



# Safeguarding and Child Protection Policy

Created by: John Moore  
September 2, 2024

Date of next review:  
September 2025

## Sherborne - For LIFE!

At Sherborne CofE Primary School, all stakeholders are expected to know and promote the school's aims and ethos. Our motto, Sherborne – For LIFE!, represents these aims and provides a reminder of our core purpose:

- Our school nurtures a [Love of Learning](#)
- Our school promotes [Independence and Individuality](#)
- Our school is [Fun and children leave with a sense of Fulfilment](#)
- Our school expects [Excellence from pupils and staff, and Enjoyment fills every classroom](#)

The school's motto is taken from John 10:10, where Jesus said, "I have come that they may have life, and have it to the full." We believe that having life to the full means that children receive an excellent, broad and balanced learning journey which recognises the importance of good mental and physical health. The school is clear that all children are unique, with different talents and learning needs. Each child is valued equally as a part of the school community.

All pupils, both current and past, will always be welcome at the school. Once a Sherborne pupil, children are Sherborne – For LIFE!

### **Monitoring and Evaluation**

The Headteacher is responsible for updating this policy in line with any new developments in the school and new government guidance. All staff and governors are expected to know, understand and follow the policy.

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If you are worried or concerned about anyone under 18 who you think is being abused or neglected, or that a child and their family need help and support, please contact the MASH hours: 9am - 5pm on 01452 426565 or (out of hours 01452 614194 or 101 (police). Or you can email [childrenshelpdesk@gloucestershire.gov.uk](mailto:childrenshelpdesk@gloucestershire.gov.uk)

If you have a concern about a child or young person that is non-urgent and you wish to have a conversation to consider levels of intervention and next steps with a community social worker, please can you send an email to [mashearlyhelp@gloucestershire.gov.uk](mailto:mashearlyhelp@gloucestershire.gov.uk)

**In the case of an emergency, always dial 999. If needing medical help fast, dial 111.**

## Section 1 – Introduction, purpose and scope of the policy

Sherborne C of E Primary School Governing Body recognises its responsibility, under section 175 of the Education Act 2002, to safeguard and promote the welfare of children; and to work together with other agencies to ensure there are adequate arrangements within our setting to identify, assess and support those children who may be suffering harm. This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002 and in line with statutory guidance: 'Working together to safeguard children' (DfE 2023) and 'Keeping children safe in education' (DfE 2024). This policy also takes on board procedures and guidance set out by Gloucestershire Safeguarding Children Partnership (GSCP).

This policy covers both safeguarding and child protection, and staff members are expected to recognise the difference:

Safeguarding is how the school looks to protect its children and families from harm.

Child Protection is what the school will do to protect a child or family who have already experienced harm.

In short, safeguarding is proactive and child protection is reactive.

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

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing the 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
- taking action to enable all children to have the best outcomes.

(taken from Keeping Children Safe in Education 2024, Paragraph 3)

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

Sherborne C of E Primary School recognises that all adults, including supply staff, volunteers, non-teaching staff and management committee members, have a full and active part to play in protecting our pupils from harm, and that the welfare of each child is of paramount importance. This includes a commitment to ensuring that all learners feel

confident that any concerns they may have will be listened to and acted upon. All staff believe that our school should provide a caring, positive, safe and stimulating environment that promotes the social, cultural, spiritual and moral development of each individual child as well as academic progress. For this reason, the school expects all staff to read Part 1 of Keeping Children Safe in Education (KCSIE) 2024 and Annex B – Part 5. Staff are also expected to have knowledge of the contents of Part 4, Sections 1 and 2.

#### Purpose of the Safeguarding Policy

- To inform staff, parents, volunteers and Governing Body members about the school's responsibilities, processes and procedures for safeguarding children.
- To enable everyone to have a clear understanding of how these responsibilities should be carried out so that policy and practice are running in parallel.

#### GSCP

Sherborne C of E Primary School follows the procedures established by the Gloucestershire Safeguarding Children Partnership (GSCP), details of which can be found [here](#). GSCP also provide regular email alerts and training to Sherborne staff. All staff are encouraged to visit this live, regularly updated website which guides and informs school.

