



Safeguarding & Child Protection Policy & Procedures Booklet
Gloucestershire Hospital Education Service (GHES)

Safeguarding and Child Protection is a priority at GHES

This Statutory Policy is to be carried by GHES staff as a reference document at all times (also available on the GHES pages of the GCC website)

This policy is reviewed annually by the full management committee (or sooner if there are new updates or new requirements issued by the DfE).

Policy reviewed and ratified by the GHES Management Committee	September 2019
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Further Guidance can be found at www.gscb.org.uk

[Note – they have changed their name to GSCE but the above remains their web address](#)

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Out of Office Hours: 01452 614194 or 101

Practitioner advice line: (Also known as The Front Door) 01452 426565 (option 3)

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SECTION.1: INTRODUCTION

Everyone at Gloucestershire Hospital Education Service (GHES) fully recognises their 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 school to identify, assess and support those children who may be suffering harm. We also recognise the importance of being child-centred and ensuring the best interests of the child are paramount.

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' (KCSIE), DfE guidance September 2020. All staff are required to read and acknowledge that they have read and understood Part 1 of the KCSIE document.

This policy also takes on board procedures and guidance set out by Gloucestershire Safeguarding and Children's Executive (GSCE).

1.1 Definitions

What is meant by 'Safeguarding'?

Safeguarding and promoting the welfare of children is defined as:

'protecting children from maltreatment; preventing impairment of children's mental and physical health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes' KCSIE September 2020

What is meant by 'Child Protection'?

'Child Protection refers to part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.' Working Together 2018 Appendix A Glossary

Safeguarding is what we do for all children and **Child Protection** is what we do for children who have been harmed or are at significant risk of being harmed.

1.2 Safeguarding Mission Statement

'Safeguarding is the responsibility of EVERYONE at GHES'

If there is risk of serious harm to a child make a referral immediately:

Children & Families Front Door Tel 01452 426565 (Mon to Fri, 9am to 5pm)

Dial 999 or 111. Anybody can make a referral

1.3 Overview

This policy applies to all Management Committee members, employees (including supply and peripatetic staff), volunteers and people using the school.

They must all acknowledge that:

- The child's welfare is of paramount importance and all children have the right to be protected from abuse and neglect.
- All employees and volunteers will receive safeguarding training appropriate to their designation. This is to ensure that they are aware of the signs and symptoms of abuse and neglect, how to identify children who may benefit from early help, and raise awareness of the wide range of safeguarding issues and how to help to respond and support the children in their care.
- Children who are being abused, neglected or at risk of harm will only tell people they trust and with whom they feel safe and that any member of staff needs to be able to respond appropriately to a child who discloses evidence of abuse or raises other concerns about their welfare.
- It is essential that a member of staff's own practice and behaviour puts children's welfare first and cannot be misconstrued in any way and does not contravene accepted good practice.
- All staff and volunteers must be made aware that they should report any concerns about safeguarding practice or any concerns about staff to the Head Teacher (or Chair of the Management Committee if concern is regarding the Headteacher) or to the Local Authority LADO, Ofsted or NSPCC Whistleblowing help line or website. Staff should not assume someone is taking action and sharing information that might safeguard a child.

There are three main elements to GHES's safeguarding policy:

1. **PREVENTION** (positive and safe school environment, careful and vigilant teaching, a wellbeing curriculum equipping pupils with tools to keep themselves safe and understand risk, accessible pastoral care, support to pupils, good adult role models).
2. **PROTECTION** (agreed procedures are followed, staff are trained and supported to respond appropriately and sensitively to safeguarding concerns).
3. **SUPPORT** (to pupils, who may have been at risk of significant harm and the way staff respond to their concerns and any work that may be required).

Everyone at GHES recognises the fact that they do not operate in isolation. We are a team and support each other in safeguarding and child protection issues. We constantly reflect and re-evaluate our actions and if there is anything more that we could do. Our service mantra is 'compassion and challenge' and we are empowered to challenge each other in a compassionate manner. Safeguarding is the responsibility of all adults and especially those

working or volunteering with children. GHES aims to help protect the children in its care by working consistently and appropriately with all agencies to reduce risk and promote the welfare of children. All professionals work within the same child protection/safeguarding procedures set out in this policy.

Staff, (including supply staff) volunteers and the GHES Management Committee work together in partnership with pupils and parents to:

- 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 a trusted adult at GHES if they are worried.
- Ensure our children are equipped with the skills they need to keep themselves safe.
- Ensure all GHES staff members maintain a **culture of vigilance** and have 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.
- 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 wellbeing 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 all staff are prepared to identify children who may benefit from early help.
- 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.
- Contribute to the Spiritual, Moral, Social and Cultural (SMSC) development of children as well as other key aspects of a young person's wellbeing (being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic wellbeing).
- Ensure that we have suitable staff by adhering stringently to safer recruitment processes and ensuring any unsuitable behaviour is reported and managed quickly using the allegations management procedures.

1.4 Aims

The aims of this policy are:

- To raise the awareness of **all GHES stakeholders** of the importance of child protection and safeguarding pupils and of their responsibilities for identifying and reporting actual or suspected abuse, neglect or concerns about a child's welfare
- To ensure pupils and parents are aware that the school takes the safeguarding agenda seriously and will follow the appropriate procedures for identifying and reporting abuse, neglect or concerns about a child's welfare and for dealing with allegations against staff
- To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those children
- To develop a structured procedure within the school, which will be followed by all members of the school community in cases of suspected abuse, and is based upon good levels of communication
- To promote effective liaison with other agencies in order to work together for the protection of all pupils
- To ensure that all staff working within GHES who by the very virtue of GHES being a school have substantial access to children, have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check, a prohibition check where relevant (according to guidance) an overseas check where appropriate and a Single Central Record (SCR) is kept for audit.
- To support pupils' development in ways which will foster security, confidence and independence
- To integrate a safeguarding curriculum within the existing curriculum allowing for continuity and progress through all key stages
- To take account of and inform policy in related areas such as discipline, bullying, staff and pupil behaviour policies and E-Safety

Section 2. Statutory Framework

In order to safeguard and promote the welfare of children, GHES 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 Executive (Inter-agency Child Protection and Safeguarding Children Procedures) (Electronic – live online – www.gscsb.org)

- Keeping Children Safe in Education (KCSIE): statutory guidance for schools and colleges (DFE guidance commencing 1st September 2020)
- Working Together to Safeguard Children (DfE 2018)
- Child Sexual Exploitation (Definition and a guide for practitioners, local leaders and decision makers working to protect children from Child Sexual Exploitation (February 2017)

Working Together to Safeguard Children (DfE 2018) requires all schools and PRUs to follow the procedures for protecting children from abuse which are established by the GSCE. 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.

KCSE Sept 2020 places the following responsibilities on all schools:

- Schools should have a child centred and coordinated approach to safeguarding.
- Safeguarding is everyone's responsibility. Everyone who comes in to contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means they should consider, at all times, what is in the best interests of the child.
- All staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as the problem emerges at any point in a child's life, from foundation years through to teenage years.
- Any staff member who has a concern about a child's welfare should follow the referral processes set out in this policy and in KCSIE 2020. Staff should expect to support social workers and other agencies following any referral.
- Every school should have a Designated Safeguarding Lead (DSL), who will provide support to staff to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.
- The DSL (and any deputy DDSLs) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns.
- The Teaching Standards 2012 state that teachers (which include headteachers) should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.

KCSIE Sept 2020 also states:

ALL staff should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction. This should include: *the Child Protection Policy; the Behaviour Policy; the Staff Behaviour Policy (sometimes called the Code of Conduct); the safeguarding response to children who*

go missing from education and the role of the Designated Safeguarding Leaders and deputies. Copies of policies and a copy of Part One of KCSIE September 2020 should be provided to staff at induction.

SECTION.3: GHES COMMITMENT TO EQUALITY

Everyone at GHES will make sure that all children and young people have the same protection regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity. This policy supports our commitment to anti-discriminatory practice, recognising the additional needs of children from minority ethnic groups and disabled children and the barriers they may face, especially around communication.

