** Previously known as Local Safeguarding Children Boards, they are made up of the local authority, a clinical commissioning group for an area within the local authority, and the chief officer of police for a police area in the local authority area. They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs (Keeping Children Safe in Education, 2020)

## Principles

Every member of staff must:

- Accept that the well-being of children is of paramount importance
- Have a child-centred approach and always consider what is in the best interests for the safety of the child
- Read and understand this policy and the procedures being aware of their responsibilities and duty of care

- Understand that one person, or organisation, cannot have a complete picture of a child's needs, therefore Local Safeguarding Partners like the local authority, health and the police, have a role in identifying concerns, sharing information and taking prompt action
- Complete the safeguarding induction and training, read and understand updates.
- Be vigilant and act on any suspicions about the treatment of a child (this is a legal responsibility)
- Raise concerns or suspicions immediately with their Designated Safeguarding Lead for appropriate action to be taken
- Staff member should make a written record of the incident as soon as possible
- Stay calm, think logically, use their professional judgement, and seek advice.

## **Responsibilities**

The Proprietors and all staff of Ardmore Language Schools know that safeguarding is *everyone's responsibility*.

Each individual in their role should:

- proactively teach students about safeguarding
- ensure that systems and procedures are in place to protect students
- always act in the best interests for the safety of the child

## **Proprietors and the Board**

They must be accountable for safeguarding by:

- Ensuring that Ardmore Language Schools has appropriate structures, processes and resources so that safeguarding is central to the organisation's practice.
- Maintaining oversight of safeguarding issues through regular reports
- Appointing a lead safeguarding board member who will receive meeting papers and other relevant documents that will enable them to report on their assessment of safeguarding
- Receiving an annual report, commissioning specific audits into areas causing concern.

## **Group Managing Director**

The Group Managing Director is the most senior accountable person for all aspects of safeguarding in the Active Learning Group of organisations, the group has a Consultant Safeguarding Adviser (Alison Barnett, who is the Regional Safeguarding lead for Cognita Schools-Europe). The Ardmore Group has a Managing Director that also acts as the Designated Safeguarding Lead (DSL). Collectively they must ensure that:

- There is a strong culture of safeguarding across the organisation
- There are clear structures, processes, line management and resources to safeguard children at risk
- Senior leaders/directors are held to account for safeguarding
- They receive regular updates about safeguarding matters.

## **Designated Safeguarding Lead**

A Designated Safeguarding Lead (DSL) and deputies should be appointed. The Designated Safeguarding Lead (DSL) must be a member of the senior leadership team who will take responsibility for safeguarding and child protection in the organisation. This should be reflected in their job description.

The Designated Safeguarding Lead (DSL) must decide on out-of-hours and out-of-term contact e.g., via telephone or other.

The key functions are to:

- Manage referrals by referring cases, supporting staff to refer cases to external agencies where the child is in need or deemed to be at risk of significant harm
- Work with others by liaising with the most senior person in the business, the Managing Director, the “case manager” and staff. Liaise with safeguarding partners and other agencies
- Receive formal training for safeguarding including Prevent, FGM and online safety, keep updated with relevant developments
- Raise awareness by ensuring that with the safeguarding policy and procedures are easily accessible to staff, parents and the public and that staff understand the contents.

### **Deputy Designated Safeguarding Leads**

They support their Designated Safeguarding Lead and are trained to the same level. Their responsibilities should be reflected in their job description.

This policy has been developed and is underpinned by the following documents, regulations and organisations:

- Working Together to Safeguard Children, July 2018
- Keeping Children safe in Education, September 2020
- Cognita Safeguarding and Child Protection Policy and Procedure. September 2019
- Active Learning Group Safeguarding Policy. April 2020
- Children (Private Arrangements for Fostering) Regulations 2005
- British Council (inspection and accreditation of English language schools)
- Homestay (good practice for homestay courses)

This policy is reviewed on an annual basis. Staff are encouraged to comment on the contents based on their use of it and the effectiveness.

## **SAFEGUARDING PROCEDURES**

**If a child tells a member of staff that they have been abused or neglected**, or if the member of staff is concerned about unmet need, they should:

- Make the child’s welfare the focus.
- Be child-centred, use language appropriate for their age and stage of development.
- Listen carefully and actively, allowing the child to speak at their own pace. Take account of their age, culture, language, communication skills and any disabilities.
- Do not interrupt or be afraid of silences.
- Not show any signs of shock as it may discourage the child from talking. Avoid comments like “I wish you had told me this earlier”, “I cannot believe what I am hearing”.
- Do not ask any leading questions such as “how hard were you hit”
- Remain calm.
- Encourage with reassuring nods and comments like “I am so sorry that this has happened”, “you are doing the right thing talking to me”.
- Gather as much detail as they can around the context whilst not fully investigating (this is the role of the partner agencies – Social Care and the Police). If clarification is required ask open questions like “tell me”, “describe”, “explain”, “what”, “when”, “where”, “who”, or “how”. *However, a context around what the child has said should always be sought prior to any referral being made to partner agencies. This should be done by the DSL or the staff member*

