



Bromesberrow St Mary's C of E (VA) Primary School

Safeguarding Policy

November 2018

Contents:

Section	Title	Page
1	Introduction, purpose and scope of the policy	2
2	Statutory framework	5
3	The Designated Safeguarding Leads (DSLs)	7
4	The Governing Board	8
5	Prevention and Supporting pupils	9
6	Safe PRU, Safe Staff (GSCB guidance)	11
7	Responsibilities of ALL Staff	12
8	The Child Protection Referral Process	13
9	Confidentiality	15
10	Multi-agency working	15
11	Safer recruitment and Safer Working Practices	16
12	Allegations management/whistle-blowing	16
13	Related policies	17
14	School trips, visits and journeys	18
15	Bromesberrow St Mary's Offer of Early Help	18 -29
16	Conclusion	30
Appendix 1	Categories of abuse and indicators of harm	30
Appendix 2	Further information about specific current safeguarding issues: Forced Marriage Female Genital Mutilation Trafficking Radicalisation	43
Appendix 3	Dealing with a disclosure of Abuse (guidance for staff)	48
Appendix 4	Early Help Offer Herefordshire links	49
Appendix 5	GSCB continuum of need windscreen	52

This policy will be reviewed in full by the Governors on an annual basis (or sooner if new updates or requirements are issued by the DfE).	
Policy reviewed and ratified by the Governors	September 2018
Next review due	September 2019
Policy Lead: Sue Thornley DSL Co-Headteacher	

If anyone thinks a child or young person is at immediate risk of significant harm they should contact the Children's Helpdesk on: 01452 426994 or in an emergency always call 999. In the case of needing medical help fast dial 111.

Bromesberrow St Mary's Primary School Governing Board recognises its responsibility, under section 175 of the Education Act 2002, to safeguard and promote the welfare of children; and to work together with other agencies to ensure there are adequate arrangements within our PRU to identify, assess and support those children who may be suffering harm. This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002 and in line with statutory guidance: 'Working together to safeguard children' (DfE 2018) and 'Keeping children safe in education' (DfE 2018). This policy also takes on board procedures and guidance set out by Gloucestershire Safeguarding Children Board.

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and taking action to enable all children to have the best life chances.

This Safeguarding Policy and Procedures document forms part of a suite of documents and policies which relate to the safeguarding responsibilities of this school. **In particular this policy should be read in conjunction with the Safer Recruitment Policy, Behaviour and Anti-Bullying Policy, Code of Conduct/Staff Behaviour Policy and ICT Acceptable Usage Policy.**

Bromesberrow St Mary's recognises that all adults, including supply staff[1], volunteers, non-teaching staff and management committee members ,have a full and active part to play in protecting our pupils from harm, and that the welfare of each child is of paramount importance. This includes a commitment to ensuring that all learners feel confident that any concerns they may have will be listened to and acted upon. All staff believes that our school should provide a caring, positive, safe and stimulating environment that promotes the social, moral, spiritual and moral development of each individual child as well as academic progress.

[1] Wherever the word "staff " is used, it covers ALL staff, including supply or claims basis staff, agency staff, contractors, volunteers, administrative staff and management committee members.

Purpose of a Child Protection Policy	➢ To inform staff, parents, volunteers and Governing Board members about the school's responsibilities, processes and procedures for safeguarding children. ➢ To enable everyone to have a clear understanding of how these responsibilities should be carried out so that policy and practice are running in parallel.
GSCB	➢ Bromesberrow St Mary's follows the procedures established by the **Gloucestershire Safeguarding Children Board (GSCB)** www.gscb.org.uk GSCB also provide regular email alerts and training to Bromesberrow St Mary's staff. **All staff are encouraged to visit this live, regularly updated website which guides and informs school.**
All Bromesberrow St Mary's Staff & Volunteers	➢ All staff have a responsibility to provide a safe environment in which children can learn. ➢ Staff and volunteers are particularly well placed to observe possible outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.
Mission Statement	Maintain and continue to create an environment in which **all** children and young people feel safe, secure, valued and respected and where they can learn and fully develop. Establish and maintain an environment where children are encouraged to talk, and are listened to when they have a worry or concern. Ensure children know they can approach staff if they are worried. Establish and maintain an environment where school staff and volunteers are encouraged to share and are listened to when they have concerns about the safety and well- being of a child. Ensure that all staff know the procedures for reporting a concern or making a child protection referral and that staff are well equipped to spot signs of abuse or a child in need of early help for a variety of reasons. Ensure that any children who have been abused will be supported in line with a child protection plan, where deemed necessary. Include opportunities in the curriculum for children to develop the skills they need to recognise and stay safe from abuse or from other areas of risk as part of a broad and balanced curriculum. Ensure our children are equipped with the skills they need to keep themselves safe. Contribute to the Spiritual, Moral, Social and Cultural (SMSC) development of children as well as other key aspects of a young person's well-being (being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being).

	To ensure that we have suitable staff working within our school by adhering stringently to safer recruitment processes and ensuring any unsuitable behaviour is reported and managed quickly using the Allegations Management procedures. Ensure all staff members maintain an attitude of **'it could happen here'** where safeguarding is concerned and that when issues arise about the welfare of a child, staff members always act in the interests of the child. To ensure that within there is an understanding that **safeguarding is the responsibility of EVERYONE**. **If at any point there is immediate risk of serious harm to a child a referral must be made to social care immediately or dial 999. Anyboard can make a referral.**
Implementation, Monitoring and Review of the Policy	**The policy will be reviewed annually by the Governing Board.** Compliance with the policy will be monitored by the Designated Safeguarding Lead and through staff performance measures. Our Safeguarding Policy and Procedures will also be monitored and evaluated by: Governing Board members; SLT learning walks, visits to pupils and discussions with children and staff; Pupil surveys and questionnaires; Scrutiny of Attendance data; Scrutiny of a range of risk assessments; Logs of bullying/racist/behaviour incidents for SLT to monitor; Review of any parental concerns and parent questionnaire; School council meetings; GSCB/GCC schools annual safeguarding audit document.

Section 2. Statutory Framework

In order to safeguard and promote the welfare of children, we will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- The Education (Pupil Information) (England) Regulations 2005
- Gloucestershire Safeguarding Children Board (Inter-agency Child Protection and Safeguarding Children Procedures) (Electronic – live online – www.gscb.org)
- Keeping Children Safe in Education: statutory guidance for schools and colleges (DFE guidance commencing 3rd September 2018)
- Working Together to Safeguard Children (DfE 2018)
- What to do if you are worried a child is being abused (2015 advice for practitioners)

Working Together to Safeguard Children (DfE 2018) requires all schools to follow the procedures for protecting children from abuse which are established by the Gloucestershire Safeguarding Children Board. Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

Furthermore

Keeping Children Safe in Education (DfE September 2018) places the following responsibilities on all schools:

- ✓ All staff members should be aware of systems within their school which support safeguarding and these should be explained part of induction.
- ✓ All staff must understand the role of the DSL (Designated Safeguarding Lead) and the DDSLs (Deputy Designated Safeguarding Leads).
- ✓ Overall responsibility for safeguarding and child protection matters rest with the Designated Senior Person (referred to in 'Keeping Children Safe in Education (DFE, September 2018) as Designated Safeguarding Lead'). This responsibility cannot be delegated.
- ✓ **Staff with the designated safeguarding lead responsibility should undergo updated child protection training at least annually.**

- ✓ **Schools should be aware of and follow the procedures established by the <u>Gloucestershire Safeguarding Children Board (GSCB).</u>**
- ✓ All staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions, and must not assume someone else has taken action or has sharing information.
- ✓ All concerns or discussions, decisions made and reasons for those decisions must be recorded in writing by staff. Staff must be able to distinguish between a CONCERN, RISK OF HARM or IMMEDIATE DANGER.
- ✓ Staff are all trained and re trained every 3 years with regular updates.
- ✓ Schools should have procedures **(<u>of which all staff are aware</u>**) for handling suspected cases of abuse of pupils**, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse.**

Keeping Children Safe in Education (DfE September 2018) also states:
Governing bodies and proprietors should ensure there is an effective child protection policy in place together with a staff behaviour policy (code of conduct). Both should be provided to all staff – including temporary staff and volunteers – on induction. The child protection policy should describe procedures which are in accordance with government guidance and refer to locally agreed inter-agency procedures put in place by the GSCB, be updated annually, and be available publicly either via the school or college website or by other means.

As per the updated Working Together to Safeguard Children 2018 guidance, KCSiE now identifies 3 safeguarding partners:

- 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
  The Governing Board will ensure that arrangements are in place that clearly set out the processes and principles for sharing information within our school and with the 3 safeguarding partners or other agencies as required. They will also be prepared to supply information as requested by the 3 safeguarding partners.