3.1 Safeguarding specific vulnerable groups

Any child at GHES may benefit from Early Help (Please refer to Early Help section). However, every member of staff is expected to be particularly alert to the potential need for early help for any child who:

- Is in care (In Gloucestershire Looked After Children are called Children In Care (CIC))
- Has special educational needs and/or disabilities (SEND)
- Is missing from education (CME)
- 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 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 privately fostered
- Has a family member in prison

SECTION.4: ROLES AND RESPONSIBILITIES

4.1 GHES Safeguarding Responsibilities

GHES has a child centred and coordinated approach to safeguarding. *Safeguarding and promoting the welfare of children is **everyone's** responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child centred. This means they should consider at all times what is in the **best interests** of the child. No one practitioner can have a full picture of a child's needs and circumstances. If children and their families are to receive the right help at the right time, **everyone** who comes into*

contact with them has a role to play in identifying concerns, sharing information and taking prompt action. KCSIE 2020.

GHES will

- Give all staff a copy of Part 1 KCSIE Sept. 2020 to read and understand.
- Have a Child Protection/Safeguarding Policy with procedures which are in accordance with government guidance and refer to locally agreed inter-agency procedures put in place by the Safeguarding Partners
- Appoint a member of the GHES Management Committee responsible for safeguarding practice within the school
- Ensure that any weaknesses in Child Protection are remedied immediately
- Appoint a DSL who is a member of the Leadership Team and Deputies to provide adequate cover
- Ensure that the DSL (usually) leads on the Prevent Agenda
- Have a named member of staff to support children who are Children in Care(CIC) who will work closely with the DSL where this post is held separately
- Require teachers, staff and volunteers to read and implement the appropriate procedures as outlined by the Safeguarding Partners
- Ensure that teachers, staff, peripatetic staff, contractors and volunteers have completed Disclosure and Barring Service(DBS) checks as per the Safer Recruitment Guidance and that contacts within extended services require safer recruitment and safeguarding compliance
- Undertake relevant Safer Recruitment and Allegations Management Training
- Ensure any external contractors are signed up to Safeguarding Procedures and ensure they follow guidelines on the use of restraint and comply with the safeguarding requirements.
- Ensure staff and volunteers comply with Safer Working Practice for Adults who work with Children and Young People in Education Settings
- Sign up to the GSCE alerts
- Ensure that the relevant staff have undertaken appropriate training to contribute to multi-agency assessments of children
- Ensure management of allegations procedures are implemented
- Ensure staff work to the agreed Behaviour Policy/Code of Conduct and Safer Working procedures
- Recognise that children with special educational needs may be especially vulnerable to abuse and expect staff to take extra care to ensure their needs are protected
- Have and use an Anti-Bullying Policy responding to any complaint of bullying or prejudice within the school. Have a member of staff as an Anti-Bullying Champion
- Have an e-safety policy in line with Safeguarding Partners requirements
- Have a member of staff as an E-Safety Champion
- Have a Whistleblowing Policy where it is safe to discuss concerns
- Be aware of the needs of vulnerable groups, identify and action for all identified

- Make policies available to parents and pupils via the school website
- Provide education to children about safeguarding issues
- Ensure the child's wishes and feelings are taken into account with respect to individual matters as well as safeguarding generally
- Undertake an annual audit of safeguarding, using the GSCE Safeguarding Self Evaluation audit tool (or similar) which will be shared with the Management Committee leading to appropriate actions to ensure that the school is meeting all the requirements in line with National Guidance, Legislation and Safeguarding Partner Guidance
- Undertake a safeguarding report for the Management Committee (the audit tool is useful for this) at least annually and review the safeguarding policy at least annually
- Standing item on safeguarding at full governing body meetings
- Governors to have read and understood 'KSCIE Sept 2020, 'Working Together to Safeguard Children Sept 2018' and undertaken relevant training

GHEs has a responsibility to work with other agencies on all safeguarding issues (both current and possible in the future) which may include:

- Child Exploitation – Child Sexual Exploitation (CSE); County Lines & Trafficking
- Children Missing Education (CME)
- Children Missing from Home or Care
- Bullying including cyberbullying and prejudice based bullying
- Domestic Abuse
- Children in the courts
- Children with family members in prison
- Drugs and Alcohol Misuse
- Health and wellbeing - fabricated or induced illness; medical conditions; mental health and behaviour
- Homelessness
- Faith Abuse
- So called Honour Based Violence - Female Genital Mutilation (FGM)
- Forced marriage
- Violence - gangs and youth violence; gender-based violence/violence against women and girls (VAWG); sexual violence and sexual harassment
- Missing Children and Adults
- Private fostering
- Radicalisation/extremism – Prevent & Hate
- Online - Sexting/grooming and other E safety issues
- Teenage Relationship Abuse
- Peer on Peer Abuse

4.2 Designated Safeguarding Lead (DSL)

At GHES, the Designated Safeguarding Lead (DSL) is a senior member of staff from the School Leadership Team (SLT).

The DSL or Deputy DSLs (DDSLs) will always be available for school stakeholders (both in person, by telephone or through email) to discuss any safeguarding concerns. To ensure our ability to be available in a peripatetic context and across two branches of the service, there are deputy DSLs to provide safeguarding cover at all times. Staff may approach a DDSL or DSL interchangeably. As a peripatetic service with a large number of staff our main aim is to ensure that an appropriately trained person is available at all times.

Broad areas of DSL/DDSL duties are as follows:

The overall responsibility for safeguarding and child protection rests with the DSL and this responsibility cannot be delegated (as per KCSIE September 2020).

Supporting staff with their safeguarding duties:

- Every school should have a DSL who will provide support to staff to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.
- Ensure 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/head of service (at GHES the head of service is the DSL) 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 written records are kept in regard 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.

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

- The GHES designated and deputy safeguarding leads receive appropriate annual training through the GSCE 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 GSCE.

Raising Awareness and encouraging ongoing vigilance:

- The DSL and DDSLs should ensure the Safeguarding Policy and associated policies and procedures are known by all staff and used appropriately.
- Ensure that, working with the Management Committee, the PRUs Child Protection Policy is reviewed annually and that the procedures and implementation are updated and reviewed regularly.
- Ensure the Child Protection Policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the PRU in this.
- Link with the local GSCE to make sure staff are aware of training opportunities and the latest local policies and guidance on safeguarding.
- Where children leave the PRU ensure their Child Protection 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 of Service, an annual report for the management committee, 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 child protection register (anonymised).

4.3 The GHES Management Committee

GHES has a nominated safeguarding Management Committee member who takes the lead responsibility for the Management Committee and works closely with the DSL on safeguarding issues. In this case the designated person is Meg Dawson who is Chair of the Management Committee as well as being a Head Teacher herself. If the nominated Management Committee person was not the chair then there would be close working with the chair of the Management Committee.

The responsibilities of the Governing body/Management Committee in relation to safeguarding are outlined in KCSIE Sept 2020 and Ofsted Inspecting safeguarding in early years, education and skills settings.

At GHES, the Management Committee plays a crucial role in that it must ensure that GHES and the Management Committee comply with their statutory duties under legislation. They must also have regard to this policy and procedures to ensure that the policies, procedures and training at GHES are effective and comply with the law at all times.

The responsibilities placed on the Management Committee include:

- Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns

- Ensuring that an effective Child Protection Policy is in place, together with a Staff Behaviour Policy & Code of Conduct
- Making sure that children and young people are taught about how to keep themselves safe
- Contributing to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- Ensuring that the school operates Safer Recruitment procedures by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training.
- Ensuring that the school has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns or would have been had they not resigned.
- Ensuring that the DSL and DDSLs have Designated Safeguarding Lead (DSL) responsibility.
- Ensuring that all other staff have Safeguarding training updated as appropriate (minimum of annual).
- Ensuring that any weaknesses in Child Protection are remedied immediately.
- Ensuring that a member of the Governing Body, usually the Chair, is nominated to liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Headteacher.
- Ensuring that Child Protection policies and procedures are reviewed annually and that the Child Protection Policy is available on the school website or by other means.
- Ensuring that The Governing Body considers how children may be taught about safeguarding. This may be part of a broad and balanced curriculum covering relevant issues through Relationships Education (for primary pupils) and Relationships and Sex education (for all secondary pupils) and Health Education (for all pupils)
- Ensuring that an enhanced DBS check is in place for all Management Committee members.
- Ensuring that the DSLs who are involved in recruitment and at least one member of the governing body will also complete safer recruitment training to be renewed every 5 years.
- Ensuring that all members of staff and volunteers are provided with child protection awareness information at induction, including in their arrival pack, the school safeguarding statement so that they know who to discuss a concern with.
- Ensuring that all members of staff are trained in e-safety and how to report concerns and receive regular updates through CPD or school based training.
- Ensuring that all other staff and Management Committee members, have Child Protection awareness training, updated by the DSL as appropriate, to maintain their understanding of the signs and indicators of abuse.
- Ensuring that all members of staff, including supply staff, volunteers, and Management Committee know how to respond to a pupil who discloses abuse through delivery of the Safeguarding Induction pack.