*who obtained the initial disclosure. Limit questioning to the minimum necessary for clarification using What, When, How and Where.*

- Not ask “why” as it can suggest guilt. Do not ask if it has happened to siblings but do ask if there are any siblings, their ages and gender.
- Ask if there is anything else that the child would like to tell you.
- If abuse is disclosed, ask whether other adults observed the abuse and whether it has happened before.
- Never promise to keep it a secret, explain that it will be referred in confidence e.g. “I am really concerned about what you have told me and I have a responsibility to make sure that you are safe”.
- Explain what will happen next. The child may wish to accompany you to see the Designated Safeguarding Lead, or their deputy. If not, let them know that someone will see them before the end of the day. Check that this happens and check to see how the child is.
- If a disclosure has been made by a child, find the Designated Safeguarding Lead or their Deputy, **immediately**. If you are unable to contact them contact the Consultant Safeguarding Adviser or MD for Ardmore. *There should be no delay.*
- Make a written record of the conversation as soon as possible on CPOMS (Child Protection On-line Monitoring System). As far as possible try to note the child’s language. Any hard copy written documents should be kept in a secure, restricted location.
- The Ardmore DSL will take appropriate action such as making a referral to Children’s Social Care when appropriate to do so.
- The Ardmore DSL will contact the Consultant Safeguarding Advisor to ask any questions or seek advice prior to making a referral to external agencies.
- The Ardmore Managing Director is to be kept informed of all referrals via CPOMS.

#### **If a child is thought to be at risk of harm or likely to be**

- A referral should be made immediately to Children’s Social Care or the Police if a criminal act has occurred or there is imminent danger to a child/other.
- The Designated Safeguarding Lead would usually do this, but any member of staff can make contact. It is important not to delay. *Parental consent is not required to make referrals to statutory agencies where harm is alleged. Do not inform the parents/carers/alleged perpetrator of the harm unless told to do so by Children’s Social Care. To do this too early could heighten the risk of further harm to the child.*
- A record must be made of the decision that was reached and the reason, what action was taken by whom including dates and times.

#### **Reporting a concern**

- Make a note of your concern as soon as possible.
- Inform the DSL of your concern.
- DSL to contact local Children’s Social Care Team
- DSL to inform the Consultant Safeguarding Adviser
- Referrals being made out-of-hours should be made in the same way via the out-of-hours service.
- DSL to follow Social Care guidance on referral.
- CPOMS to be updated, and company’s Senior Designated Person to be informed a referral has taken place.
- If this has been done without parental consent a note should be made of this with the reasons and the date.

#### **What to expect from the local authority’s Children’s Social Care**

- Children's Social Care should respond within 24 hours of receiving the referral and acknowledge receipt; the reporting person should request the name of the staff member they have spoken to and record this initially prior to sending a written referral.
- If no response is received, contact them again (ensuring you also log a record of your attempts to contact them).
- If the response is not adequate, and/or not achieved in a timely manner i.e., the child is due to go home and you consider there to be a risk of harm, in discussion with the Designated Safeguarding Lead and /or Consultant Safeguarding Adviser (ALG), a decision should be made about whether to escalate the matter the Social Care Team Manager.

### **If the child has unmet needs**

- If the child is not at risk of harm, they could be a **Child In Need** (see appendix) and have unmet needs. A referral should be made to Children's Social Care who will make the decisions about whether to conduct an assessment of the child's needs.
- Ideally parental consent should be sought although it is not a requirement for referrals to statutory agencies. Parents/carers are to be informed of the referral in line with current GDPR legislation for Children in Need.

### **If there is a concern or allegation against a member of staff (by a child/other member or staff or parent)**

#### **Low Level concerns**

If there is even the slightest concern, or that "niggling doubt" about an adult's behaviour or attitude, including visitors, or a breach of any company policy, these are called Low Level Concerns and should be reported to the Designated Safeguarding Lead and Consultant Safeguarding Adviser verbally and *immediately*. Those raising concerns in good faith will be supported and every effort will be made to protecting their identity. Those against whom the concerns or allegations have been raised will not suffer anything detrimental unless the concerns are substantiated. If the Low-Level Concern is about the DSL, then they should be reported directly to the MD for Ardmore and the Consultant Safeguarding Adviser

#### **Allegations**

Allegations represent situations that might indicate a person will pose a risk of harm to children if they continue to work in regular or close contact with children in their present position, or in any capacity. This policy applies to all adults on site, and now refers to agency staff on site (including supply teachers). Concerns may meet what is known as the four 'harm tests' (KCSIE 2020)

1. behaved in a way that has harmed a child or may have harmed a child.
2. possibly committed a criminal offence against or related to a child; or
3. behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.
4. behaved or may have behaved in a way that indicates they may not be suitable to work with children (potential transfer of risk)

#### **What to do**

- Report your concerns immediately and verbally to the Designated Senior Person for Ardmore, and the Consultant Safeguarding Advisor, and/or the Human Resource Officer/Manager. They will discuss together what needs to be done immediately to protect children and young people, and whether the concerns are sufficient to contact the Designated Officer (LADO) in order to have an 'initial discussion' (see below). The MD for Ardmore and/or the Consultant Safeguarding Advisor **must** inform the Group Managing Director of any allegations made against staff, and decisions must be made regarding whether the staff member should be formally suspended whilst investigations are ongoing (on the advice of the DO).