Section 3: The Designated Safeguarding Leads (DSLs)

At Bromesberrow St Mary's the DSLs are as follows:

- **DSL (Designated Safeguarding Lead): Sue Thornley**

head@st-marys-bromesberrow.gloucs.sch.uk
Tel: 01531650340

- **DDSLs (Designated Deputy Safeguarding Leads) :Sue Carpenter**

scarpenter@st-marys-bromesberrow..gloucs.sch.uk

- **Nominated safeguarding Governor: Debbie Clueit**
- In case of absence of Sue Thornley and Sue Carpenter Tony Larner Head at The Federation of Newent Schools will advise.
  head@newentfed.org

The overall responsibility for safeguarding and child protection rests with the DSL and this responsibility cannot be delegated (as per KCSIE September 2018). A DSL or DDSL must be available at all times.

The broad areas of responsibility for the designated safeguarding leads and deputy safeguarding leads are:

Managing referrals

- Refer all cases of suspected abuse to the local authority children's social care team and to the Police (cases where a crime may have been committed).
- Liaise with the head teacher and inform her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- Ensure effective records are kept in regards to safeguarding matters including keeping written records of concerns about children, even when there is no need to refer the matter

immediately ('watching brief'). Ensure all records are kept securely; separate from the pupil main files in a locked cupboard.

Ensuring their own knowledge of safeguarding issues and procedures are up-to-date.

- The school's designated and deputy safeguarding leads receive appropriate annual training through the GSCB DSL Forums. Multi-agency training is also undertaken every two years in order to carry out their roles. The DSL/DDSL's have job descriptions in place so that they are clear about their roles and responsibilities. DSLs and DDSLs are also required to attend whole service CP/safeguarding updates every 2 years as well as participate in the annual (internal) CP/safeguarding updates. Additional online training is undertaken as advised by the GSCB.
- In addition The Designated Teacher for Looked After Children -Sue Thornley – will have appropriate training.

Raising Awareness and encouraging ongoing vigilance:

- The Designated Safeguarding Lead and Deputy Designated Safeguarding Leads should ensure the safeguarding policy and associated policies and procedures are known by all staff and used appropriately.
- Ensure that, working with the Governing Board, the schools Safeguarding Policy is reviewed annually and that the procedures and implementation are updated and reviewed regularly.
- Ensure the Safeguarding policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made.
- Link with the local GSCB to make sure staff are aware of training opportunities and the latest local policies and guidance on safeguarding.
- Where children leave the school ensure their Safeguarding file is copied for any new school or college as soon as possible but transferred separately from the main pupil file.
- Organising child protection induction, and update training, for all school staff within the requisite timescales.
- Providing, with the Head teacher, an annual report for the Governing Board, detailing any changes to the policy and procedures; training undertaken by the DSLs, and by all staff and management committee members; number and type of incidents/cases, and number of children on the Safeguarding register (anonymised).

Section 4. The Governing Board

Governing Bodies must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their schools or colleges are effective and comply with the law at all times.

Governing Board will ensure that an appropriate senior member of staff is appointed to the role of DSL. The DSL will take lead responsibility for safeguarding and child protection. (See Annex B KCSiE2018)

The nominated governing board member for Safeguarding including CSE, Prevent duty and Children in Care is: **Debbie Clueit**

The responsibilities placed on governing bodies include:

- Their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified.
- **Ensuring that an effective child protection policy is in place, together with a staff behaviour policy.**
- Appointing a designated safeguarding lead who should undergo child protection training at least bi annually. (Deputy Designated Safeguarding Leads should be trained to the same standard).
- Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns.
- Making sure that children are taught about how to keep themselves safe.
- Putting place appropriate safeguarding responses to children who go missing in education, particularly those on repeat occasions.
- Ensure that relevant staff:
  - Have due regard to the data protection principles which allow them to share personal information.
  - Are confident of the processing conditions which allow them to store and share information for safeguarding purposes.
  - Are aware that if they need to share "special category personal data" the DPA 2018 " safeguarding of children and individuals at risk" as a processing condition allows practitioners to share information.

Section 5. Prevention and Supporting pupils

We recognise that our school plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults and an ethos of protection. Bromesberrow St Mary's staff and the Governing Board also recognise that because of the day to day contact with children, staff are well placed to observe the outward signs of abuse or other issues impacting a child (e.g. self-harm, low self-esteem, low-mood). The school community will therefore:

- Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Include regular consultation with children e.g. through the school council, pupil questionnaires and involvement in anti-bullying week and other such events.

- Ensure that all children know there is an adult in school whom they can approach if they are worried or in difficulty.
- Including opportunities across the curriculum, including in the curriculum (explicit SMSC/PSHE/SRE topics), which equip pupils with the skills to they need to stay safe from harm and know whom they should turn to for help (e.g. telephone helplines). In particular this will include anti-bullying work, e-safety, and child exploitation.
- Include opportunities in the curriculum to prepare for transitions. Transitions can be a time of great anxiety so considering additional emotional support young people may need is important (offer of early help) to keep children safe. Teaching confidence and staying safe in more independent travel situations is also important.
- Encouraging self-esteem and assertiveness through the curriculum whilst not condoning aggression or bullying.
- Liaising and working with all other services and agencies involved in safeguarding or supporting children where appropriate.
- Seeking **early help** for young people when concerns become apparent or notifying social care (via the Children's Helpdesk) as soon as there is a significant concern.

Bromesberrow St Mary's context and prevention:

Staff also recognise that children who have been abused or witness violence may find it difficult to develop a sense of self- worth. They may feel helplessness, humiliation and some sense of blame. Bromesberrow St Mary's Primary may be the only stable, secure and predictable element in the lives of children at risk. Their behaviour may be challenging and defiant or they may be withdrawn. Staff will endeavour to support the pupil through:

- The content of the curriculum.
- The School ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- School will ensure that the pupils know that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred.
- Liaison with other agencies that support the pupil such as social care, Children and Young People Service (CYPS, formerly CAMHS), Targeted Support Team, Education, Entitlement and Inclusion Team (EEI Team) and Educational Psychology Service.
- **Ensuring that, where a pupil who has a child protection plan leaves, their information is transferred to the new school immediately and that the child's social worker is informed.**
- School will operate contextual safeguarding with particular reference to SEN and vulnerable children.

Section 6: Safe School, Safe Staff (GSCB guidance)

Bromesberrow St Mary's follows the procedures set out by the Gloucestershire Safeguarding Children Board and take account of guidance issued by the Department for Education to:

- ✓ Ensure we have a Designated Safeguarding Lead (DSL) and DDSL's (Deputy Designated Safeguarding Leads) who have received appropriate training and support for this role and a job description for their role in place.
- ✓ Ensure we have a designated teacher for CIC (Children in Care) and that this person is appropriately trained**.**
- ✓ Ensure we have a nominated Governing Board member responsible for child protection who has received appropriate training.
- ✓ Ensure every member of staff (including temporary and supply staff and volunteers) and the management committee knows the name of the designated senior staff responsible for child protection and their role.
- ✓ **Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated senior person responsible for child protection (<u>or taking immediate action if appropriate).</u>**
- ✓ Ensure that parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations on our school website.
- ✓ **Notify the relevant social worker if there is an unexplained absence of more than two days of a pupil who has a Child Protection Plan (previously known as being on the child protection register.)**
- ✓ Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at child protection conferences and core groups.
- ✓ Keep written records of concerns about children, even where there is no need to refer the matter immediately.
- ✓ Develop and then follow procedures where an allegation is made against a member of staff or volunteer including supply or agency workers, contractors or management committee members.
- ✓ Ensure safe recruitment practices are always followed.
- ✓ **Ensure that all staff have read and understood this policy and part 1 and Annex A (Further Information) of Keeping Children Safe in Education (2018).**

Training to support this:

- **All staff will have training on child protection updates through INSET days and whole school meetings. All staff will receive mandatory whole-service safeguarding children training (every 3 years as advised by Gloucestershire Safeguarding Children Board),** so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow.
- **The Designated Safeguarding Lead (Sue Thornley) delivers an annual update to all staff** on safeguarding and child protection matters each September.
- Additional training opportunities are offered as the opportunities arise.
- Safeguarding and child protection matters are a standing agenda item for all Governing Board meetings, SLT meetings and whole-service meetings to ensure ongoing informal training, support and discussion occurs keeping the profile raised on safeguarding matters.
- **All new staff receive safeguarding induction training within their first 7 days.**
- **All temporary staff, volunteers or agency staff receive a School safeguarding quick reference guide on day 1. They are also given a copy of this child protection policy and procedures as well as the staff code of conduct on day 1.**
- The Head teacher receives e-mails alerts from GCSB and if/when appropriate these are shared with staff at the earliest opportunity.