- Ensuring that all parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the GHES's Child Protection Policy and Procedures, on the school website.
- Ensuring that the Management Committee will ensure that Child Protection type concerns or allegations against adults working in the school are referred to the **Local Authority Designated Officer (LADO)**
- Ensuring that GHES's procedures are regularly reviewed and up-dated.
- Ensuring that the name of the designated members of staff for Child Protection, the DSL and DDSLs, will be clearly advertised with GHES, with a statement explaining the GHES's role in referring and monitoring cases of suspected abuse.

4.4 Staff

All staff (including supply staff) and volunteers play a vital role in ensuring that all children are safe at GHES. It is expected that all staff, supply staff and volunteers understand and fulfil their responsibilities, and will be fully committed to the points below:

All must be familiar with, and constantly mindful of the content of the following documents:

- The GHES Child Protection Policy and Procedures (this document)
- 'Keeping Children Safe in Education: information for all school and college staff' (DfE September 2020)
- 'Guidance for Safer Working Practice for Adults who work with Children and Young People'

The above documents are given to staff and volunteers on an annual basis and staff sign to say that they have read and received them. They also form part of the induction documents for new staff. Other useful information, including the Safeguarding Children Handbook published by the Gloucestershire Safeguarding Children's Executive (GSCE), can be found online at www.gsccb.org.uk. Staff should be aware of this website. At GHES we all work together and all take responsibility for safeguarding.

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

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. Staff should be child-centred in their approach and at all times think what is in the best interests of the child.

All PRU staff / supply staff are also expected to:

- Undertake and engage with regular training on Child Protection and Safeguarding at least annually. This includes Safeguarding Induction Training, annual whole-service update training, GSCE Child Protection Training every 3 years, and online training as well as any additional training as directed by the Head of Service.
- Be able to identify signs and symptoms of abuse.
- Be aware of the indicators which may signal that children are at risk from, or are involved with serious violent crime
- Understand the role of the DSL.
- 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 and record in writing all concerns (including concerns about other staff/professionals) to the DSL or other senior staff members as appropriate or directly to children's services front door. In the case of any concerns about the Head/DSL this should be reported to Meg Dawson (Chair of the management committee and nominated safeguarding champion).
- In the case of FGM (Female Genital Mutilation) there is a legal requirement of a teaching staff that they 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 using the Liquid Logic Portal and completing a MARF form. www.gscb.org.uk
- Be aware of GHES'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 any child protection concerns and share these with the DSL/DDSLs using CPOMS
- 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).

All staff must report and record in writing all concerns, discussions and the reason for those decisions, should be recorded on CPOMS. If in doubt about recording requirements, staff should discuss with the DSL (or DDSL).

Staff training and induction (following both national and Safeguarding Partner guidance at all times)

- All GHES staff will have at least annual training on safeguarding and child protection updates through INSET days and whole school meetings. All staff will also receive mandatory safeguarding children training every 3 years through GSCE 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 DSL delivers an annual update to all staff on safeguarding and child protection matters each September. GSCE safeguarding updates are shared as they arise e.g. via email and staff meetings.
- Additional training opportunities are offered as the opportunities arise.
- Safeguarding and Child Protection matters are a standing agenda item for all management committee 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 are treated in the same way as permanent or supply staff.
- The Head of Service receives e-mails alerts from GCSE and if/when appropriate these are shared with staff at the earliest opportunity.

Safer Working Practice

- All staff & volunteers share that importance of Safer Working Practices in that it ensures that pupils are safe
- All staff & volunteers are aware of the expectations of this guidance and that they are working within this, that relevant training is given and advice, guidance or sanctions applied where guidance is not followed
- All staff, volunteers and Management Committee are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions
- All staff & volunteers work in an open and transparent way
- All staff & volunteers discuss and/or take advice from school management over any incident which may give rise to concern
- All staff & volunteers record any incidents with the actions and decisions made
- All staff & volunteers apply the same professional standards regardless of gender, race, disability or sexuality
- All staff & volunteers are aware of confidentiality policy
- All staff & volunteers are aware that breaches of the law and other professional guidelines could result in criminal or disciplinary action being taken against them
- All staff & volunteers adhere to the relevant E-Safety Policies related to the use of technology both within and outside of school

Responding to signs of abuse or neglect

- Staff need to have an attitude of **'it could happen here'** where safeguarding is concerned
- Through training, all staff need to be able to identify signs of abuse or neglect and be able to identify cases of children who may be in need of help or protection

- All staff should be vigilant, protective and discuss any concerns with the DSL who will refer to Social Care (The Front Door for Children's Services) or other agencies where appropriate
- Ensure that the DSL/staff are using the [Levels of Intervention](#) guidance (GSCE Website) when making decisions about appropriate support or referral for a child
- Staff ensure that all concerns must be recorded in line with Safeguard Partner guidance
- When concerned about the welfare of a child, staff members should always act in the best interests of the child
- Staff should not assume someone is taking action and sharing information that might safeguard a child

4.5 Pupils

At GHES, it is crucial that all pupils are protected and helped to keep themselves safe. To this end:

- All pupils have the right to be protected from abuse and neglect
- All pupils should be confident that they are listened to at all times in relation to safeguarding concerns both relating to themselves or to other children and that these concerns will be acted upon
- All pupils in the must feel that they can speak to any member of the GHES staff. We are largely working in pupil homes or in the hospital schoolroom and must be approachable.
- Pupils who are being abused, neglected or at risk of harm will be confident to tell people they feel that can trust and with whom they feel safe
- All pupils should be confident that they are protected and helped to keep themselves safe from bullying, homophobic behaviour, racism, sexism and other forms of discrimination
- All pupils are taught, at an age-appropriate level, key aspects of safeguarding through the GHES Wellbeing Curriculum
- All children play their part in ensuring that behaviour is positive and consistent at all times

4.6 Parents

GHES shares a purpose with parents to educate, keep children safe from harm and have their children's welfare promoted.

- Everyone at GHES is committed to working with parents positively, openly and honestly
- We ensure that all parents are treated with respect, dignity and courtesy
- We respect parents' rights to privacy and confidentiality and will not share sensitive information until we have permission or it is necessary to do so to protect a child

- We will share with parents any concerns we may have about their child unless to do so may place a child at risk of harm
- We encourage parents to disclose any concerns they may have
- We make parents aware of our Safeguarding and Child Protection Policies and parents are aware that these are on the school website
- There is a commitment to work in partnership with parents or carers and in most situations it may be appropriate to discuss initial concerns with them. It should be recognised that there are circumstances however, where it would be inappropriate to discuss concerns with parents or carers and may in fact put the child at greater risk. This may include identification of sexual abuse, physical abuse cases where a parent may be responsible for the abuse and parents who may not be able to respond reasonably to the situation.

4.7 Others

- Visitors with a professional role, such as the School Nurse, Social Worker, Educational Psychologist or members of the Police will have been vetted to work with children through their own organisation
- All other professionals will be required to bring their identity badges on all visits and to wear these. They will complete signing in/out forms and wear a visitor I.D. badge
- Agency, third-party staff and contractors, will understand that the guidance in KCSIE will be followed at all times (including ensuring that all of the relevant checks are in place)

Section 5. Prevention and Supporting GHES pupils

We recognise that the PRU 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. GHES staff and the Management Committee also recognise that because of the day to day contact with children, GHES 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 PRU 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 student council, pupil questionnaires and involvement in anti-bullying week and other such events.
- Ensure that all children know there is an adult in the PRU whom they can approach if they are worried or in difficulty.
- Including opportunities across the curriculum, including in the Wellbeing Curriculum (SMSC/PSCHE/SRE/careers combined), 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 (including homophobic and transphobic bullying), e-safety/online safety, child exploitation and teenage relationship abuse topics.