- The adult about whom the allegation has been made should **not** be informed until initial decisions have been made to reduce or eliminate any risk of harm.
- If the allegation is about the Company or Managing Director, it should be referred to the Group Managing Director immediately who will contact the Local Authority Designated Officer, the Head of HR, and the Consultant Safeguarding Adviser. This should be done without informing the Company or Managing Director.
- This process is the same regardless of where or when the alleged abuse occurred.
- In the case of historic abuse, the Police should be informed.
- Support should be provided for the child who had made the disclosure.
- The staff member, including volunteers, will be given a named contact for the period of their suspension, if that is the decision, and should be supported during that time.
- Such allegations of abuse should be dealt with as quickly as possible whilst ensuring that the child is well protected.

In some circumstances we will have to consider an allegation against an individual not directly employed by Ardmore, where its disciplinary procedures do not fully apply, for example, supply teachers provided by an employment agency or business. Whilst Ardmore are not the employer of supply teachers, they should ensure allegations are dealt with properly (KCSIE 2020). Decisions will need to be made in discussion with the school and agency as to whether it is appropriate to suspend the supply teacher or redeploy whilst they carry out their investigation. Agencies should be fully involved and co-operate in any enquiries from the DO, Police and/or children's Social Care. The school will usually take the lead because agencies do not have direct access to children or other school staff, so they will not be able to collect the facts when an allegation is made, nor do they have all the relevant information required by the DO as part of the referral process. Supply teachers, whilst not employed by the school are under the supervision, direction and control of the school when working for the school. They should be advised to contact their trade union representative if they have one, or a colleague for support. The allegations management meeting which is often arranged by the DO should address issues such as information sharing, to ensure that any previous concerns or allegations known to the agency are considered by the school during the investigation. When using an agency, schools should inform the agency of its process for managing allegations. This should include inviting the agency's human resource manager or equivalent to meetings and keeping them up to date with information about its policies.

Allegations against a teacher who is no longer teaching at Ardmore should be referred to the Police and the DO. Historical allegations of abuse should also be referred to the Police.

It is essential that any allegation of abuse made against a teacher or other member of staff or volunteer is dealt with very quickly, in a fair and consistent way that provides effective protection for the child and, at the same time, supports the person who is the subject of the allegation.

## **Dealing with the allegation**

### **Initial discussion**

- If the allegation is against the Designated Senior Person or a senior member of staff, the Managing Director will usually be the Case Manager (see above).
- If the allegation is against another staff member, the Consultant Safeguarding Advisor or Ardmore's Managing Director will usually be the Case Managers. The Group Managing Director will be kept informed throughout.
- The Case Manager and Local Authority Designated Officer will discuss the nature, content and context of the allegation and agree what action will be taken. The Local Authority Designated Officer might want more information.

- If the initial sharing of information leads to a conclusion that there should be no further action, both the Case Manager and the Local Authority Designated Officer should record it in their respective files and agree what to write, and who will do it, to the person against whom the allegation was made.
- There should be an agreement about if any action should be taken against the person who made the allegation.

## **Strategy discussion**

- If there is a suspicion that a child has been harmed or is at risk of being significantly harmed, a 'Strategy Discussion' will be convened by the Local Authority Designated Officer and/or the Police. Children's Social Care will be involved. The Case Manager may or may not be invited to this meeting. They must not inform the alleged perpetrator until the Strategy Discussion has taken place and there is an agreement about what can be disclosed.
- If it is decided that the concerns do not reach threshold for a statutory investigation, the Local Authority Designated Officer will determine what should happen next e.g. no further action, internal investigation by ALG

## **Internal investigation**

- If further enquires are needed, the Local Authority Designated Officer will agree with the Case Manager who is best placed to be the Internal Investigator (usually a senior member of staff) to undertake the investigation and how.
- The HR manager should arrange for the member of staff to whom the allegation has been made to be interviewed about the matter. This should take place in a neutral setting, and a minute taker should be provided. The investigation which may potentially also involve taking statements from children and other staff, again using a minute taker for the latter. Parents **must** be asked for consent, prior to their child being interviewed. The Case Manager will keep the Managing Director and Consultant Safeguarding Adviser informed at all times. All staff to be interviewed must be given reasonable notice of any pending interview and allowed to have a representative attend with them.
- A safeguarding investigation takes precedence over a grievance or disciplinary matter and should be completed first.