Section 7: Responsibilities of all Staff

1.) All members of staff (and volunteers) must be familiar with, and constantly mindful of, the content of the following documents:

- The school safeguarding policy and procedures (this document)
- 'Keeping Children Safe in Education: information for all school and college staff' (DfE 2018)
- 'Guidance for safer working practice for adults who work with children and young people'
- Safeguarding children quick reference guide for new school staff or volunteers at school (handed out of day 1).

The above documents are given to staff and volunteers on induction and staff sign to say that they have read and received them. Other useful information, including the Safeguarding Children Handbook published by the Gloucestershire Safeguarding Children's Board (GSCB), can be found online at www.gscb.org.uk. Staff should be aware of this website.

At Bromesberrow St Mary's we all work together and all take responsibility for safeguarding. The designated senior staff for safeguarding are as in Section 3 of this policy.

2. **All staff has a responsibility to identify and report suspected abuse and to ensure the safety and well being of the pupils in the school.** In doing so they should seek advice and support as necessary from the DSL/DDSL's and other senior staff members.

3**. All Staff are expected to provide a safe and caring environment in which children can develop the confidence to voice ideas, feelings and opinions.** Children should be treated with respect within a framework of agreed and understood behaviour.

4. **All staff are also expected to:**

- Undertake and engage with regular training on Child Protection and safeguarding. This includes safeguarding induction training, GSCB whole service child protection training every three years, annual safeguarding update training and online training as well as any additional training as directed by the Head of Service or DDSLs.
- Be able to identify signs and symptoms of abuse
- Be able to identify children in need of extra help or at risk of significant harm.
- Be able to support social workers in making decisions.
- Report concerns (including concerns about other staff/professionals) to the Designated Safeguarding Lead or other senior staff members as appropriate. In the case of any concerns about the Head/DSL this should be reported to David Hunter (Chair of the Governing Board and nominated safeguarding champion).
- **In the case of FGM (Female Genital Mutilation) a member of staff must personally report to the police a disclosure that FGM has been carried out (in addition to liaising with the DSL).**
- Know how to make referrals to the children's helpdesk (if/when appropriate)
- Be aware of school's procedures and guidelines for safeguarding.
- Monitor and report as required on the welfare, attendance and progress of all pupils
- Keep clear, dated, factual and confidential records of child protection concerns and share these with the DSL/DDSLs.
- Respond appropriately to disclosures from children and young people (stay calm, reassure without making unrealistic promises, listen, avoid leading questions, avoid being judgemental and keep records).

Section 8: The Child Protection Referral Process

There is a poster in the office with the details of GSCB website clearly given. Gloucestershire referral process can be found in the live handbook through the website (in the safeguarding children in education section')

The GSCB (Gloucestershire Safeguarding Children's Board) website sets out all of the child protection referral processes and also all of the relevant forms. This is a live website and is regularly updated so should not be printed (www.gscb.org.uk).

If a member of staff thinks a child or young person is at immediate risk of significant harm they should contact the Children's Helpdesk on: 01452 426565 or in an emergency always call 999. Do not wait to discuss this with the DSL/DDSL but do report it afterwards.

In general the following process applies:

1. A member of staff should raise any concern with the DSLs or DDSLs verbally. **The concern form should be completed (See appendix 4)** possible next steps discussed.

2. The DSL/DDSL may discuss concerns in principle with a social worker or social work manager and receive advice about whether a referral is appropriate to the children's helpdesk or social care or whether there are alternative ways of addressing their concerns. The DSL/DDSL should refer to the levels of intervention guidance on the GSCB website and also the Levels of intervention windscreen also on the website.
3. **a**) In the case of where a member of staff thinks a child or young person is at immediate risk of significant harm they should always contact the children's helpdesk on 01452 426565 or in an emergency always call 999.In the case of FGM staff must personally contact the police with any disclosure that FGM has taken place.

   b) In some cases the concern will be logged but no further action taken at the time. The DSL/DDSL will ensure there is a 'watching brief' to make sure that no further concerns arise. Any further concerns will be discussed and this process followed again from the beginning.

   c) For some concerns an offer of 'early help' might be made to the family or young person to assist in making sure the issue or concern doesn't grow any greater.

   d) It may be decided that a referral to social care or the children's helpdesk is appropriate.
4. Staff should then discuss concerns with parents/carers of the child and explain what steps they will take next (if this does not put the child at further risk or affect a police investigation).
5. **a.)** If a referral is made to the children's helpdesk/Liquid Logic Portal basic information is given. School will then be asked to complete a MARF (*Multi Agency Referral Form)*. This is passed on to a social work team and the caller will be contacted by a social worker within 24 hours (unless there are immediate risks in which case the professional will put through to a social work team straight away). The social work team will discuss whether the referral is appropriate and what action can/will be taken.

b) In the case of a referral direct to social care a MARF should also be completed. If accepted the referral will lead to an Initial Assessment to determine whether there is suspected actual harm or likely significant harm. The Strategy Discussion is convened by the appropriate Referral and Assessment team where there is suspected actual harm or likely significant harm (within 10 days of referral):

- Child in need of services (section 17) Section 17 services are required when there are health or development concerns. These are determined through a core assessment and are appropriate when the child is judged not to be at risk of significant harm or any previous concerns have been resolved.
- Child in need of Protection. A Section 47 enquiry is required when it is judged there is suspected actual harm or likely significant harm to the child - the case is then passed onto the Children and Families Team. A core assessment is carried out and it may be decided that Child Protection Conference is required, which should then be held within 15 working days.

Supporting Staff

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

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

Section 9: Confidentiality

What is shared or not shared and in which circumstances:

- All staff recognise that all matters relating to child protection are confidential.
- Child protection concerns and records are kept in a confidential file in a locked cupboard.
- The DSL or DDSLs will only disclose information about a child to other members of staff or other professionals on a need to know basis only.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.
- We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation.
- We will ensure that any pupil currently with a child protection plan who is absent from lessons without explanation for two days is referred to their Social Care Team.
- Staff will co-operate as required with enquiries from relevant agencies regarding child protection matters including attending at child protection conferences and core group meetings.

Section 10: Multi-agency working

Bromesberrow St Mary's is committed to developing effective partnership working with relevant agencies in the best interest of children and young people. Effective multi-agency working and communication helps to safeguard young people.

The Governing Board and SLT are aware of the new multi-agency working arrangements and will update accordingly. (June 2019) In the meantime school will work in partnership with the GSCB following local arrangements.

Children on Child Protection Plans

We fully support children, and families, who have a child protection plan in place. Bromesberrow St Mary's has good links with outside agencies involved with families and co-operate as required by them. The DSL, or appropriate member of staff, attends child protection conferences and core groups. **School will notify the relevant social worker if there is an unexplained absence of more than two days of a child who has a child protection plan.**

Children in Care (CIC) in response to the views of Gloucestershire Children in Care they are no longer called LAC (Looked after Children). All documentation is being changed to Children in Care across the county.

Staff, working with Children in Care, understand their responsibility for keeping CIC safe; the care arrangements for the child and the role of the virtual school. All staff have undergone CIC training.

Section 11: Safer Recruitment and Safer Working practices

Safer Recruitment

Safer recruitment is a vital aspect of child protection. The school has a separate safer recruitment policy which follows guidance from The Children's Workforce development Council (CWDC). References are taken up before interviews and safer recruitment practice is followed in full.

In line with government guidance at least one TRA accredited recruiter is on all interview panels and involved in the complete selection process. No member of staff or volunteer in a regulated activity will be left alone with children until the DBS check has been completed.

- **Sue Thornley (Co-Headteacher) Laura Hankins (Co-Headteacher)**
- **David Hunter (Vice-Chair of the Governing Board) is also a TRA accredited recruiter.**

Safer Working Practices The guidance for safer working practice for adults who work with children and young people in education settings can be found on the GSCB website in the safeguarding in education section. A copy is given to all members of staff who sign to say they have read it.

Section 12: Allegations against staff/whistle-blowing/allegations management

All staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults. Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction.

We understand that a pupil, parent or other professional may make an allegation against a member of staff. If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Head teacher. The Head on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO) Nigel Hatten 01452426994. **If the allegation made to a member of staff concerns the Head Teacher the person receiving the allegation will immediately inform the Chair of Governors who will consult with the LADO as above, without notifying the Head first.** Bromesberrow St Mary's will follow the GSCB procedures for managing allegations against staff. Under no circumstances will we send a child home, pending such an investigation, unless this advice is given exceptionally, as a result of a consultation with the LADO. Suspension of the member of staff, excluding the Head, against whom an allegation has been made, needs careful consideration, and the Head will seek the advice of the LADO and HR in making this decision. In the event of an allegation against the Head, the decision to suspend will be made by the Chair of Governing Board with advice from HR and LADO.