#### All Sherborne Staff & Volunteers

- All staff have a responsibility to provide a safe environment in which children can learn.
- Staff and volunteers are particularly well placed to observe possible outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.

**NOTE:** Wherever the word 'staff' is used, it covers ALL staff, including supply or claims basis staff, agency staff, contractors, volunteers, administrative staff and management committee members.

#### Mission Statement

- Maintain and continue to create an environment in which all children and young people feel safe, secure, valued and respected and where they can learn and fully develop.
- Establish and maintain an environment where children are encouraged to talk, and are listened to when they have a worry or concern. Ensure children know they can approach staff if they are worried.
- Establish and maintain an environment where school staff and volunteers are encouraged to share and are listened to when they have concerns about the safety and well-being of a child.

- Ensure that all staff know the procedures for reporting a concern or making a child protection referral and that staff are well equipped to spot signs of abuse or a child in need of early help for a variety of reasons.
- Ensure that any children who have been abused will be supported in line with a child protection plan, where deemed necessary.
- Include opportunities in the curriculum for children to develop the skills they need to recognise and stay safe from abuse or from other areas of risk as part of a broad and balanced curriculum. Ensure our children are equipped with the skills they need to keep themselves safe.
- Contribute to the Spiritual, Moral, Social and Cultural (SMSC) development of children as well as other key aspects of a young person's well-being (being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being).
- To ensure that we have suitable staff working within our school by adhering stringently to safer recruitment processes and ensuring any unsuitable behaviour is reported and managed quickly using the Allegations Management procedures.
- Ensure all staff members maintain an attitude of **'it could happen here'** where safeguarding is concerned and that when issues arise about the welfare of a child, staff members always act in the interests of the child.
- To ensure that within the organisation there is an understanding that **safeguarding is the responsibility of EVERYONE. If at any point there is immediate risk of serious harm to a child a referral must be made to social care immediately or dial 999. Anybody can make a referral.**

#### Implementation, Monitoring and Review of the Policy

The policy will be reviewed annually by the Governing Body. Compliance with the policy will be monitored by the Designated Safeguarding Lead and through staff performance measures. Our Safeguarding Policy and Procedures will also be monitored and evaluated by:

- Governing Body members;
- SLT learning walks;
- Pupil surveys and questionnaires;
- Scrutiny of Attendance data;
- Scrutiny of a range of risk assessments;
- Logs of bullying/racist/homophobic behaviour incidents;
- Review of any parental concerns and parent questionnaire;
- School council meetings;
- GSCP/GCC schools annual safeguarding audit document.

## Section 2 – Statutory Framework

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

- [The Children Act 1989](#)
- [The Children Act 2004](#)
- [Education Act 2002 \(section 175\)](#)
- [The Education \(Pupil Information\) \(England\) Regulations 2005](#)
- [Gloucestershire Safeguarding Children Partnership \(Inter-agency Child Protection and Safeguarding Children Procedures\)](#)
- [Keeping Children Safe in Education: information for all school and college staff \(DfE 2024\)](#)
- [Working Together to Safeguard Children \(DfE 2023\)](#)
- [Child Sexual Exploitation](#) February 2017
- [What to do if you are worried a child is being abused](#) (2015 advice for practitioners)
- [Mental Health and Behaviour in Schools](#) (DfE 2018)

Working Together to Safeguard Children (DfE 2023) requires all schools to follow the procedures for protecting children from abuse which are established by the Gloucestershire Safeguarding Children Partnership. Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

Furthermore, 'Keeping Children Safe in Education' (DfE 2024) places the following responsibilities on all schools:

- All staff members should be aware of systems within their school which support safeguarding and these should be explained as part of induction.
- All staff must understand the role of the DSL (Designated Safeguarding Lead) and the DDSL (Deputy Designated Safeguarding Lead).
- Overall responsibility for safeguarding and child protection matters rest with the Designated Senior Person (referred to in 'Keeping Children Safe in Education (DfE, September 2024) as Designated Safeguarding Lead'). This responsibility cannot be delegated.
- Staff with the designated safeguarding lead responsibility should undergo updated child protection training at least annually.
- Schools should be aware of and follow the procedures established by the GSCP.
- All staff should be aware of the school's behaviour policy.