## **Suspension of an employee**

- All options to avoid suspension will be considered before taking this step.
- Consideration should be given to the risk of harm and well-being of the child concerned. If the Case Manager is concerned about the welfare of other children in the community or the member of staff's family, the Local Authority Designated Officer should be notified.
- Suspension must be agreed with the Group Managing Director. A member of staff should not be automatically suspended, and all other options should be considered.
- The Case Manager should check the views of the Local Authority Designated Officer, Children's Social Care and the Police, as appropriate but ultimately it is the Group MD's decision
- Other considerations could include redeployment to supervised work with children, moving to a different organisation in the ALG Group.
- If the staff member is suspended, written confirmation should be sent within a working day setting out the reasons for the suspension. A named contact with their details should be given to provide support.
- The accused person will be advised to contact a colleague or friend for support.
- They will also be given information about the employee support service.
- The accused will be kept informed about the progress of their case.
- Social contact should not be prevented.

- The Case Manager should use their professional judgment and seek advice from the Designated Officer about whether it is appropriate to inform parents and carers of the allegation, the progress of the case, or the outcome. If the decision is to share any information, parents must be made aware of the need for confidentiality.

**For all of the areas listed below if there is a child causing concern because they have been harmed or are at risk of significant harm, the matter should be discussed with the Designated Safeguarding Lead and/or Consultant Safeguarding Adviser to agree an appropriate course of action. A record of the concern should be made on CPOMS with a note of the discussion and outcome with the Designated Safeguarding Lead; note times and dates.**

## **Contextual Safeguarding**

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.

The contextual safeguarding approach says that children's social care practitioners, child protection systems and wider safeguarding partnerships need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse beyond their front doors.

## **Peer on peer abuse**

### **Definition**

It is any form of physical, sexual, emotional, financial abuse or coercive control exercised between children in their relationships (intimate and non-intimate), friendships and wider peer groups. Different forms include but are not limited to serious bullying, cyberbullying, relationship abuse, domestic violence and abuse, child sexual exploitation, youth violence, harmful sexual behaviour, prejudice-based violence including, gender-based violence. Online peer-on-peer abuse e.g. sexting, online abuse, coercion, exploitation, peer-on-peer grooming, threatening language, distribution of sexualised content, and harassment. To protect children a "contextual safeguarding" approach (see below) is often taken which means safeguarding takes account of a child's experience of harm **outside** of their home e.g. with peers, in schools, in neighbourhoods or on-line which can affect their behaviour. We can adopt a contextual safeguarding approach by:

- Being aware of and seeking to understand the impact that these wider social contexts may be having on the children in our care.
- Creating a safe culture in the activity settings by, for example, discussing the implementation of policies and procedures that address peer-on-peer abuse and harmful attitudes.
- Promoting healthy relationships and attitudes to gender/ sexuality.
- Hotspot mapping to identify risky geographic areas on our properties and sites
- Training on potential bias and stereotyped assumptions
- Being alert to and monitoring changes in students' behaviour and/or attendance.

### **If peer on peer abuse is suspected**

- Report concerns to the Designated Safeguarding Lead *without delay*

- A child is in immediate danger or at risk of harm a referral should be made by the DSL to Children's Social Care and /or the police immediately.
- A record should be made using CPOMS (Child Protection Online Monitoring System).

The Designated Safeguarding Lead, in collaboration with the Consultant Safeguarding Adviser will make a decision about whether the behaviour might indicate abuse and whether there is the need to contact/make a referral to Children's Social Care. Their discussion will agree the action e.g. first ensuring the safety and well-being of any child affected including the completion of a risk assessment, whether an investigation is needed, referral to other agencies e.g. the police, where a crime might have been committed, or Children and Adolescent Mental Health Service (CAMHS) or a specialist team dealing with harmful sexual behaviour.

Be aware that:

- The abuse may indicate wider safeguarding concerns for the children.
- The victim and perpetrator are both at risk -although the perpetrator may pose a risk to other children, they may also be at risk themselves and have unmet needs.
- Power, consent, and choices play a role, dependent on the child and the situation they could appear to be making choices whilst not consenting.
- Provide on-going support for the victim for their safety and address any unmet needs, monitor the child's well-being within the organisation, engage with the child's parents.
- Disciplinary action may be appropriate for the perpetrator as they have to take responsibility and realise the seriousness of their behaviour. It gives a message that such behaviour will not be tolerated, it ensures the future safety and well-being of the victim and other children. Permanent exclusion should be a last resort and used where it is required for the safety of the victim and other children.

## **Sexual Violence and Sexual Harassment between Children**

Peer on peer abuse can *include* two specific forms, known as Sexual Violence and Sexual Harassment. Any response to these should fall within and be consistent with our safeguarding procedures.

Sexual Violence includes sexual offences which fall under the Sexual Offences Act 2003.

Sexual Harassment refers to 'unwanted conduct of a sexual nature'. This can occur online (including, but not limited to non-consensual sharing of images, making sexual comments on social media) and offline (including but not limited to making sexual comments, sexual taunting or 'jokes', and physical contact, for example, brushing against someone deliberately or interfering with their clothes).