Whistle-blowing

Bromesberrow St Mary's has as a separate **whistle-blowing policy** which all members of staff are aware of. We all understand our duty to protect children and our responsibility to ensure unsuitable behaviour is reported and managed using the Allegations Management procedures. These can be found in the whistle-blowing policy and on the GCSB website stated at the top of this policy.

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the school, they should speak in the first instance, to the LADO following the Whistleblowing Policy.

Whistle-blowing regarding the Head Teacher should be made to the Chair of the Governing Board – David Hunter.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk

Section 13: Related policies and specific safeguarding issues

Safeguarding and child protection is at the core of all that we do in Bromesberrow St Mary's Primary and therefore relates to *all* policies. **There are particularly important links between this**

child protection policy and the safer recruitment policy, staff code of conduct policy, whistle-blowing policy, anti-bullying policy, Health and Safety policy, staff ICT acceptable use policy, Offsite Visits Policy, Data Protection Policy and the PSHE / SMSC statement.

Health & Safety
Our Health & Safety policy, set out in a separate document, reflects the consideration we give to the protection of our children both physically within the school environment, and when away from the school and when undertaking trips and visits.

Anti-Bullying (including cyber-bullying)
Our School policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms of bullying e.g. cyber, racist, homophobic, transphobic and gender related bullying. We keep a record of known bullying incidents. All staff are aware that children with SEND and / or differences/perceived differences are more susceptible to being bullied / victims of child abuse. We keep a record of any bullying incidents.

Racist Incidents
Our policy on racist incidents is set out separately, and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. We keep a record of racist incidents.

Section 14: School trips, visits and journeys

Bromesberrow St Mary's has formally adopted, through its Governing Board, the Gloucestershire model policy for Offsite Visits.

Safeguarding is a critical part of all offsite visits and journeys. Governing Board has delegated the consideration and approval of offsite visits and activities to Sue Thornley (Head).

Before a visit is advertised to parents Sue Thornley will approve the initial plan. She will also approve the completed plan and risk assessments for the visit before departure.

Staff must discuss any potential off-site visit plans with Sue Thornley on all occasions. No trips or visits will go ahead without all of the correct paperwork, procedures and arrangements being in place and approved by the Head of Service. Please refer to the **Offsite Visits Policy** for full details**.**

Section 15: Specific Safeguarding Issues and Bromesberrow St Mary's offer of early help

Everyone needs help at some time in their lives and therefore an ethos of early help is important for any school. **Within Gloucestershire the Early Help Partnership is co-ordinated by Families First Plus but all organisations working with children and young people should view themselves as part of the Early Help Partnership**.

The co-ordinated **Bromesberrow St Mary's offer of early help** is outlined in the table (pages 17 – 25). We believe that early interventions for children or families, in many cases, will prevent children from experiencing harm. Bromesberrow St Mary's offer a number of early preventative measures Expert and professional organisations are best placed to provide up-to-date guidance support and intervention on specific safeguarding issues when and if they arise. School will refer to appropriate agencies when help is required to support children, young people or families or to prevent harm.

All staff must be aware of the offer of early help. At all times all staff should consider if there is any offer of early help that we can make in order to help a child thrive. The GSCB 'continuum of need' windscreen is an important diagram to keep in mind for all children. http://www.gscb.org.uk/article/113294/Gloucestershire-procedures-and-protocols (select 'levels of intervention'). A copy of the GSCB 'continuum of need' windscreen is in Appendix 5.

Our aim is to help pupils and families as early as possible when issues arise: 'the right help at the right time to stop any issues getting worse'. Early help is an approach not necessarily an action. It includes prevention education as well as intervention where necessary or appropriate. In some cases immediate urgent action might be necessary if a child or young person is at risk of immediate harm.
Any child may benefit from early help, but all staff should be particularly alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs
- Has special educational needs (whether or not they have a statutory EHCP)
- Is a young carer
- Is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- Is frequently missing/goes missing from care/home
- Is at risk of modern slavery, trafficking or exploitation
- Is at risk of being radicalised or exploited
- Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- Is misusing drugs or alcohol themselves
- Has returned home to their family from care
- Is a privately fostered child

Bromesberrow St Mary's offer of Early Help	
Universal source of help for all families in Gloucestershire:	Gloucestershire Family Information Service (FIS) advisors give impartial information on **childcare, finances, parenting and education**. FIS are a useful source of information for parents and

Gloucestershire Family Information Service (FIS)	professionals. They support families, children and young people aged 0-19 years of age (25 for young people with additional needs) and professionals working with these families. They can help link parents up with other organisations that might be able to help or provide the information themselves e.g. parents could ask them about holiday clubs for your children across Gloucestershire. Contact the FIS by emailing:familyinfo@gloucestershire.gov.uk Or telephone: (0800) 542 0202 or (01452) 427362. FIS also have a website which has a wealth of information to support many issues such as childcare and support for children with disabilities. www.glosfamilies.org For information for Children and Young People with **Special Education Needs** and Disabilities (SEND) go to the SEN and Disability 'Local Offer' website:www.glosfamilies.org.uk/localoffer
GSCB (Gloucestershire Safeguarding Children's Board) website.	http://www.gscb.org.uk Important information for parents and professionals across Gloucestershire in relation to keeping children safe and avenues of support including early help options.
Bromesberrow St Mary's universal support for all pupils and families.	All staff are available in a pastoral capacity should parents have a concern about anything at all. Staff may not have the answer but will try to find out the answer or sign-post parents/other professionals in the right direction. Parents can either talk directly with the staff or telephone the Head. Staff are available within office hours (9am – 5pm on weekdays during term-time). • General office number: 01453763598 (to contact all staff). All eligible pupils complete the on-line survey which is monitored and concerns are acted upon immediately.
Grandparents Plus	A charity for grandparents who are acting as guardians for their grandchildren or who have Special Guardianship Orders.
Bromesberrow St Mary's PSHCE / SMSC curriculum	*Bromesberrow St Mary's have combined PSHE (Personal Social Health Education), SRE (Sex and Relationships Education) and SMSC (Spiritual Moral Social and Cultural) Education and called it the **SMSC Curriculum**. This comprehensive curriculum covers many aspects of keeping young people safe, healthy, resilient and aware of the world around them so that they can make informed decisions. Where pupils have specific issues that need discussing or addressing we will make their wellbeing curriculum bespoke to them. Other specific topics helping pupils stay safe covered within the curriculum include(age appropriate content):* **Sex education:** Children in Y5 and 6 have formal Sex education – discussing puberty, changes, personal hygiene. (Gloucestershire health living and learning team (GHLL) resource). PINK curriculum taught throughout school

	Gender, identity and tolerance: preventing homophobic and transphobic bullying; preventing bullying of pupils from different types of families (e.g. same sex parents); avoiding anti-gay derogatory language; Gender identity - there isn't such thing as a typical girl or a typical boy. Understanding and acceptance of others different than us, including those with different religions. **Drugs:** Alcohol, Smoking and illegal drugs. **Keeping Safe:** E-safety (facebook and internet); personal safety (out and about); How to respond to an emergency. IN THE NET production – annually Y4 **Emotional well-being:** Where to go for help if you, your friend or family member is struggling with emotional well-being/mental health problems? What are the signs someone is struggling? What makes you feel good; How to look after you own emotional well-being; Personal strength and self-esteem; Being happy! **Relationships:** How to make and maintain friendship; family relationships; different types of families; (SEAL) **Healthy Living:** Taking responsibility for managing your own health; Importance of sleep; The main components of healthy living (diet, exercise and wellbeing);Focus on breakfast; Managing health and wellbeing when you are unwell (making sure you take your medicine when you should, have the right perspective, doing what you can do within the limitations of your health condition. Online Survey completed every 2 years
Home-school support	All of our Early Help is offered in partnership with parents / carers.
E-safety	E-safety is a key part of the ongoing (PSHE/SMSC/SRE) curriculum. Helpful websites for teaching staff and parents: -PACE (parents against child exploitation) UK is a useful website to engage parents with e-safety issues. www.paceuk.info/ - www.thinkuknow.co.uk/parents (excellent resources) - http://educateagainsthate.com - www.internetmatters.org - https://ico.org.uk
Bullying (including cyber-bullying)/child death/suicide prevention	All Gloucestershire schools including Bromesberrow St Mary's are committed to tackling bullying. We want to know immediately if there any issues with bullying at school so that it can be addressed. It could be that bullying is related to a child's home-school. School can also offer bespoke lessons on anti-bullying for anyone who has suffered bullying to encourage behaviours that might avert it in the future (e.g. assertiveness) or to boost self esteem. We have a series of teaching resources produced by the Gloucestershire healthy living and Learning Team (www.ghll.org.uk) to support this. In serious cases of bullying parents should contact the police; particularly if there are threats involved. In an emergency call 999.