- Include opportunities in the curriculum to prepare for transitions (either back to school once recovered or transition to secondary school or post-16 education). 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 Front Door for Children's Services) as soon as there is a significant concern.

GHES context and prevention:

A particular context issue for GHES is that in the Outpatient Team pupils are generally taught in their own homes and a parent/carer needs to be present in the home for the lesson to occur. Parental support is a positive aspect of the service; but sometimes children and young people need to talk to people outside of their family or home environment and may not feel able to say what they really want to say whilst in their own home. Sometimes young people need to offload small things to someone else outside of the family just as we all need friends to share with. At a more serious level if there is risk of abuse or abuse is occurring then the context for GHES pupils may make the situation more challenging as they can be very isolated. A youth ambassador for GCC (who herself had been abused in the past) shared that it took her many years to confide in professionals and escape abuse as there was never an opportunity to talk without her step-mother present. This could be an issue for children with medical needs who may not often leave the home or see professionals outside of the home. GCC staff are urged by the youth ambassador to observe body language and self-esteem. All GHES pupils are given 'nobody understands' stickers with telephone helpline numbers and text services if they need help and don't know where to turn. For COVID19 impact on provision refer to GHES risk assessments within the Health and Safety policy.

If a young person seems constantly low we need to think about what this might be telling us. It might be an aspect of their medical condition. Or, it might mean that they need some form of early help (perhaps with mental health issues due to feeling constantly unwell) or it might be an indicator of something more serious. If we feel a pupil might like to talk but can't because of never having an opportunity to be away from the home this is something that needs careful thought and discussion with the DSL. Parents/carers themselves may

value an opportunity for their child to have support outside of the home and this is something we may discuss with them. GHES has its own PMHW (Primary Mental Health Worker) who can provide this kind of support (see section on Early Help for more details). **A cry for help might be more subtle or muted given the context for GHES pupils so GHES staff need to be even more vigilant and attentive to what is being said or what is unsaid. Many pupils with GHES are already very vulnerable due to their medical conditions which may be a mental health or physical health difficulties.** GHES staff work closely with medical professionals and consent to share between health and education is sought at the point of referral. Discussions with medical professionals are helpful in knowing whether what we are seeing is typical of a particular young person and their medical condition or not. Our aim is for all young people to thrive and support where possible and appropriate when they are not.

GHES also recognises 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. GHES 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. The service will endeavour to support the pupil through:

- The content of the curriculum.
- The GHES ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- The Behaviour Policy which is aimed at supporting vulnerable pupils in the school. GHES will ensure that the pupil knows 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 Adolescents Mental Health Service(CAMHS), Targeted Support Team, the Local Authority Education Team staff 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.

Section 6: The Child Protection Referral Process

The GSCE 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 **Front Door for Children's Services (previously 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 DSL or DDSL verbally on the SAME DAY. **Details MUST be recorded on CPOMS** Next steps discussed.
Concerns may be discussed in principle with a social worker or social work manager to gain advice about whether a MARF (Multi-agency referral form) is appropriate to the front door to children's services or whether there are alternative ways of addressing their concerns. **Practitioner Advice Line (The Front Door for Children's Services in Gloucestershire): 01452 426565 (option 3)** The DSL/DDSL should refer to the levels of intervention guidance on the GSCE website and also the Levels of intervention windscreen also on the website.
2. 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 (female Genital Mutilation) staff must personally call the police with any disclosure that FGM has been carried out (in addition to liaising with the DSL).

In some cases the concern will be logged but no further action taken at the time. All staff involved must ensure that there is a 'watching brief' to make sure that no further concerns arise. They must be logged and reconsidered if more concerns and this process followed again from the beginning.

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. Early Help can also be accessed via the Children's service Front Door.

It may be decided that a MARF (Multi-agency referral form) should be submitted for the Front Door for Children's Services for social services assessment or more urgent intervention from social services. Police should also be contacted if a child is in immediate harm.

In some situations support can be managed for a child internally using the schools own pastoral support processes.

3. GHES 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).
4. If a referral is made to the Front Door for Children's Services basic information is given. GHES will then be asked to complete a MARF (*Multi Agency Referral Form*) through the online portal. 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.

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):

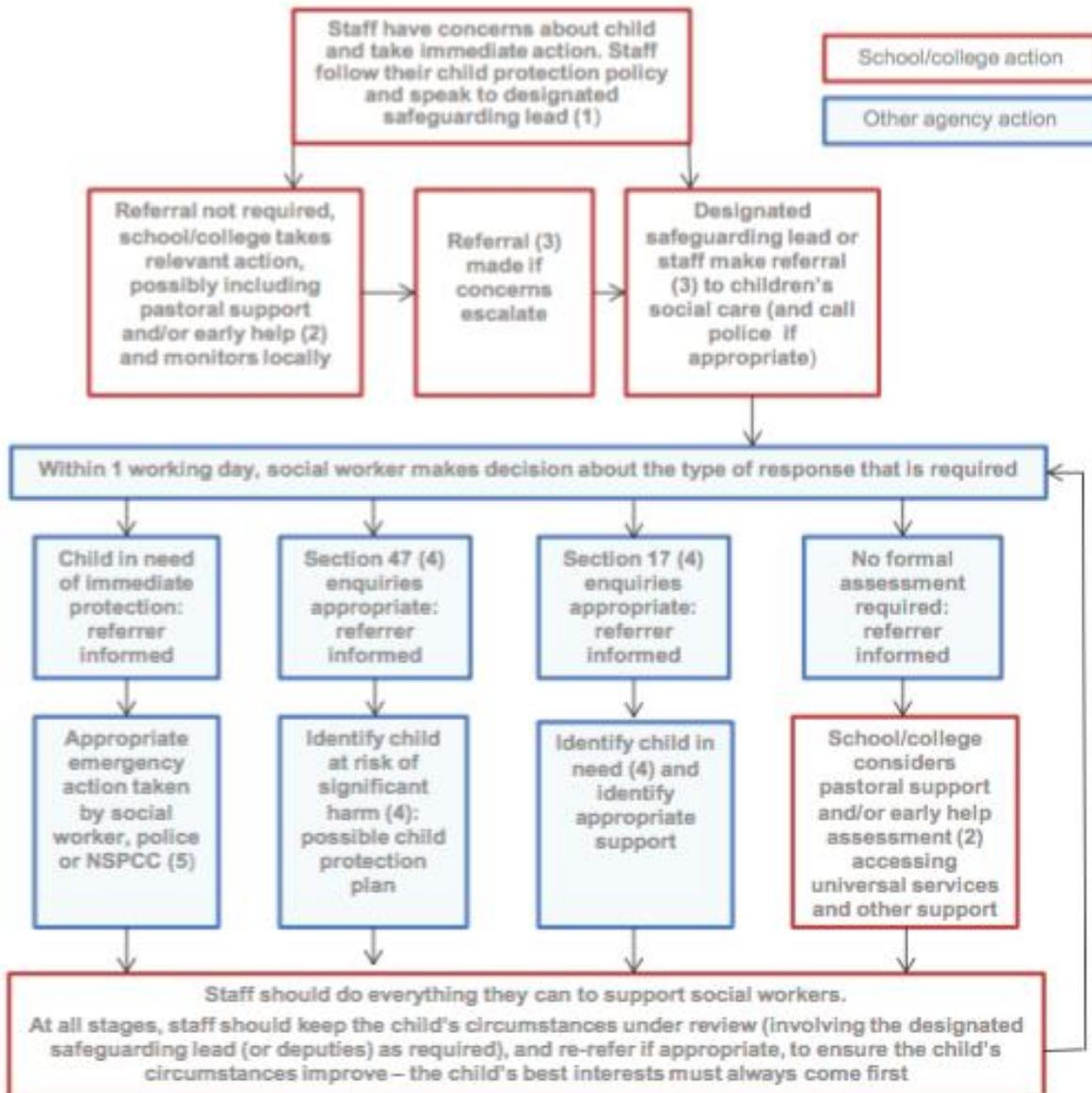
- Child in need -Section 17 services are required when there are health or development concerns. These are determined through a core assessment and are appropriate when the child is judged not to be at risk of significant harm or any previous concerns have been resolved.
 - Child in need of Protection. 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.
5. At all stages staff should keep the child's circumstances under review and re-refer if appropriate, to ensure the child's circumstances improve – the child's interests must always come first.
 6. Gloucestershire has an **ESCALATION POLICY** (and a form that goes with it on the GSCE website). If professionals feel that there hasn't been an appropriate response from Children's Services then this must be challenged and escalated.
 7. Staff should not assume that a colleague or other professional will take action and share information that is critical in keeping a child safe. They should be mindful that early information sharing is vital in effective identification and assessment and allocation of appropriate service provision.