Sexual Violence and Sexual Harassment can:

- occur between any two children, or a group of children against one individual or group.
- be perpetrated by a child of any age against a child of any age.
- be perpetrated by a child of any sexual orientation against a child of any sexual orientation.
- include behaviours that exist on an often-progressive continuum and may overlap; and/or
- be online and offline (physical or verbal).
- sexual violence and sexual harassment are not acceptable, will never be tolerated, and are not an inevitable part of growing up

## **Tackling extremism and radicalisation**

## Definitions

**Radicalisation:** A process by which someone adopts increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo, contemporary ideas and expressions of freedom of choice.

**Extremism:** Holding extreme political and religious views, the vocal or active opposition to the values of democracy, the rule of law (obeying the law), mutual respect and tolerance of different faiths, beliefs and those with no faith.

**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.

**All** children and young people are vulnerable to extremist ideology and radicalisation.

Children are vulnerable to extremist ideology and radicalisation. Education providers, including but not exhaustive of schools and colleges, are subject to a duty under section 26 of the Counter Terrorism and Security Act 2015, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty. For more information, please see the Preventing Extremism and Radicalisation Policy and Annex A of KCSIE.

## Indicators of radicalisation or extremism

- Behaviour becoming more centred on extreme ideologies
- Loss of interest in friends and activities not associated with the extreme ideology, group or cause.
- Changing their personal appearance to align with the extreme ideology, group or cause.
- Possession of materials or symbols associated with the extreme ideology, group or cause.
- Attempts to recruit others to the extreme ideology, group or cause.
- Communication with others that suggest an affiliation with an extreme ideology, group or cause.
- Using insulting or derogatory language about another extreme ideology, group or cause
- An increase in prejudice-related incidents committed by the individual for example.
  - physical or verbal assault
  - provocative behaviour
  - damage to property
  - derogatory name calling
  - possession of prejudice-related material
  - refusal to cooperate
  - supporting violence towards others

To safeguard against this all staff will

- Have an understanding of radicalisation and extremism.
- Complete the free government Prevent Awareness Training every two years.
- Be constantly vigilant to signs of radicalisation
- Be informed about issues affecting the local area and society by their Prevent Officer.
- Respond quickly when issues arise.

- Help children to understand the dangers of radicalisation and exposure to extremist views including knowing how to be resilient against them and what to do if they are experiencing them.
- Inform parents of this approach to keep children safe from harm.
- Suspend “professional disbelief” that radicalisation “could not happen here” and adopt a “professional inquisitive” approach.
- Be confident to challenge views and intervene as early as possible to safeguard children.

## Procedure

- Discuss any concerns about a child with the Designated Safeguarding Lead who, with the member of staff, will agree a course of action which could include referral to the Local Prevent Referral Team.
- A member of staff who does not agree with the decision and does not feel comfortable talking with their line manager can contact the Local Prevent Referral Team directly (see contact list) or use the whistleblowing policy.

## Child sexual exploitation

### Definition

**Child sexual exploitation** is a form of child sexual abuse where an individual or group takes advantage of an imbalance in power to exploit the child

- Children may be exploited by an individual, several individuals working as an organised group, or by a gang.
- Grooming is the process of ‘preparing’ a child or young person for a sexual purpose.
- Grooming is often slow and subtle, continuing for several weeks or months and lulling the child or young person into a false sense of security. It always involves manipulation and deceit.
- Two types of grooming are recognised: street grooming which occurs in the community, and online grooming using technology including the internet and mobile telephones.
- By the time a child or young person realises that they are not having a ‘real’ relationship they have probably been seriously abused sexually, physically and psychologically. They will probably have withdrawn from family and friends and there will be a threat of distribution of indecent images of them to their family. Some children may have developed substance addictions as a coping strategy or because they have been given substances during their exploitation.

## Child Criminal Exploitation (CCE) and Serious Violence

### Definition

- 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. CCE can include children being forced to work in cannabis factories, forced to shoplift or pickpocket, or to threaten other young people. CCE also involves children and young people being coerced into moving drugs or money across the country; this is commonly referred to as County Lines.
- County Lines usually occurs through engaging children into gangs and using them to carry money or drugs from urban areas to suburban and rural areas, market and seaside towns.

Further information on the signs of a child's involvement in county lines is available in guidance published by the Home Office

## **Procedure for CSE, CCE and Serious Youth Violence**

Staff will:

- Have had awareness training about sexual exploitation and grooming
- Help parents to understand any issues raised
- Contribute to inter-agency safeguarding and child protection arrangements
- Promote healthy and safe relationships
- Discuss concerns with the Designated Safeguarding Lead and agree a course of action.

## **Sexually active youth**

In law, a child is a person under the age of 18. Not all sexual activity involving a child is criminal, nor is it always abusive. Sexual activity involving a child **under** 13 is *always* a criminal offence and Ardmore Language Schools will always refer such concerns to the Police.