- All staff should understand the safeguarding response to children who go missing from education (CME).
- All staff should know the identities of the Designated Safeguarding Lead and the Deputy Designated Safeguarding Lead.
- All staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions.
- All concerns or discussions, decisions made and reasons for those decisions must be recorded in writing by staff. Staff must be able to distinguish between a CONCERN, RISK OF HARM or IMMEDIATE DANGER.
- Training for all staff must now be 'at least annually' (with regular updates as necessary).
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or is suspected of abuse.
- Schools have a responsibility to ensure their computer networks are monitored and filtered effectively so that potentially harmful, upsetting and inappropriate content cannot be accessed using any of the school's devices.

Keeping Children Safe in Education (DfE 2024) also states:

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

### Section 3 – The Designated Safeguarding Leads (DSLs)

At Sherborne C of E Primary School the DSLs are as follows:

**DSL (Designated Safeguarding Lead): John Moore**

head@sherborne.gloucs.sch.uk

Tel: 01451 844277

**DDSL (Designated Deputy Safeguarding Lead): Flora Ellis**

fellis@sherborne.gloucs.sch.uk

Tel: 01451 844277

## **DDSL (Designated Deputy Safeguarding Lead): Lindsay Connor**

cohead@bourton.school

Tel: 01451 844277

## **Safeguarding Governor: Will Russell**

In the event that the DSL and DDSLs are all offsite at the same time, all staff have been provided with the personal phone numbers of three individuals to ensure they are able to speak with one of the school's safeguarding leads in a timely manner.

The overall responsibility for safeguarding and child protection rests with the DSL and this responsibility cannot be delegated (as per KCSIE, September 2024).

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

### **Managing referrals**

- Refer all cases of suspected abuse to the local authority children's social care team and to the Police in cases where a crime may have been committed.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- Ensure effective records are kept in regards to safeguarding matters including keeping written records of concerns about children, even when there is no need to refer the matter immediately ('watching brief'). Ensure all records are kept securely, separate from the pupil main files in a locked cupboard.

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

- The school's designated and deputy safeguarding leads receive appropriate annual training through the GSCP DSL Forums. Multi-agency training is also undertaken every two years in order to carry out their roles. The DSL/DDSL have job descriptions in place so that they are clear about their roles and responsibilities. The DSL and DDSL are also required to attend whole service CP/safeguarding updates every three years as well as participate in the annual (internal) CP/safeguarding updates. Additional online training is undertaken as advised by the GSCP.

### **Raising Awareness and encouraging ongoing vigilance**



- The Designated Safeguarding Lead and Deputy Designated Safeguarding Lead should ensure the safeguarding policy and associated policies and procedures are known by all staff and used appropriately.
- Ensure that, working with the Governing Body, the school's safeguarding policy is reviewed annually and that the procedures and implementation are updated and reviewed regularly.
- Ensure the safeguarding policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made.
- Link with the local GSCP to make sure staff are aware of training opportunities and the latest local policies and guidance on safeguarding.
- Where children leave the school ensure their 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 an annual report for the Governing Body, detailing any changes to the policy and procedures; training undertaken by the DSL, and by all staff and management committee members; number and type of incidents/cases, and number of children on the child protection register (anonymised).

#### Section 4 – The Governing Body

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

The nominated governing body member for child protection is: Will Russell

The responsibilities placed on governing bodies include:

- Their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified.
- Ensuring that an effective safeguarding policy is in place, together with a staff code of conduct.
- Appointing a Designated Safeguarding Lead who should undergo child protection training at least annually (the Deputy Designated Safeguarding Lead should be trained to the same standard).
- Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns.
- Making sure that children are taught about how to keep themselves safe.
- Supporting the school to meeting the filtering and monitoring standards, as set out by the DfE [here](#)

Safeguarding is a standing agenda item at all governing body meetings. In addition, the Headteacher's Report to governors will contain anonymised safeguarding concerns.