Supporting Staff

We recognise that staff working in the PRU 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. GHES has a PMHW (Primary Mental Health Worker), Christine Drew, who is able to support staff as well as pupils and families in a range of circumstances.

Actions where there are concerns about a child



- (1) In cases which also involve a concern or an allegation of abuse against a staff member, see Part four of this guidance.
- (2) Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of *Working Together to Safeguard Children* provides detailed guidance on the early help process.
- (3) Referrals should follow the process set out in the local threshold document and local protocol for assessment. Chapter one of *Working Together to Safeguard Children*.
- (4) Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989. Under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child is suffering or likely to suffer significant harm, it has a duty to make enquiries to decide whether to take action to safeguard or promote the child's welfare. Full details are in Chapter one of *Working Together to Safeguard Children*.
- (5) This could include applying for an Emergency Protection Order (EPO).

Child Protection Referral Process as laid out in KCSIE 2020

Section 7: Confidentiality

What is shared or not shared and in which circumstances:

- **All GHES staff recognise that all matters relating to child protection are confidential.**
- Child Protection concerns and records are kept in a confidential and secure away from the main pupil files.
- 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.

Section 8: Multi-agency working

GHES 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.

Children on Child Protection Plans

We fully support children, and families, who have a child protection plan in place. GHES 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. **GHES 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)

GHES 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. GHES will make contact with the Virtual School each time we have a Child in Care referred to the service to ensure we have all relevant information including the child's legal looked after status, contact arrangements and the social worker details. The Head of Gloucestershire's Virtual School is Jane Featherstone: Jane.Featherstone@gloucestershire.gov.uk

Liaison with schools and medical professionals

Good communication between a pupil's home-school and GHES is an important part of our work as is communication with the medical professionals who refer young people to GHES. Consent to share is sought for each new pupil. Effective communication between agencies

and organisations ensures the best continuity of education for each young person and also helps keep children and young people safe. At a basic level ensuring attendance is coded correctly ensures children are where they should be when they should be. Positive engagement with education often aids medical recovery and improves wellbeing. Getting a full picture of a child or young person, across organisations and agencies, helps with reintegration planning and ensuring that each individual young person receives the individualised help and support that they need.

Gloucestershire Encompass

GHEs is signed up to the Gloucestershire Encompass scheme. This is a scheme allowing the police to contact schools at the start of a school day where there has been an incident of domestic violence in the 24 hours running up to 7.00 am on any given day. This information will be passed to the DSL via a dedicated email account who will then be able to inform staff seeing pupils who may have experienced or witnessed the abuse so that they are aware and can support as appropriate. It is not the staff member's place to discuss with the pupil, but to be aware so that if the child's behaviour is uncharacteristic or extreme and to respond and support appropriately. Staff need to be mindful that the incident will be under investigation by the police and that the police will have done a MASH referral if the child discloses however, and the concerns would reach the threshold on the 'continuum of needs' windscreen of need, then we should refer in the usual way as the disclosure may not relate to the same incident as the police one.

See Early Help for agencies who can support victims of domestic abuse.

Section 9: Safer Recruitment and Safer Working practices

Safer Recruitment

Safer Recruitment is a vital aspect of Child Protection. GHEs adheres to Gloucestershire County Council safer recruitment procedures 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 NCSL 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.

The following members of the GHEs Senior Leadership Team are NCSL accredited recruiters:

Beth Warren, Elaine O'Shaughnessy, Carmel Herrick

Meg Dawson (Chair of the Management Committee) is also an NCSL 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 GSCE 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 10: Allegations against staff (Allegations Management) & Whistleblowing.

All PRU 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. Ongoing training and discussion at team meetings and in supervision meeting with line-managers help to support staff.

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 of Service. The Head of Service on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO). If the allegation made to a member of staff concerns the Head of Service, the person receiving the allegation will immediately inform the Chair of Management Committee who will consult with the LADO as above, without notifying the Head of Service first. GHES will always follow the GSCE 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 of Service, against whom an allegation has been made, needs careful consideration, and the Head of Service will seek the advice of the LADO and HR in making this decision. In the event of an allegation against the Head of Service, the decision to suspend will be made by the Chair of Management Committee with advice from HR and LADO.

Please read the **GHES Statement of Procedures for Dealing with Allegations of Abuse against staff for full details on Allegations Management.**

Whistleblowing

All GHES staff are provided with the Code of Conduct and confidential reporting procedure (Whistleblowing Policy) for GCC employees. 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 Whistleblowing Policy and on the GCSE 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 PRU, they should speak in the first instance, to the LADO following the Whistleblowing Policy.

Whistleblowing regarding the Head of Service should be made to the Chair of the Management Committee (Meg Dawson, Head teacher of Cashes Green Primary School).

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 11: Related policies and specific safeguarding issues

Safeguarding and child protection is at the core of all that we do in GHES and therefore relates to *all* policies. **There are particularly important links between this child protection policy and the Statement of Procedures for Dealing with Allegations of Abuse Against Staff, Code of Conduct and Confidential Reporting Procedure (Whistleblowing) for GCC employees, Anti-bullying Policy, Health and Safety Policy, Staff ICT Technology and Social Media Acceptable Use Policy, E-Safety Policy, Offsite Visits Policy, Data Protection Policy, GHES Wellbeing Curriculum and the GHES PREVENT duty risk assessment and action plan document.**

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 PRU environment, and when away from the PRU and when undertaking trips and visits.

Anti-Bullying (including cyber-bullying)

Our PRU 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. GHES are particularly mindful of the potential vulnerability of young people grappling with their gender identity or sexuality. 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.

Medication

GHES has a separate policy, “supporting pupils with medical conditions.

Section 12: School trips, visits and journeys

GHES has formally adopted, through its Management Committee, the Gloucestershire model policy for Offsite Visits.

Safeguarding is a critical part of all offsite visits and journeys. The Management Committee has delegated the consideration and approval of offsite visits and activities to Elaine O'Shaughnessy (Team Leader) and is therefore the Off-site Visits Co-ordinators (OVC).

Before a visit is advertised to parents Elaine O'Shaughnessy will approve the initial plan. **Staff must discuss any potential off-site visit plans with the Head of Service 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.

APPENDICES

APPENDIX 1 - GHES Early Help offer

From September 2020 this is now a separate document. This can be found on the GHES website and for staff it is kept on GHES_General > Policies > Statutory Policies > Safeguarding

APPENDIX 2 - CATEGORIES OF ABUSE AND INDICATORS OF HARM

Categories of Abuse:

1. Physical Abuse
2. Emotional Abuse (including Domestic Abuse)
3. Neglect (the three types of 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

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

A form of abuse which 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.

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
- Petechiae 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 the age of 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 but 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 body, 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

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

- 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.

3 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.