**Procedure:** Report your concerns to your DSL who will use their professional judgement and seek advice from the Consultant Safeguarding Adviser to determine whether a concern about sexual activity involving a child **over** the age of 13 is exploitative or abusive, and whether the matter should be referred to Children's Social Care or the Police.

## **Female Genital mutilation (FGM)**

A child who has undergone FGM should **always** be seen as a child protection issue.

**Definition:** "Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons."

The UK Government has written advice and guidance on FGM that states:

"FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child." "Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM."

*It is the law that any 'teacher' in the UK reports known acts of FGM (or has evidence to suggest that FGM is likely to occur) to the Police via 101.*

## **Indications that FGM has taken place**

- Prolonged absence from camp with noticeable change in behaviour, especially after a return from holiday.
- Spending long periods of time away from the sessions during the day e.g. extended toilet breaks.

- Discomfort on return from toilets, sitting, or changing clothes
- Not visiting the toilet
- Talk of a significant family event, often involving only the female members of the family

## **Indications that a child is at risk of FGM**

- The family comes from a community that is known to practice FGM, especially if there are elderly women present.
- In conversation a child may talk about FGM.
- A child may express anxiety (or excitement) about a special ceremony.
- The child may talk or have anxieties about forthcoming holidays to their country of origin.
- Parents or guardians may comment on overseas travel.
- If a girl has already undergone FGM and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members and a referral should be made to the Designated Safeguarding Lead who will decide on the most appropriate course of action.

## **Procedure**

- All staff to undertake free government/other FGM training every two years.
- Take proactive action to protect and prevent girls from being forced to undertake FGM.
- Have a robust attendance policy and identify any unexplained absences from lessons and sessions.
- Staff should report any concerns to the Designated Safeguarding Lead who will seek advice from Children's Social Care and the Police via 101
- Record all intervention accurately on CPOMS (Child Protection Online Monitoring System).

## **Emotional Wellbeing and Mental Health**

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education.

All staff should also be aware that deteriorating emotional wellbeing and escalation of mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Please note, however, only appropriately trained health professionals should attempt to make a diagnosis of a mental health problem.

Staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the DSL.

The Department of Education has published advice and guidance on Preventing and Tackling Bullying, and Mental Health and Behaviour in Schools. In addition, Public Health England has produced a range of resources to support staff to promote positive health, wellbeing and resilience among young people including its guidance, Promoting Children and Young People's Emotional Health and Wellbeing. Its resources include social media, forming positive relationships, smoking and alcohol.

## Self-harm

### Definition

- It is behaviour in which deliberate harm is caused to one's own body. There is a higher incidence amongst children with special educational needs.
- It can happen when a child is dealing with difficult experiences and emotions e.g. being bullied, difficult relationships with family or friends, experiencing depression or anxiety, having low self-esteem, experiencing some form of abuse. They harm themselves as a way of coping and relieving tension. Examples include cutting, picking skin, swallowing inedible objects or hazardous substances, taking an overdose of drugs, burning or scolding, hair-pulling, hitting parts of the body. It can also include eating disorders and excessive physical activity.
- Factors relating to the individual (depression, low self-esteem, substance abuse), their family (unreasonable expectations, abuse, parental relationships), their social situation (difficulty socialising, loneliness, being bullied), can contribute to making a child self-harming.

**Indications that self-harm has taken place** should be taken seriously and could include:

- Becoming withdrawn
- Wearing long sleeves during warm weather
- Avoiding friends and family
- Lower academic attainment
- Unexplained cuts, bruises, burns
- Changes in clothing
- Abuse of substances
- Changes in eating or sleeping habits
- Changes in behaviour and mood
- Expressing feelings of failure
- Talking about self-harm and suicide

### Procedure

Maintain a supportive and open attitude, regardless of how you might feel about what you are hearing or seeing. Be non-judgmental. The fact that the child is talking to you shows that they are courageous and trust you.

Do not promise to keep what you are being told confidential.

Report the incident to the Designated Safeguarding Lead who will decide the best course of action which may include:

- the immediate safety of the child is of paramount importance; if they are acutely distressed, ensure that they are safe and that an adult remains with them at all times.
- if a child has self-harmed whilst attending an Ardmore activity, a first aider should be called immediately
- arranging professional assistance if needed e.g. nurse, doctor, social care
- informing the parents of what has occurred unless to do so will heighten the risk of harm to the child, or the child escalating their self-harm (always seek advice)
- removing the child from activities if remaining on site would cause them more distress
- contacting the Group Leader and/or the agent
- recording on CPOMS noting what the child said, any concerns, dates and times, details of who was informed and what action was taken. Head Office should be notified.
- offering emotional support to the peer group, if they have been affected, as appropriate.