	Other sources of help and advice are: www.gscb.org (Gloucestershire Safeguarding children's board) http://www.bullying.co.uk . Gloucestershire Healthy Living and Learning team provide alerts and resources in relation to supporting young people being bullied. Education about bullying is an integral part of Bromesberrow St Mary's Pink Curriculum. www.ghll.org.uk. www.onyourmindglos.nhs.uk – A Gloucestershire website which also covers bullying as a topic and where to go for help.
Children or young people with multiple needs (vulnerable) or multiple needs (complex) requiring multi-agency input or assessment.	Within Gloucestershire **Early Help Partnership** (co-ordinated by Families First Plus) provide multi-agency support for children and families. A phone call to discuss a possible referral is helpful before making written referral. Parents must consent to a referral. School actively seek support when appropriate. Referrals go to the Early Help Partnership (representation from Education, health, social care etc. and referring agencies are encouraged to attend. All agencies should view themselves as part of this Early Help Partnership. The referral meeting is a multi-agency discussion to decide the best way forward: **Early Help Partnership/Families First Plus:** Gloucester: gloucesterearlyhelp@gloucestershire.gov.uk tel:01452 328076; Stroud: stroudearlyhelp@gloucestershire.gov.uk Tel: 01452 328130; Tewkesbury: tewkesburyearlyhelp@gloucestershire.gov.uk Tel: 01452 328 250; Cotswold: cotswoldearlyhelp@gloucestershire.gov.uk Tel: 01452 328101; FOD: forestofdeanearlyhelp@gloucestershire.gov.uk Tel: 01452 328048; Cheltenham: cheltenhamearlyhelp@gloucestershire.gov.uk Tel: 01452 328161**.** These teams are made up of the following professionals Early Help co-ordinators; Community Social Worker and Family Support Workers. They all work together from one base so they can recognise and respond to local needs and act as a focal point for co-ordinating support for vulnerable children, young people and their families. Support provided includes: Support for school and community based lead professionals working with children and families; Collaboration with social care referrals that do not meet their thresholds, to co-ordinate support within the community; Work in partnership to support children with special educational needs in school; Advice and guidance from a social work perspective on a 'discussion in principle basis' ; Signpost children with disabilities and their families to access activities and meet specific needs;

	Advice and guidance to lead professionals and the provision of high quality parenting and family support services to families. **<u>Youth Support Team (YST):</u>** The Youth Support Team provide a range of services for vulnerable young people aged between11 - 19 (and up to 25 for young people with special needs), including: - Youth offending - Looked after children - Care leaver's support services (for those aged 16+) - Early intervention and prevention service for 11 - 19 year olds - Support for young people with learning difficulties and/or disabilities - Positive activities for young people with disabilities - Support with housing and homelessness - Help and support to tackle substance misuse problems and other health issues - Support into education, training and employment - Support for teenage parents - **For General Enquiries**: ***T: 01452 426900*** *E:* ***info.glos@prospects.co.uk*** **To make a referral**: ***T: 01452 427923*** *E:* ***fasttrackteam@prospects.co.uk***
Drug concerns	www.infobuzz.co.uk/: Info Buzz provides individual targeted support around drugs & emotional health issues, development of personal & social skills, and information & support around substance misuse. Drugs education is covered in the school curriculum. The Life Education Bus visits annually as part of this provision PSHE/SMSC) curriculum as a preventative measure. www.onyourmind.nhs.uk – advice on drug/alcohol misuse.
Mental health concerns * Please note that in Gloucestershire CYPS (children and young people's services) replaced CAMHS (child and adolescent mental health services)	• www.onyourmindglos.nhs.uk – a newly launched website by Gloucestershire as part of the Future in Mind Programme. This website is good for young people, parents and professionals in terms of help with mental health issues and where to go for help. • Referral to school nurses may be appropriate. • Referral to CYPS (Gloucestershire's mental health services) via your own GP. • For children/young people/adults with existing mental health difficulties concerns should be discussed with the existing medical professionals (consultant psychiatrists). In an emergency call 999 or 111.

	• **CYPS* Practitioner advice line (for professionals to call) tel: 01452 894272.** MENTAL HEALTH curriculum taught through Pink Curriculum
Child Sexual exploitation (CSE)	CSE screening tool (can be located on the GSCB website: www.gscb.org.uk/article/113294/Gloucestershire-procedures-and-protocols) This should be completed if CSE suspected. THIS CAN APPLY TO BOYS AND GIRLS. Clear information about Warning signs, the screening tool and Gloucestershire's multi-agency protocol for safeguarding children at risk of CSE are at www.gscb.org. Referrals should be made to Gloucestershire social care and the Gloucestershire Police. **Gloucestershire Police CSE Team:** The CSE team sits within the Public Protection Bureau Single agency team (Police) DS Nigel Hatten PC Christina Pfister (Missing persons Coordinator) 01242 276846 All referrals to go to the Central Referral Unit 01242 247999 • **Further information**: National Working Group (Network tackling Child Sexual Exploitation) www.nationalworkinggroup.org and PACE UK (Parents Against Child Sexual Exploitation) www.paceuk.info
Domestic violence	The GSCB (Gloucestershire Safeguarding Children's board) have published a Domestic Abuse pathway for educational settings which is on the GSCB website. If a child or young person is suspected of living at home with a domestically abusive parent or if a young person has domestic abuse in their own relationship then the usual procedures should be followed and a referral made to the children's helpdesk (tel: 01452 426565). The response will vary according to the age of the young person so that the appropriate agencies are involved. **Gloucestershire Domestic Abuse Support Service (GDASS)** **www.gdass.org.uk** **MARAC Gloucestershire Constabulary:** Multi Agency Risk Assessment Conferences (MARACs) prioritise the safety of victims who have been risk assessed at high or very high risk of harm. The MARAC is an integral part of the Specialist Domestic Violence Court Programme, and information will be shared between the MARAC and the Courts, in high and very high risk cases, as part of the process of risk management. **Gloucestershire Unborn Baby Protocol:** Research indicates that young babies are particularly vulnerable to abuse but that work carried out in the antenatal period can help minimise harm if there is an early assessment, intervention and support. Working Together (2015) specifically identifies the need

	of the Unborn Child. Professionals should read and act upon the unborn baby protocol if there is suspected domestic violence and a pregnancy. The unborn baby protocol can be found at www.gscb.org
Teenage relationship abuse	Please see comment about the Domestic abuse pathway for educational settings above (in domestic violence section). www.gov.uk – **home office 'teacher's guide to violence and abuse in teenage relationships.'** All violence or suspected violence should be reported the police and/or social care as appropriate. GDASS (Gloucestershire Domestic Abuse Support Service) can be referred to for support. • Young person's GDASS leaflet. • Lead GHLL Teacher for advice and support with curriculum resources (tel: 01452 427208) • Gloucestershire Take a Stand – www.glostakeastand.com • Holly Gazzard Trust (local charity) – support worker. 'Teenage Relationship Abuse' and 'Give and Get' (about consent) Curriculum resources – www.ghll.org.
Fabricated and induced illness (FII)	http://www.nhs.uk/Conditions/Fabricated-or-induced-illness for information on behaviours and motivation behind FII. Any professionals suspecting FII must involve the Police, Social Services and follow the child protection procedures outlined in this policy.
Faith abuse	www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief for copy of DfE document '**national action plan to tackle child abuse linked to faith or belief.'** Judith Knight; Diocese of Gloucester Head of Safeguarding/faith abuse contact: jknight@glosdioc.org.uk. For other faith groups contact Jane Bee (GCC LADO).
Female genital mutilation (FGM)	**Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal or the external female genitalia. FGM is illegal in the UK and as of October 2015 mandatory reporting commenced. If education staff or other professionals discovers that an act FGM appears to have been carried out on a girl under 18 years old there is a statutory duty for them PERSONALLY to report it to the police.** http://www.nhs.uk/Conditions/female-genital-mutilation For NHS information and signs of FGM. Any suspicion of FGM should be referred to the Police and social care. - Sue Thornley (Head) has completed the online home office training, '*Female Genital Mutilation: Recognising and Preventing FGM*' - E-learning package- http://www.fgmelearning.co.uk/ for interested staff or professionals (free home office e-learning) Posters/leaflets on FGM shared with staff and pupils.