Types of Neglect (there are THREE TYPES):

There are three overarching types of neglect that may be experienced by children and young people (Jones, R, 2016):

- 1. Passive Neglect:** where the parents/carers are often exhausted and may be suffering from poor mental health. Signs/indicators of passive neglect include chronic poverty, poor housing/financial difficulties, alcohol use, no boundaries and not care for children/school attendance issues and no extended family support.
 - 2. Chaotic Neglect: where parents/carers may have poor parenting skills or be centred on their own needs.** Signs/indicators of chaotic neglect are poor parenting, no good parenting models, parent focussed on their own needs, parents who are active and demanding but also chaotic and unpredictable.
 - 3. Active Neglect: deliberate and intentional.** Signs of active neglect include power and control, associated with domestic violence, may be linked to jealousy, danger of escalating to abuse and violence.
- **GSCCE have now produced a Neglect Toolkit for professionals. It can be found on the GSCCE website www.gscce.org.uk**

Neglect 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.
Dangerous 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. The sexual abuse of children by other children is a specific safeguarding issue in education.

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

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.

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:

- o Understanding what is proposed based on age, maturity, development level, functioning and experience

- o Knowledge of society’s standards for what is being proposed

- o Awareness of potential consequences and alternatives

- o Assumption that agreements or disagreements will be respected equally

- o Voluntary decision

- o 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 (CSE)

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.

Child Criminal Exploitation (CCE)

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into a criminals activity (a) in exchange for something

the victim needs or wants and / or (b) for financial or other advantage of the perpetrator or facilitator and / or (c) through violence or threat of violence. The victim may have been criminally exploited even if the activity seems consensual. CCE does not always involve physical contact; it can also include use of technology.

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 disproportionately impacted by things like bullying- without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

Abuse of Looked After Children and Previously Looked After Children

A previously looked after child remains potentially vulnerable and all staff should have the skills, knowledge and understanding to keep previously looked after children safe. When dealing with looked after children and previously looked after children, it is important that all agencies work together and prompt action is taken on concern to safeguard these children who are particularly vulnerable.

'Honour- based' violence (HBV)

'Honour' based violence (HBV) occurs when perpetrators believe a relative or other individual has shamed or damaged a family's or community's 'honour' or reputation (known in some communities as izzat), and that the only way to redeem the damaged 'honour' is to punish and/or kill the individual. 'Honour' based violence is a term that is widely used to describe this sort of abuse however it is often referred to as so called 'honour' based violence because the concept of 'honour' is used by perpetrators to make excuses for their abuse. There is a very strong link between 'honour' based violence, forced marriage and domestic abuse. So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including **Female Genital Mutilation (FGM)**, **Forced Marriage**, and practices such as **breast ironing** (prevalent in Cameroon). All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubts staff should speak to the Designated Safeguarding Lead. (DSL) Professionals in all agencies need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

Examples of damaged so called honour are:

- Defying parental authority
- Becoming overly westernised in style (e.g. clothing, make up, behaviour, attitudes, etc.)
- Having sex/relationships/pregnancies outside marriage
- Using drugs, alcohol, cigarettes
- Gossip – family honour can be damaged by unfounded or untrue gossip or rumours
- Interfaith or intercommunity relationships
- Leaving a spouse or seeking a divorce

Forms of 'honour' based violence can include, but are not limited to:

- Being disowned or ostracised by the community
- Physical abuse of the victim by family members including spouse and in - laws
- Restriction of freedom or loss of independence – being "policed" by family members
- Isolation from wider family or community, e.g. stopped from seeing friends
- Forced marriage
- Murder

Internalisation of guilt or shame by the victim can cause internal conflict for them, and not wanting to cause further shame can result in self harm and suicide attempts.

There are a range of potential indicators that a child may be at risk of HBV. The police and the Children's Helpdesk should be involved immediately if there is a concern about so-called honour based violence. Where FGM has taken place, since 31 October 2015 there has been a **mandatory reporting duty placed on teachers** that requires a different approach (see following section).

Female Genital Mutilation (FGM)

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 place 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/being planned:

- 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

Signs 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 somebody 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

All practitioners working with victims of Forced Marriage, FGM and HBV need to be aware of the **"one chance" rule**. That is, they may only have **one chance** to speak to a potential victim and 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 become aware of potential forced marriage cases / “honour” based violence. If the victim is allowed to walk out the door without support being offered, that **one chance** might be wasted.

If there is suspicion that FGM may be planned for a pupil or has happened 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. Staff should inform social care and the police without delay (and inform the DSL). **You must PERSONALLY report this.**

Forced Marriage (FM)

Forced Marriage is entirely different than arranged marriage and is a marriage conducted without the valid consent of one or both parties, where some element of duress is a factor. The United Nations views Forced Marriage as a form of human rights abuse, since it violates the principle of freedom and autonomy of individuals.

*‘Forced marriage **is a form of child/domestic abuse** and should be treated as such. Therefore, ignoring the needs of victims is not an option. Forced marriage affects people from many communities and cultures. Cases should be tackled using existing structures, policies and procedures designed to safeguard children, adults with support needs and victims of domestic abuse.’* Forced Marriage Unit

Whistleblowing 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.** Police responsibilities in relation to forced marriage include protecting victims, investigating and assisting in the prosecution of any crimes associated with forcing someone to marry, and supporting witnesses.

There is a common misconception that forced marriages are confined to certain religious group and cultures, however this is not the case. The practice of forced marriage is not confined to one culture or religious group and any persons regardless of ethnicity, culture, religion, disability, age, gender and sexuality can find themselves in a situation where they are offered no choice but to proceed with the marriage. The majority of cases of forced marriage encountered in the UK involved South Asian families, but this is due to the size of the South Asian population in the UK, rather than this being an issue specific to this community. There are also cases involving families from Iraqi Kurdistan, East Asia, the Middle East, Eastern Europe, Africa and from within Czech Roma Communities.

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 and 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:

Definitions

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

Extremism is defined by the Government in the Prevent Strategy as: Vocal or active opposition to fundamental British values, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

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.**

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.

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 are able to recognise those vulnerabilities.

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.

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.

More critical risk factors could include:

- **Being in contact with extremist recruiters either online or in person;**
- **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.**

It is not for schools to investigate but **if schools are concerned about a pupil a referral should be made to Channel via Gloucestershire Police Prevent Officer (tel: 101). Call 999 in an emergency.** You can call anonymously on 0800 789321.

When considering a referral to Channel staff should keep the following questions in mind:

Engagement: how engaged are the pupils with the ideology?

Intent Factors: What are their intentions?

Capability: What is their capability of carrying out their intent?

At all times GHES staff should be alert to signs of radicalisation or extremism in the children or young people that we work with. We also must take seriously our role in helping children and young people stay safe from radicalisation and extremism through the high quality delivery of our Wellbeing Curriculum where we cover radicalisation and extremism. GHES will also support parents in keeping their children safe through providing clear information about the issue.

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

Further information on Teenage relationship abuse

The definition of 'domestic violence and abuse' was updated in March 2013 to include the reality that many young people are experiencing domestic abuse and violence in relationships at a young age. They may therefore be Children In Need or likely to suffer significant harm. The definition from the Home Office is as follows:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality".

This can encompass, but is not limited to, the following types of abuse: Psychological; Physical; Sexual; Financial; Emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

Prolonged or regular exposure to domestic abuse can have a serious impact on a child's development and emotional well-being, despite the best efforts of the victim parent to protect the child. **Domestic abuse has an impact in a number of ways. It is absolutely essential that this is considered in every assessment where it is identified as a factor.** During pregnancy, it can pose a threat to an unborn child as assaults on pregnant women often involve punches or kicks directed at the abdomen, risking injury to both the mother and the foetus (please refer to the Gloucestershire Unborn baby protocol) Older children may also suffer blows during episodes of violence. Children may be greatly distressed by witnessing the physical and emotional suffering of a parent. The effects may result in behavioural issues, absenteeism, ill health, bullying, substance misuse, self-harm and anti-social behaviour.

The negative impact of domestic abuse on an adult victim or perpetrator's parenting capacity is exacerbated when violence is combined with any form of substance misuse; children witnessing the violence; children drawn into the violence; or children pressurised into concealing assaults.

Children's exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress.

Children who are experiencing domestic abuse or conflict may benefit from a range of support and services; some may be at risk of significant harm.

The Children Act 1989 definition of "harm" in the term "significant harm" has been amended so that it explicitly includes "impairment suffered from seeing or hearing the ill-treatment of another." (Section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005)). This includes any impairment of the child's health or development as a result of witnessing the ill-treatment of another person such as domestic violence.