- A Risk Assessment should be put in place for any child attending the school who is currently self-harming or has a recent history of self-harming (seek advice from the Consultant Safeguarding Adviser)

## **Private fostering**

A private fostering arrangement is one where a child (under 16 years or under 18 years if they have a disability) is privately (without involvement of the local authority) cared for by someone other than a parent or close relative (grandparent, sister/brother, aunt/uncle, step-parents, half siblings) expected to last for more than 28 days. Close relatives do not include great grandparents, great aunts/uncles or cousins. There is a duty on the parent of the child to inform the local authority if they are entering into a private fostering arrangement. However, if you become aware of a family situation that appears to be a private fostering arrangement, then have a discussion with the parents/carers/child and seek information. Notify them of their duty.

Ardmore Educational Limited adheres to the Private Fostering Act. Children in such settings may be particularly vulnerable, and so care and attention must be taken. Where there is reasonable cause to believe they have suffered or likely to suffer significant harm a referral must be made to Children's Social Care.

### *Why does your Local Authority Children's Services need to know?*

By law, the Local Authority must be informed about all private fostering situations. The child's parents, private foster carers and anyone else involved in the arrangement or who becomes aware of the arrangement, e.g., guardianship agencies, schools or health professionals are legally required to inform Children's Services. Children's Services have a legal duty to make sure all private fostering arrangements are safe for the child. Once informed of the arrangement, they will check the suitability of private foster carers, make regular visits to the child and ensure advice, help and support is available when needed.

Timescales for informing the Local Authority.

The child is not yet living with the private foster carers Within 6 weeks beforehand.

The child will move in with the private foster carers within 6 weeks Immediately.

The child is already living with the private foster carers. Immediately

### *Host families and external agencies*

All our host families have a lead Host, whom has a valid Enhanced DBS and our external agencies (local organisers) complete an Annual Declaration form. Both families, and agencies are audited annually on a random selection basis in person and electronically.

## **Whistleblowing**

Active Learning Group is committed to the highest standard of openness, inclusiveness and accountability. Once you have passed on any concerns to the Designated Safeguarding Lead, and if you are unhappy with how it is being dealt with please speak with your line manager in the first instance so that your concerns can be addressed.

If you are still unhappy you should contact, the Consultant Safeguarding Adviser for ALG – Alison Barnett via [alison.barnett@cognita.com](mailto:alison.barnett@cognita.com).

You do not have to carry worries on your own.

Please see our Whistleblowing Policy for more information.

## APPENDICES

### Designated Safeguarding Lead

#### Purpose of role

- Ensure that child protection and safeguarding policies are in place, clearly laid out and accessible to staff, parents and guardians.
- Ensure that all staff, children, parents and guardians are familiar with and understand all aspects of safeguarding provision.
- Ensure that the camps operate in line with, and staff are updated with, all safeguarding legislation and that information, support and resources on the topic of child protection and safeguarding are accessible to staff, parents and guardians.
- Be a personal advisor to all staff, children, parents and guardians and promote their role to ensure that everyone knows who they are and how to contact them if they have any concerns.
- Be the first point of contact for any staff, children, parents and guardians who have concerns about a child's welfare.
- Attend and/or contribute to child protection conferences, core groups and child in need reviews as needed.
- Refer concerns to the relevant agencies, as required, and dependent on the specific circumstances.
- Use their specialist skills and training in child protection to support the identification of possible abuse/neglect/extremism/terrorism and decide on the most appropriate action.
- Ensure that all staff are taking responsibility and follow the correct procedure for safeguarding the children in their care

### Categories of abuse and possible indicators

The term 'abuse' is often used as an umbrella term. All staff should be aware of indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. Abuse and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.



#### Neglect

The *persistent* failure to meet a child's basic physical and psychological needs which is likely to result in serious impairments to their health and development. This may involve a parent or carer failing to provide food, shelter, clothing or a failure to protect from physical harm or danger or allow access to medical treatment (Keeping Children Safe in Education, 2018)

Obvious signs of lack of care including:

- Problems with personal hygiene
- Constant hunger
- Inadequate clothing
- Poor relationship with peers
- Emaciation
- Untreated medical problems
- Repetitive discipline issues, lateness, compulsive stealing

## Physical Abuse

Actual or likely physical injury or failure to prevent physical injury or suffering to a child including 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 (Keeping Children Safe in Education, 2018)

- Physical signs do not tally with the given account of the occurrence
- Conflicting /unrealistic explanations of the cause
- Repeated injuries
- Bruising in unusual places
- Symmetry in injuries
- Delay in reporting or seeking medical advice.
- Unexpected covering up (e.g., long sleeves when previously short sleeves were worn)
- Reluctance to take part in activities requiring exposing body, e.g. swimming or some sports

## Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration or non-penetrative acts. May also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. (Keeping Children Safe in Education, 2018)

- Sudden changes in behaviour
- Displays of affection which are sexual and age inappropriate
- Tendency to cling or need constant reassurance
- Tendency to cry easily
- Regression to younger behaviour (thumb sucking, acting like a baby etc)
- Unexplained gifts or money
- Wetting/soiling day or night