Forced marriage	**SPOC (Single Point of Contact) for Forced Marriage in Gloucestershire is Acting DI Jo Mercurio (Gloucestershire Constabulary, Public Protection Bureau).** **UK Forced Marriage Unit** fmu@fco.gov.uk Telephone: 020 7008 0151 Call 999 (police) in an emergency. www.gov.uk/stop-forced-marriage for information on Forced Marriage. *Visit Home Office website to undertake Forced Marriage e-learning package https://www.gov.uk/forced-marriage*. GSCB one day Awareness training delivered by Infobuzz www.gscb.org.uk Please see 'Multi-Agency Practice Guidelines- Handling cases of Forced Marriage' for more information and detail https://www.gov.uk/forcedmarriage. *All practitioners must be aware of this, that is they may only have one chance to speak to a potential victim and thus they may only have one chance to save a life. This means that all practitioners working within statutory agencies need to be aware of their responsibilities and obligations when they come across forced marriage cases. If the victim is allowed to walk out of the door without support being offered, that one chance might be wasted.* **Prevention** Freedom Charity- Aneeta Prem 'But it's not fair' book. A book for teenagers looking at forced marriage from the point of view of school friends of the girl who went to India and didn't come back. This book promotes discussion. www.freedomcharity.org.uk The Freedom Charity (UK charity) have a helpline, text facility and app which can be downloaded to help to provide support and protection for victims of abuse, FGM or forced marriage. They can be contacted on tel: 0845 607 0133 or text **4freedom** to **88802** or go to the website to download the app from the app page.
Gangs and youth violence	Contact the Avenger Task Force/Inspector Neil Smith (Gloucestershire Police tel: 101). A task force set up to identify potential gang members as vulnerable individuals and potential victims and aims to help them. Prevention: wellbeing curriculum – self-esteem & identity, law & order and considering impact of violence on communities.
Gender-based violence/violence against women and girls (WAWG)	www.gov.uk – home office policy document, 'Ending violence against women and girls in the UK' (June 2014). FGM (Female Genital Mutilation) is violence against women and girls. Hope House SARC (Sexual Assault Referral Centre): 01452 754390 Gloucestershire Rape and Sexual Abuse Centre: 01452 526770 There's a 24-hour answerphone service and they'll respond within 24 hours. Or you can use the confidential and anonymous email support service at support@glosrasac.org.uk. The support workers are all women, who are specially trained to work with survivors of

	sexual violence. They will work with you at your own pace, explaining your options and your rights – and most importantly of all, they will always listen to you and believe you. GRASAC also have really helpful booklets: a self help guide, a guide for families or loved ones and a guide if you have learning needs. You can access them on the www.onyourmindglos.nhs.uk website or contact GRASAC for a free copy. www.onyourmindglos.nhs.uk for 'I've been raped or sexually assaulted' information.
Honour based violence (HBV)	The police have made it a high priority to help communities fight back to tackle both honour based violence and hate crime. The 'Honour Network Help line': 0800 5 999 247 **Inspector Fay Komarah is the Gloucestershire Police contact for honour based violence.**
Private fostering	http://www.gloucestershire.gov.uk/privatefostering Gloucestershire County council website information on private fostering. Refer to Gloucestershire Children & Families Helpdesk on **01452 426565** or Gloucestershire Private Fostering Social Worker **01452 427874.** A private fostering arrangement is essentially one that is made without the involvement of a local authority. Private fostering is defined in the Children Act 1989 and occurs when a child or young person under the age of 16 (under 18 if disabled) is cared for and provided with accommodation, for 28 days or more, by someone who is not their parent, guardian or a close relative. (Close relatives are defined as; step-parents, siblings, brothers or sisters of parents or grandparents).
Preventing Radicalisation and Extremism/HATE (PREVENT duty) *HM Government PREVENT duty: **As of 1 July 2015** duty in the Counter-terrorism and security act 2015 for specified authorities (including all schools) to have due regard to the need to prevent people being drawn in to terrorism.* *If you see extremist of terrorist content online please report it via:*	• **Gloucestershire Safeguarding Children's Board** www.gscb.org**.** There is a new GSCB PREVENT referral pathway (Meg Dawson/DSL has a copy) • www.educateagainsthate.com **is the government website providing information and practical advice for parents, teachers and schools leaders on protecting children from radicalisation and extremism.** • **Gloucestershire Safeguarding Children's Board have published a PREVENT pathway for professionals to refer to.** • All of teachers have had training in how to spot the signs of radicalisation and extremism and when to refer to the Channel panels. (Online training). • Key contacts: PC Adam Large, Gloucestershire Constabulary PREVENT officer: tel 101 • Anti-Terrorist Hotline: tel 0800 789 321 **The 'Advice on the Prevent duty' written by the Department for Education explains what governors and staff can do if they have**

https://www.gov.uk/report-terrorism	**any concerns relating to extremism. The Department for Education has also set up a telephone helpline (020 7340 7264) to enable people to raise concerns directly. Concerns can also be raised by email to counter.extremism@education.gsi.gov.uk. *See Appendix 2 for more information on radicalisation.*** Prevention: Bromesberrow St Mary's teach traditional British values through the PSHCE and Pink Curriculum: democracy, rule of law, respect for others, liberty, tolerance of those with different faiths and beliefs and promotion of 'Britishness'. E-safety is an important aspect of the curriculum to keep pupils safe from radicalisation. Pupils need to understand that radicalisation can be a form of grooming online and understand the notion of propaganda. They need to be taught to be discerning about what they read on the internet as the dangers of speaking to strangers online. Bromesberrow St Mary's also seeks to equip parents with the knowledge of how to safeguard their children from radicalisation. Let's talk about it is an excellent website for parents www.ltai.info/ as is www.preventtragedies.co.uk While it remains very rare for school age children to become involved in extremist activity to the point of committing criminal acts, young people can be exposed to extremist influences or prejudiced views, including via the internet, from an early age. As with other forms of criminality or risk of harm, early intervention is always preferable. Schools, working with other local partners, families and communities, can help support pupils who may be vulnerable as part of wider safeguarding responsibilities.
Sexting	http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/sexting (NSPCC website). Gloucestershire Police have a small sexual exploitation team. **Contact Sgt. Nigel Hatton.** **'So you got naked online'** (sexting information leaflet produced for pupils by south west grid for learning) included in the Wellbeing (PSHE/SMSC) curriculum. Also shared with parents. *Pupils informed that sexting is illegal but the police have stated that young people should be treated as victims in the first place and not usually face prosecution. The police's priority is those who profit from sexual images of young people....not the victims.*
Trafficking	Serious crime which must be reported to Jane Bee (Gloucestershire LADO) and the Gloucestershire Police. Trafficking can include a young person being moved across the same street to a different address for the purpose of exploitation. It doesn't have to include people, children or young people being moved great distances. *See Appendix 2 for further information on Trafficking.*

Children who run away (missing persons/missing children)	**PC Christina Pfister (Missing persons Coordinator Gloucestershire Police). Tel: 101 (Gloucestershire Police).** ***GSCB Missing Children Protocol*** *http://www.gscb.org.uk: Gloucestershire's protocol on partnership working when children and young people run away and go missing from home or care.* ASTRA (Gloucestershire): The ASTRA (Alternative Solutions To Running Away) has the primary aim of reducing the incidence of persistent running away across Gloucestershire. The project provides support, advice and information to young people up to eighteen years old who have run away. This might be from a family home, foster home or from a residential unit. ASTRA provides support after the event to enable a young person to address the causes of running away. The ASTRA project offers young people help and the support required in order to find Alternative Solutions To Running Away. Freephone Telephone number: 0800-389-4992 EXCLUSIVELY for young people who have run away and have no money. All other callers are asked to use the 'ordinary' number (tel: 01452 541599).
CME (Children missing education)	**Anyone concerned that a child is missing education (CME) can make a referral to the Education Entitlement and Inclusion team (EEI) at Gloucestershire County Council. Tel: 01452 426960/427360. Children Missing Education (CME)** refers to 'any child of compulsory school age who is **not** registered at any formally approved education activity e.g. school, alternative provision, elective home education, **and** has been out of education provision for at least 4 weeks'. **CME** also includes those children who are **missing** (family whereabouts unknown), and are usually children who are registered on a school roll / alternative provision. This might be a child who is not at their last known address **and either:** has not taken up an allocated school place as expected, or has 10 or more days of continuous absence from school without explanation, or left school suddenly and the destination is unknown. It is the responsibility of the Education Entitlement and Inclusion team, on behalf of the Local Authority (LA), to: Collate information on all reported cases of CME of statutory school aged children in Gloucestershire maintained schools, academies, free schools, alternative provision academies and Alternative Provision Schools (APS). The EEI Team will also liaise with partner agencies and other LAs and schools across Britain to track pupils who may be missing education and ensure each child missing education is offered full time education within 2 weeks of the date the LA was informed.