Teenage relationship abuse warning signs:

young person's weight, appearance or grades have changed dramatically since you started seeing this person

young person worries about how their partner will react to things they say or do

young person feels that their needs and desires come second

young person thinks twice about expressing their own thoughts or feelings

young person worries they might make the "wrong" decision about what they wear, where they go and who they hang out with, even in the PRU

their family or friends warn them about this person or worry about the young person's safety

young person is frightened of this person, maybe not before but lately

Being hit or physically abused is only one sign of an abusive relationship. You can be in an abusive relationship without ever being hit. Abusive partners are self-centred, immature, manipulative, can't appreciate the views or needs of others, shift blame onto others, don't take responsibility for the bad things they do or say, are possessive and treat people like their property, and put others down to feel good about themselves. They are disrespectful and may have problems keeping their emotions under control.

The GSCE have published a Domestic Abuse pathway for educational settings which is on the GSCE 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 child protection 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.

Further information on Peer on Peer Abuse (allegations of abuse made against other children)

Staff should recognise that children are capable of abusing their peers. Abuse is abuse and should never be tolerated or passed off as "banter" or "part of growing up". Peer on Peer Abuse can manifest itself in many ways. Sexting can be a form of Peer on Peer Abuse for example. Teenage relationship abuse is another example. There are often different gender

issues that can be prevalent when dealing with peer on peer abuse. This could for example include girls being sexually touched / assaulted or boys being subject to initiation / hazing type violence. **For Peer on Peer Abuse the usual child protection 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.**

Sexual violence and sexual harassment between children in schools and colleges

Sexual violence and sexual harassment can occur between two children of **any** age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that **all** victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Staff should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

What is Sexual violence and sexual harassment?

Sexual violence

It is important that school and college staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003/19

It is important school and college staff (and especially DSL and DDSL) understand consent. This will be especially important if a child is reporting they have been raped. PSHE Teaching about consent from the PSHE association provides advice and lesson plans to teach consent at Key stage 3 and 4.

Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the

penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

What is consent? Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

Sexual harassment

When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- sexual "jokes" or taunting;
- physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; and
- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:

- non-consensual sharing of sexual images and videos;
- sexualised online bullying;
- unwanted sexual comments and messages, including, on social media; and
- sexual exploitation; coercion and threats
- Upskirting

Upskirting

'Upskirting' typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation distress or alarm. It is now a criminal offence.

The response to a report of sexual violence or sexual harassment

The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe.

A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

If staff have a concern about a child or a child makes a report to them, they should follow the referral process as set out in this policy. As is always the case, if staff are in any doubt as to what to do they should speak to the designated safeguarding lead (or a deputy).

Further information on CSE (Child Sexual Exploitation)

The new advice (Feb 2017) from the DfE on CSE and the new definition can be found in Government Guidance “Child sexual exploitation: definition and guide for practitioner”.

The definition of CSE in this document is:

CSE is a form of sexual abuse. It occurs where an individual or group takes advantages 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.” Child Sexual Exploitation DfE February 2017

Child Sexual Exploitation (CSE) is a complex form of abuse and it can be difficult for those working with children to identify and assess. The indicators for CSE can sometimes be mistaken for ‘normal adolescent behaviours’. It requires knowledge, skills, professional curiosity and an assessment which analyses the risk factors and personal circumstances of individual children to ensure that the signs and symptoms are interpreted correctly and appropriate support is given. Even where a young person is old enough to legally consent to sexual activity, the law states that consent is only valid where they make a choice and have the freedom and capacity to make that choice. If a child feels they have no other meaningful choice, are under the influence of harmful substances or fearful of what might happen if they don’t comply (all of which are common features in cases of CSE) consent cannot legally be given whatever the age of the child.

Child Sexual Exploitation is never the victim’s fault, even if there is some form of exchange: all children and young people under the age of 18 have a right to be safe and should be protected from harm.

One of the key factors found in most cases of Child Sexual Exploitation is the presence of some form of exchange (sexual activity in return for something); for the victim and/or perpetrator or facilitator.

Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or alcohol) and intangible rewards (such as status, protection or perceived receipt of love or affection). It is critical to remember the unequal power dynamic within which this exchange occurs and to remember

that the receipt of something by a child/young person does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a child who engages in sexual activity to stop someone carrying out a threat to harm his/her family.

Practitioners should not rely on ‘checklists’ alone but should make a holistic assessment of vulnerability, examining risk and protective factors as set out in the statutory guidance *Working Together*.

The following vulnerabilities are examples of the types of things children can experience that might make them more susceptible to child sexual exploitation:

Having a prior experience of neglect, physical and/or sexual abuse;

Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example);

- Recent bereavement or loss;
- Social isolation or social difficulties;
- Absence of a safe environment to explore sexuality;
- Economic vulnerability;
- Homelessness or insecure accommodation status;
- Connections with other children and young people who are being sexually exploited;
- Family members or other connections involved in adult sex work;
- Having a physical or learning disability;
- Being in care (particularly those in residential care and those with interrupted care histories); and
- Sexual identity.

Not all children and young people with these vulnerabilities will experience child sexual exploitation. **Child Sexual Exploitation can also occur without any of these vulnerabilities being present.**

Children rarely self-report child sexual exploitation so it is important that practitioners are aware of potential indicators of risk, including:

- Acquisition of money, clothes, mobile phones etc without plausible explanation;
- Gang-association and/or isolation from peers/social networks;
- Exclusion or unexplained absences from school, college or work;
- Leaving home/care without explanation and persistently going missing or returning late;
- Excessive receipt of texts/phone calls;
- Returning home under the influence of drugs/alcohol;
- Inappropriate sexualised behaviour for age/sexually transmitted infections;
- Evidence of/suspicious of physical or sexual assault;
- Relationships with controlling or significantly older individuals or groups;

- Multiple callers (unknown adults or peers);
- Frequenting areas known for sex work;
- Concerning use of internet or other social media;
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional wellbeing.

Practitioners should also remain open to the fact that Child Sexual Exploitation can occur without any of these risk indicators being obviously present.

Child Sexual Exploitation may occur without the child being aware of events, or understanding that these constitute abuse. Online exploitation includes the exchange of sexual communication or images and can be particularly challenging to identify and respond to. Children, young people and perpetrators are frequently more familiar with, and spend more time in, these environments than their parents and carers. Child Sexual Exploitation is complex and children are often reluctant to disclose experiences of exploitation due to misplaced feelings of loyalty and shame. Many may not recognise what they are experiencing as abuse or that they require support or intervention, believing they are in control or in a healthy consensual relationship.

Most child abuse occurs within the home. In cases of CSE the risk of harm is generally external or in the community.

Child Sexual Exploitation (CSE) takes many different forms. It can include contact and non-contact sexual activities and can occur online or in person, or a combination of each. The following illustrative examples, although very different in nature and potentially involving different sexual or other offences, could all fall under the definition of child sexual exploitation:

- A 44 year old female posing as a 17 year old female online and persuading a 12 year old male to send her a sexual image, and then threatening to tell his parents if he doesn't continue to send more explicit images;
- A 14 year old male giving a 17 year old male oral sex because the older male has threatened to tell his parents he is gay if he refuses;
- A 14 year old female having sex with a 16 year old gang member and his two friends in return for the protection of the gang;
- A 13 year old female offering and giving an adult male taxi driver sexual intercourse in return for a taxi fare home;
- A 21 year old male persuading his 17 year old 'girlfriend' to have sex with his friends to pay off a drug debt;
- A mother letting other adults abuse her 8 year old child in return for money;
- A group of men bringing two 17 year old females to a hotel in another town and charging others to have sex with them; and
- Three 15 year old females being taken to a house party and given 'free' alcohol and drugs, then made to have sex with six adult males to pay for this.

These examples are not exhaustive: other forms of child sexual exploitation occur and new forms continue to develop. Nor are they mutually exclusive – some children will suffer abuse across a range of scenarios, either simultaneously or in succession.

If CSE is suspected a **CSE screening tool** should be completed and send to the Front Door for Children’s Services along with a MARF (Multi-agency referral form) completed on the online portal. The CSE screening tool can be found on the GSCE website: <http://www.gscb.org.uk>.