## Emotional Abuse

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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 involve seeing or hearing the ill-treatment of another. 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 of a child, though it may occur alone. (Keeping Children Safe in Education, 2018)

- Rejection
- Low self-esteem
- Being withdrawn/ isolation
- Rocking, hair twisting, thumb sucking (please note children with disability or learning need may display these behaviours to self-soothe- take advice)
- Child being blamed for actions of adults

- Child being used as a carer for younger siblings
- Affection and basic emotional care giving/warmth persistently absent or withheld
- Being angry and aggressive
- Swinging between withdrawn and angry/aggressive in short space of time
- Self-harm (in extreme cases)

## Terms often used

### **Children in Need (CIN) (section 17 of the Children Act 1989;2004)**

- They are unlikely to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the local authority.
- Their health or development is likely to be significantly impaired without the provision of services from the local authority.
- They have a disability. They may be blind, deaf or non-verbal, have a mental health disorder, permanent illness or injury, or a congenital deformity.
- Children in Need may have special educational needs and disabilities, be asylum seekers, be young carers, have committed a crime, have parents in prison.
- All children who are defined as CIN **will** have an allocated social worker and will be subject to a CIN plan drawn up by the social worker; this plan is reviewed with the parents, other professionals and social worker every 6-8 weeks. The DSL should have a copy of this plan prior to the child attending sessions and attend reviews as requested.

### **Child Protection (CP) (section 47 of the Children Act 1989; 2004)**

Where a child has been or are likely to be significantly harmed, a child protection investigation will usually take place under s47; this will be led by Social Care, the Police or both. The case will then either move forwards for an Initial Child Protection Case Conference (ICPCC) or the child will be assessed CIN (above). The DSL may be asked to attend the ICPCC if the disclosure occurred on one of the company's sites/made to an ALG employee.

At the ICPCC a decision will then be made as to whether the child is still at risk of harm, and if so, they will be made subject to a CP plan. On occasion, the decision is that the child will be made subject to a CIN plan at the conference, usually when change has already occurred or where the alleged perpetrator of the abuse is no longer in the home.

All children who are defined as needing CP because they at risk of harm **will** have an allocated social worker and will be subject to a CP plan; this plan is reviewed with the parents, other professionals and social worker every 4-6 at a meeting called a Core Group. The DSL should have a copy of this plan prior to the child attending any sessions and attend Core Groups if requested (please note that if the child is not coming to any further ALG events, camps etc then you should notify the social worker as you will have no further information). Please notify the allocated Social Worker if the child was due to attend a session but fails to attend.

### **Upskirting**

The Voyeurism Act 2019 states that "up skirting" is a new criminal offence and typically refers to the taking of a photograph under someone's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification or to cause the victim humiliation, distress or alarm." Children with special educational needs and those who are or are perceived to be lesbian, gay, bisexual or transgender are particularly vulnerable to this act.

## CONTACTS

ACTIVE LEARNING GROUP CONTACTS			
Title	Name	Role	Contact details
Group Managing Director	Nigel Miller	Group Managing Director	<a href="mailto:nigel.miller@activelearninggroup.co.uk">nigel.miller@activelearninggroup.co.uk</a> 07703124999
Group Consultant Safeguarding Adviser	Alison Barnett	Consultant Safeguarding Advisor	<a href="mailto:alison.barnett@cognita.com">alison.barnett@cognita.com</a> 0771806988
Designated Senior Person	Martin Corr	Managing Director	<a href="mailto:martin@theardmoregroup.com">martin@theardmoregroup.com</a> 07595710259
Designated Safeguarding Lead US	Oliver Smith	Commercial Director	<a href="mailto:oliver@theardmoregroup.com">oliver@theardmoregroup.com</a> +1 954 292 7375
Designated Safeguarding Lead UK	David Bridges	Operations Director	<a href="mailto:davidbridges@theardmoregroup.com">davidbridges@theardmoregroup.com</a> 07891302597
Deputy Designated Safeguarding Lead UK	Louisa Pridham	Recruitment Manager	<a href="mailto:louisa@theardmoregroup.com">louisa@theardmoregroup.com</a> 07867530143
Designated Safeguarding Person on Centre	Variable depending on location.	Centre Director	Contact name and number for each centre will be shared on SharePoint.
Deputy Designated Safeguarding Person on Centre	Variable depending on location.	Centre Management Team	

OTHER CONTACTS			
Title	Name	Role	Contact details
Local Authority Designated Officer	Variable depending on location.	Staff to see safeguarding board.	<b>Contact details are provided to each centre based on their geographical location.</b>
Local Authority Designated Officer, out-of-hours	Variable depending on location.	Staff to see safeguarding board.	
Local Authority Children's Social Care	Variable depending on location.	Staff to see safeguarding board.	
Local Authority Children's Social Care out-of-hours	Variable depending on location.	Staff to see safeguarding board.	

## Ardmore Language Schools Safeguarding Chart