Other sources of help and information in Gloucestershire :

Gloucestershire MAPPA (Multi-Agency Public Protection Arrangements) are a set of arrangements to manage the risk posed by the most serious sexual and violent offenders (MAPPA-eligible

offenders) under the provisions of sections 325 to 327B of the Criminal Justice Act 2003. They should be contacted without delay if there is any concern is reported about a serious sexual or violent offender. (Contact Bernie Kinsella – Chair of MAPPA – detective chief superintendant – Gloucestershire Constabulary – Tel: 101)

Section 16: Conclusion

Safeguarding children is an issue that has to be a priority that underpins all the work we do at Bromesberrow St Mary's and as such will be reflected in all our documentation and any new policies and procedures that are agreed, as well as being reflected in our day to day practice.

APPENDIX 1 - CATEGORIES OF ABUSE AND INDICATORS OF HARM

Categories of Abuse:

1.**Physical Abuse**

2.Emotional Abuse (including Domestic Abuse)

3. Neglect

4. Sexual Abuse

Signs of Abuse in Children:
The following non-specific signs may indicate something is wrong:

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

Risk Indicators

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

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Social Care

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

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

The parent or carer may:

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

1.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. This can also include peer –peer abuse.

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

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

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child. A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite. **Children and young people who have dog bites should always be referred to the Multi Agency Safeguarding Hub for further investigation.**

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and

there will be splash marks

Scars

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

Emotional/behavioural presentation

Refusal to discuss injuries
Admission of punishment which appears excessive
Fear of parents being contacted and fear of returning home
Withdrawal from physical contact
Arms and legs kept covered in hot weather
Fear of medical help
Aggression towards others
Frequently absent from school
An explanation which is inconsistent with an injury
Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence
Not seeking medical help/unexplained delay in seeking treatment
Reluctant to give information or mention previous injuries
Absent without good reason when their child is presented for treatment
Disinterested or undisturbed by accident or injury
Aggressive towards child or others
Unauthorised attempts to administer medication
Tries to draw the child into their own illness.
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
May appear unusually concerned about the results of investigations which may indicate physical illness in the child
Wider parenting difficulties may (or may not) be associated with this form of abuse.
Parent/carer has convictions for violent crimes.

Indicators in the family/environment

Marginalised or isolated by the community
History of mental health, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgery in parents and/or siblings of

the family
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

2. 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 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 involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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.

Indicators in the child

Developmental delay
Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
Aggressive behaviour towards others
Child scapegoated within the family
Frozen watchfulness, particularly in pre-school children
Low self esteem and lack of confidence
Withdrawn or seen as a 'loner' - difficulty relating to others

Over-reaction to mistakes
Fear of new situations
Inappropriate emotional responses to painful situations
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
Self harm
Fear of parents being contacted
Extremes of passivity or aggression
Drug/solvent abuse
Chronic running away
Compulsive stealing
Low self-esteem
Air of detachment – 'don't care' attitude
Social isolation – does not join in and has few friends
Depression, withdrawal
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
Low self esteem, lack of confidence, fearful, distressed, anxious
Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
Abnormal attachment to child e.g. overly anxious or disinterest in the child
Scapegoats one child in the family
Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

Lack of support from family or social network.
Marginalised or isolated by the community.
History of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

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 care-givers); or***
- ***ensure access to appropriate medical care or treatment.***

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

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature
Underweight
Frequent hunger
Dirty, unkempt condition
Inadequately clothed, clothing in a poor state of repair
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
Swollen limbs with sores that are slow to heal, usually associated with cold injury
Abnormal voracious appetite
Dry, sparse hair
Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
Unmanaged / untreated health / medical conditions including poor dental health
Frequent accidents or injuries

Development

General delay, especially speech and language delay
Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders
Absence of normal social responsiveness
Indiscriminate behaviour in relationships with adults
Emotionally needy
Compulsive stealing
Constant tiredness
Frequently absent or late at school
Poor self esteem
Destructive tendencies
Thrives away from home environment
Aggressive and impulsive behaviour

Disturbed peer relationships
Self-harming behaviour

Indicators in the parent

Dirty, unkempt presentation
Inadequately clothed
Inadequate social skills and poor socialisation
Abnormal attachment to the child .e.g. anxious
Low self esteem and lack of confidence
Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
Child left with adults who are intoxicated or violent
Child abandoned or left alone for excessive periods
Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family
Family marginalised or isolated by the community.
Family has history of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Ddangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
Lack of opportunities for child to play and learn

4. SEXUAL ABUSE

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 (for example, rape or oral sex) 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 (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. This can also include peer-peer abuse.

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas
Recurrent pain on passing urine or faeces
Blood on underclothes
Sexually transmitted infections
Vaginal soreness or bleeding
Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

Makes a disclosure.
Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
Self-harm - eating disorders, self mutilation and suicide attempts
Poor self-image, self-harm, self-hatred
Reluctant to undress for PE
Running away from home
Poor attention / concentration (world of their own)
Sudden changes in school work habits, become truant
Withdrawal, isolation or excessive worrying
Inappropriate sexualised conduct
Sexually exploited or indiscriminate choice of sexual partners
Wetting or other regressive behaviours e.g. thumb sucking
Draws sexually explicit pictures
Depression

Indicators in the parents

Comments made by the parent/carer about the child.
Lack of sexual boundaries
Wider parenting difficulties or vulnerabilities

Grooming behaviour
Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.
History of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Family member is a sex offender.

Sexual Abuse by Young People - Peer on Peer Abuse, violence and sexual harassment.
(Part 5 KCSiE September 2018)

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children, teenage relationships abuse and peer to peer abuse.
Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.
Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.
If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.
Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

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

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies

  Consent – agreement including all the following:
- Understanding what is proposed based on age, maturity, development level, functioning and experience
- Knowledge of society's standards for what is being proposed
- Awareness of potential consequences and alternatives
- Assumption that agreements or disagreements will be respected equally
- Voluntary decision
- Mental competence

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

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

Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. 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 (a) in exchange for something the victim needs or wants, and/or (b) for the 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.

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

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)

- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

Children Sexual Exploitation can happen to BOYS and GIRLS. Please use the CSE screening tool and talk to the DSL if you have concerns.

Abuse and Neglect and Children with Special Educational Needs:
Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. It is important that all education recognise the fact that additional barriers can exist when recognising abuse and neglect in this group of children. This can include:
• assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
• children with SEN and disabilities can be disproportionally impacted by things like bullying- without outwardly showing any signs; and
• communication barriers and difficulties in overcoming these barriers.

Appendix two: Further information on current high-profile safeguarding issues

Forced Marriage (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at

risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. We should never attempt to intervene directly as a school or through a third party. **Schools should involve the police straight away.**

Female Genital Mutilation (FGM) – signs of

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. FGM is sometimes known as 'female genital cutting' or 'female circumcision.' Communities tend to use local names referring to this practice, including 'sunna' **As of October 2015 Mandatory reporting is in place for FGM. There is a statutory duty placed on teachers, along with social workers and healthcare professionals to PERSONALLY report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have taken been carried out on a girl under 18 years old.** Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence and they should not be examining pupils but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting applies. **In addition report to the DSL.**

What is FGM?

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

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

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

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

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

Why is it carried out?

Belief that:

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

Is FGM legal?

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

Circumstances and occurrences that may point to FGM happening:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

A sign that may indicate a child has undergone FGM:

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

The 'One Chance' rule
As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay**. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Further information on Trafficking

Child trafficking is a form of child abuse where children are recruited and moved to be exploited, forced to work or sold. They are often subject to multiple forms of exploitation including: child sexual exploitation, benefit fraud, forced marriage, domestic servitude including cleaning, childcare and cooking, forced labour in agriculture or factories, criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs , bag theft.

Traffickers trick, force or persuade children to leave their homes and then move them to another location. Trafficked children are often controlled with violence and threats and may be kept captive, resulting in long lasting and devastating effects on their mental and physical health. It is not easy to identify trafficked children, but you may notice unusual behaviour or events that just don't add up. Both boys and girls are victims of trafficking. Trafficked children may be from the UK or have been moved from another country. Poverty, war or discrimination can put children more at risk of trafficking. Traffickers may promise children education or respectable work, or persuade

parents that their child can have a better future in another place. It can be very difficult to identify a child who has been trafficked, as they are deliberately hidden and isolated. They may be scared, or they may not realise that they are a victim or are being abused. While there may not be any obvious signs of distress or harm, a trafficked child is at risk and may experience physical abuse, emotional abuse and/or neglect.

Many children are trafficked in to the UK from abroad, but children can also be trafficked from one part of the UK to another. Even a child being moved from one side of the street to a different address for a short period of time with the intent of exploitation would be identifiable as a trafficking crime. Any suspicion of trafficking must be reported to the LADO and the Police without delay.