Online Abuse

Online Activity (phones, computers) can be a serious risk to children: The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation – technology often provides the platform that facilitates harm. An effective approach to online safety empowers a school or college to protect and educate the whole school or college community in their use of technology and establishes mechanisms to identify, intervene and escalate any incident where appropriate.

CSE (Child Sexual Exploitation) does not always involve physical contact and can happen online

CSE may involve the role of the internet to identify potential victims or as a tool to coerce and blackmail children into performing sexual acts, both on and offline. The internet may also be provided to children as a “gift” by perpetrators, for example in the form of a mobile phone/device. In some cases CSE can entirely take place online, for example children being coerced into performing sexual acts via webcam, and may not always result in a physical meeting between children and the offender.

SEXTING: Sexting is danger to children.

All members of staff must be aware of the range of safeguarding issues, and sexting is highlighted in the new KCSIE. Sexting can be defined as ‘**an increasingly common activity among children and young people, where they share inappropriate or explicit images online...**’. This can include sharing indecent images of themselves or others via mobile phones, webcams, social media and instant messaging.

Although viewed by many young people as ‘normal’ and part of ‘flirting’ or showing confidence through ‘selfies’, **by sending an explicit image, a young person is producing and distributing indecent child images and risks being prosecuted, even if the picture is taken and shared with permission. There is an increased risk of blackmail, bullying, emotional distress and unwanted attention.**

Whilst it is usually more common with teenagers, sexting behaviour can impact on younger children, for example risk taking behaviour or natural curiosity so all schools must consider

how to respond. (NSPCC)

According to the Association of Chief Police Officers, **“Children and young people creating indecent images of themselves may be an indicator of other underlying vulnerabilities, and such children may be at risk in other ways. At the very least, children in this situation are making themselves vulnerable due to the potential future sharing of their images.”** Sexting is likely to be an issue which has been highlighted in staff safeguarding training. All members of staff should know how to respond to sexting concerns appropriately and in line with the school policy i.e. report concerns to the DSL immediately, and potentially confiscate a phone. *There is a dedicated sexting section on the LGfL Online-Safety portal with resources to use in the classroom, as well as advice for parents and teachers: sexting.lgfl.net which is a useful reference.*

Appendix 4 : 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.

Immediately afterwards

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. Please refer to Section 8 (The Child Protection Referral Process)

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 DSL, line-manager, Head of Service or Christine Drew (GHES PMHW/ Emotional Wellbeing Nurse).

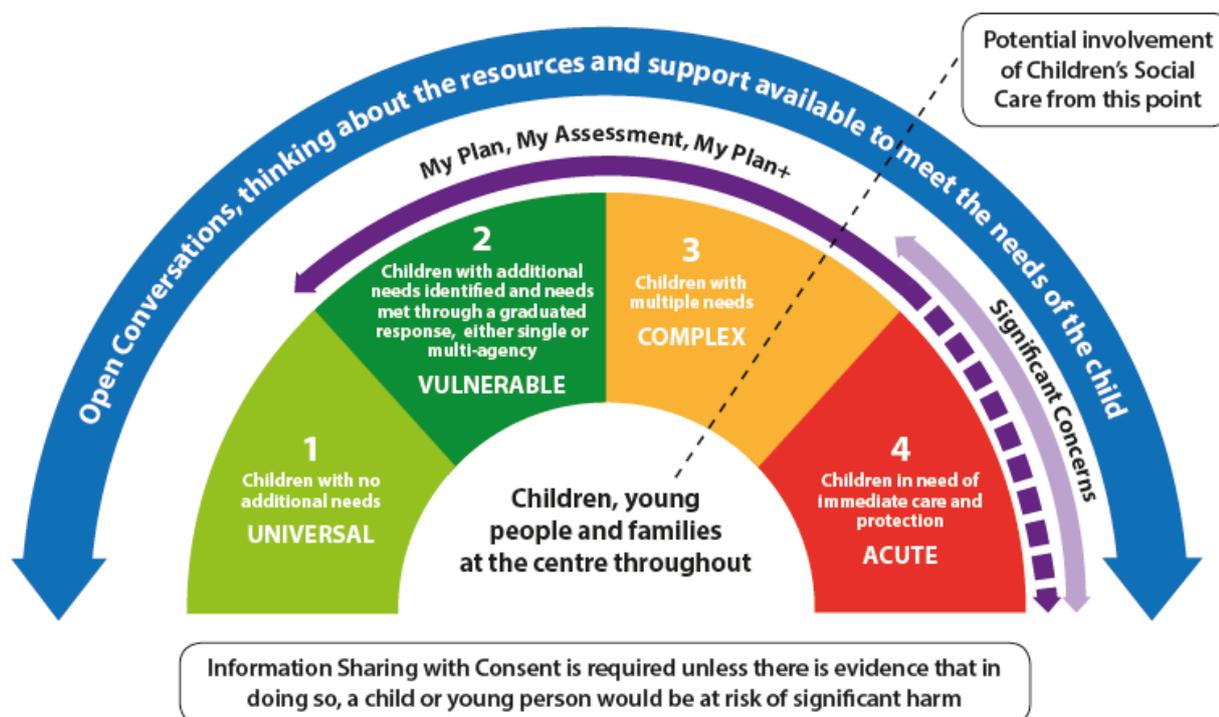
Appendix 5 : GHES Safeguarding – recording information

CPOMS should be used for recording all information in relation to safeguarding.

Appendix 6 : GSCE continuum of need windscreen/overview of levels of need (2018)

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 GCSE 'continuum of need' windscreen is an important diagram to keep in mind for all children. It is a diagram to show an overview of the levels of need.

The 'windscreen' – A diagram to demonstrate the Continuum of Need



Children and families may have different levels of need at different times across a range of issues. Having a graduated approach ensures that support will be appropriate.

Children might also have a range of needs at different levels. It is important to take all needs into consideration when determining the type of support that might be required and the professionals who should be involved.

Children with Complex or Acute Needs

A lot of children with complex needs will have their needs met through the graduated pathway and a My Assessment & My Plan+, which is regularly reviewed through a Team Around the Child (TAC) or Team Around the Family (TAF) meeting.

Children with very complex needs and/or at risk of significant harm will require an assessment by children's social care to determine the level of risk to the child and the multi-agency support that is necessary to meet the needs of the child.

Some children will have very complex needs but not be at risk of significant harm e.g. children with complex disabilities. Professionals should refer to the graduated pathway for more information.

The information on this page is taken from, "Gloucestershire's Level of Intervention Guidance – Working Together to Safeguard and Promote the Welfare of Children" (June 2019). For the full document go to: <http://www.gscb.org.uk/>

Appendix 7 – Documents & Policies for all staff

The following policies and documents are required to be read and signed at the start of every academic year and when any updates are made during the academic year:

- GHES Safeguarding Child Protection Policy and Procedures 2020
- KCSIE 2020
- Key Changes to KCSIE 2020
- SCR Annual Update Signing Sheet
- Annual Declaration (DBS updates and Disqualification Declaration)
- Generic Risk Assessment – Occupational Driving

Other Safeguarding Policies that accompany the above can be found in GHES_General > Policies > Statutory Policies > Safeguarding

- GHES Early Help offer 2020
- GHES General Behaviour Policy, Employee Code of Conduct and Whistleblowing Procedure
- Staff Signature Sheet for Behaviour Policy and Code of Conduct
- Golden Rules of Internet Sharing
- GHES Visitors Terms and Conditions
- Staff ICT and Social Media Acceptable Use Policy
- Escalation of Concern Form - GSCE Levels of Intervention Guidance
- GSCE Revised Guidance for Safeguarding Children July 2018
- Guidance for Safer Working Practice for Adults Working with Children in Education
- Guidance on Appropriate Language Toolkit for Professionals
- Substance Misuse Screening Tool and Referral Form
- Working Together to Safeguard Children

New staff induction

The following staff are provided with:

- Safeguarding and Child Protection & Procedures
- Behaviour policy
- Staff Behaviour Policy sometimes called code of conduct)
- Role of the DSL (including the identity of the DSL and any deputies)