Further information on Radicalisation (in line with the PREVENT DUTY)
From 1st July 2015 specified authorities, including **all** schools are subject to the 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.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. To reduce the risk from terrorism we need not only to stop terrorist attacks but also to prevent people becoming terrorists. This is one objective of Prevent, part of CONTEST, the Government's strategy for countering international terrorism. All the terrorist groups who pose a threat to us seek to radicalise and recruit people to their cause. The aim of Prevent is to stop people becoming or supporting terrorists, by challenging the spread of terrorist ideology, supporting vulnerable individuals, and working in key sectors and institutions. Work to safeguard children and adults, providing early intervention to protect and divert people away from being drawn into terrorist activity, is at the heart of the Prevent strategy. Supporting vulnerable individuals requires clear frameworks – including guidance on how to identify vulnerability and assess risk, where to seek support and measures to ensure that we do not ever confuse prevention and early intervention with law enforcement. Channel is a key element of the Prevent strategy. It is a multi-agency approach to protect people at risk from radicalisation. Channel uses existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children's and youth services and offender management services), the police and the local community to identify individuals at risk of being drawn into terrorism; assess the nature and extent of that risk; and develop the most appropriate support plan for the individuals concerned. Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs.

Indicators of vulnerability to radicalisation:

1. **Radicalisation** refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

2. **Extremism** is defined by the Government in the Prevent Strategy as: Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

3. **Extremism is defined by the Crown Prosecution Service as: The demonstration of unacceptable behaviour by using any means or medium to express views which:**

- **Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;**
- **Seek to provoke others to terrorist acts;**
- **Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or**
- **Foster hatred which might lead to inter-community violence in the UK.**

4. There is no such thing as a "typical extremist": those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

5. Pupils 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 is able to recognise those vulnerabilities.

6. Indicators of vulnerability include:

- Identity Crisis – the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
- Personal Crisis – the student / pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
- Personal Circumstances – migration; local community tensions; and events affecting the student / pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- Unmet Aspirations – the student / pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration?
- Special Educational Need – students / pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

7. However**,** this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

8. **More critical risk factors could include**:

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

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

Staff should be alert to any warning signs of radicalisation and hold an attitude of 'it could happen here.'

Appendix 3: Dealing with a Disclosure of Abuse

When a child tells me about abuse s/he has suffered, what must I remember?

• Stay calm.
• Do not communicate shock, anger or embarrassment.
• Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
• Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
• Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
• Tell the child that it is not her/his fault.
• Encourage the child to talk but do not ask "leading questions" or press for information.
• Listen and remember.
• Check that you have understood correctly what the child is trying to tell you.
• Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
• Do not tell the child that what s/he experienced is dirty, naughty or bad.
• It is inappropriate to make any comments about the alleged offender.
• Be aware that the child may retract what s/he has told you. It is essential to record all you have heard.
• At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
• As soon as you can afterward, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.

NB It is not education staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

<u>Immediately afterwards</u>

You must not deal with this yourself. Clear indications or disclosure of abuse must be reported to children's social care without delay, by the Head of Service or the Designated Safeguarding Lead. If the child is at immediate risk you make the referral yourself.

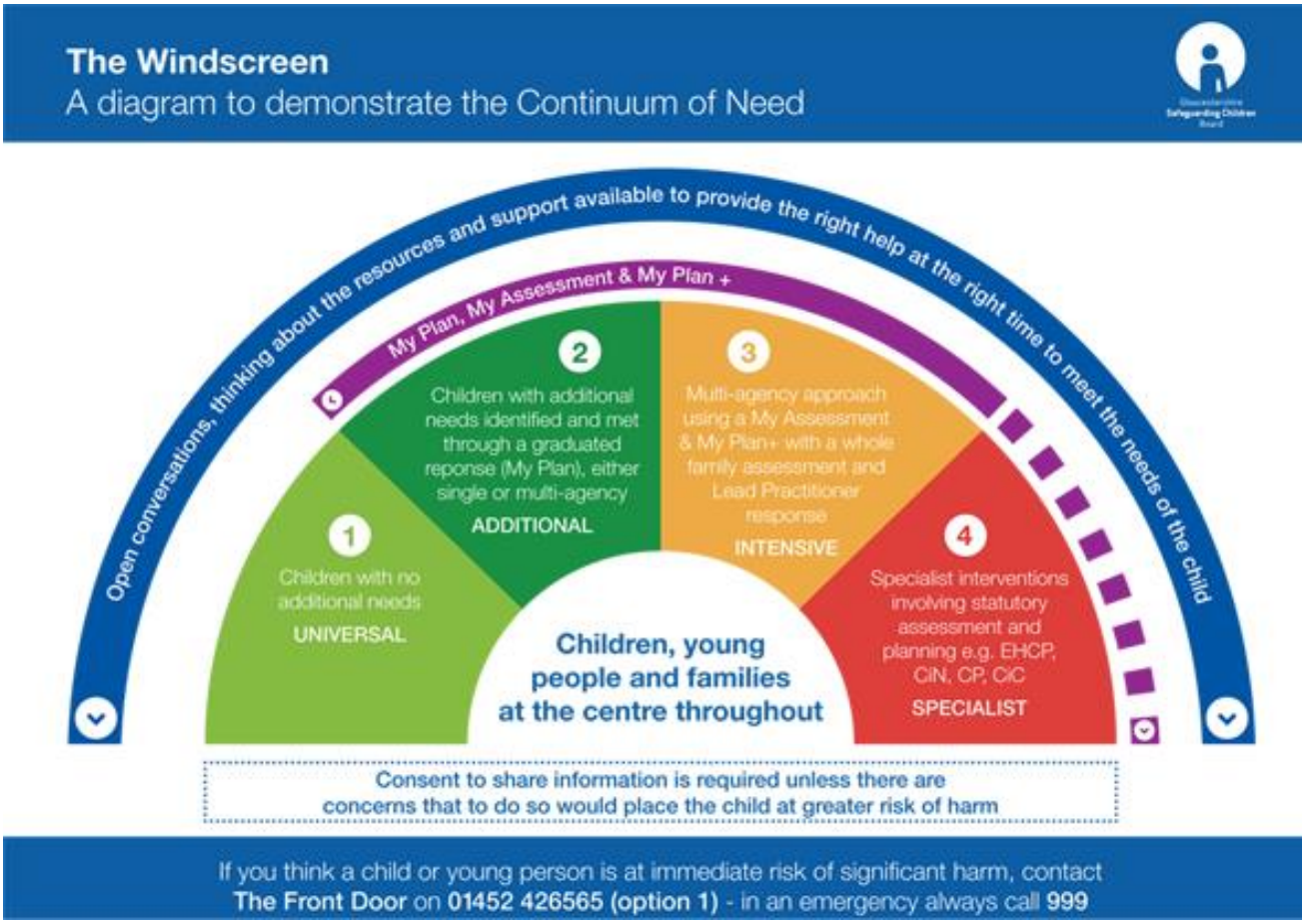
Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child/young person who has been abused can be traumatic for the adults involved. Support for you will be available from your Designated Safeguarding Lead.

Appendix 4: Herefordshire links for Early Help Offer

Agency	Information	Contact Details
2gether NHS Foundation	2gether NHS Foundation Trust provides services for those suffering from mental health, substance misuse and learning disability across and Gloucestershire and Herefordshire	01432 364046
CAMHS	Referral to service is via professionals, usually health, e.g. GP	01432 378940
CLD Youth Counselling Trust	CLD provides a specialist therapeutic counselling service for young people aged 10-25.	01432269245 www.cldyct.org
DASH (Drug Advisory Service Herefordshire)	Free and confidential range of medical, practical and therapeutic interventions to drug users, their families and friends, with the aim of reducing drug related harm.	01432 263636
Families First	Families are supported through Families First. To be eligible, families must	Sandra Lloyd Sandra.lloyd@herefordshire.gov.uk

	meet 3 out of the 4 following criteria. • Crime and ant-social behaviour • Education • Work • Local eligibility criteria	Lee Bayley Lee.bayley@herefordshire.gov.uk 01432 356068
Herefordshire Young Carers	Provides support and advice for young carers e.g. Home visits, liaise with teachers, take YP on trips, newsletter, clubs etc.	01432 356068
Phoenix Bereavement Support Services	Advice, guidance and support for children and YP when someone in their family dies. Support for children aged 5-21 years old.	01432 264555 http://www.phoenixbereavement.org/
SENDIAS	Information, advice and support to parents and carers of children and young people who have a disability or special educational needs.	01432 260955 sendias@herefordshire.gov.uk
Young Minds UK	UK's leading charity committed to improving the emotional wellbeing and mental health of children and young people.	http://www.youngminds.org.uk/ Parent's helpline: 0808 8025544

Appendix 5: GSCB Continuum of need windscreen



This policy has been linked to:
Attendance Policy
SEND Policy
AUP Policy
Anti Bullying Policy
Equality and Disability Policy
Safer Recruitment Policy