### Section 5 – Prevention and Supporting pupils

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

- Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Include regular consultation with children e.g. through the school council, pupil questionnaires and involvement in special events.
- Ensure that all children know there is an adult in school whom they can approach if they are worried or in difficulty.
- Including opportunities across the curriculum, including in the curriculum (explicit PSHE/SRE topics), which equip pupils with the skills 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 and e-safety.
- Include opportunities in the curriculum to prepare for transitions. Transitions can be a time of great anxiety so considering additional emotional support young people may need is important (offer of early help) to keep children safe. Teaching confidence and staying safe in more independent travel situations is also important.
- Encouraging self-esteem and assertiveness through the curriculum whilst not condoning aggression or bullying.
- Liaising and working with all other services and agencies involved in safeguarding and supporting children where appropriate.
- Seeking early help for young people when concerns become apparent or notifying social care (via the Children's Helpdesk/front door) as soon as there is a significant concern.

### Domestic Abuse

Staff recognise that children who witness domestic abuse are also victims, and that this can have a lasting impact on children. The abuse can be physical, sexual, financial, psychological or emotional. Harm can include ill treatment that isn't physical, as well as witnessing the ill treatment of others.

## Mental Health

All staff are expected to be familiar with the document 'Mental Health and Behaviour in Schools (DfE 2018). The schools Mental Health lead will keep up to date with any new developments and changes to this document.

Children who require mental health support can be at greater risk of harm and the school will work with external agencies where necessary to provide support for these children.

## Sherborne C of E Primary School's Context and Prevention

Staff are always on hand to listen to children who appear low in mood or ask for help. Staff also recognise that children who have been abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. Sherborne C of E Primary School may be the only stable, secure and predictable element in the lives of children at risk. Their behaviour may be challenging and defiant or they may be withdrawn. Staff will endeavour to support the pupil through:

- The content of the curriculum.
- The school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- The school's behaviour policy which is aimed at supporting vulnerable pupils in school. School 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 Young People Service (CYPS, formerly CAMHS), Targeted Support Team, Education, Entitlement and Inclusion Team (EEI Team) and Educational Psychology Service.
- Ensuring that, where a pupil who has a child protection plan leaves the school, their information is transferred to the new school immediately and that the child's social worker is informed.

## Section 6 – Safe School, Safe Staff (GSCP guidance)

Sherborne C of E Primary School follows the procedures set out by the Gloucestershire Safeguarding Children Partnership and take account of guidance issued by the Department for Education to:

- Ensure we have a Designated Safeguarding Lead (DSL) and DDSL (Deputy Designated Safeguarding Lead) who have received appropriate training and support for this role and a job description for their role in place.
- Ensure that all staff complete a declaration of criminal record on an annual basis and that schools consider transferable risks from incidents outside of school regarding staff behaviour.
- Ensure we have a designated teacher for CIC (Children in Care) and that this person is appropriately trained.
- Ensure we have a nominated Governing Body member responsible for child protection who has received appropriate training.
- Ensure we have a nominated member of the Governing Body who is responsible for CIC (Children in Care) and has received the appropriate training.
- Ensure every member of staff (including temporary and supply staff and volunteers) and the management committee knows the name of the designated senior staff responsible for child protection and their role.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated senior person responsible for child protection (or taking immediate action if appropriate).
- Ensure that parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations on our school website.
- Notify the relevant social worker if there is an unexplained absence of more than two days of a pupil who has a Child Protection Plan (previously known as being on the child protection register.)
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at child protection conferences and core groups.
- Keep written records of concerns about children, even where there is no need to refer the matter immediately.
- Develop and then follow procedures where an allegation is made against a member of staff or volunteer including supply or agency workers, contractors or management committee members.
- Ensure safe recruitment practices are always followed.
- Ensure that all staff have read and understood this policy and Part 1 of Keeping Children Safe in Education (September 2024), Part 5 (Child on Child Sexual Violence) and are aware of Part 4 Sections 1 and 2.

Training to support this:

- All staff will have at least annual training on safeguarding and child protection updates through INSET days and whole school meetings. All staff will receive mandatory whole-service safeguarding children training (every three years as advised by Gloucestershire Safeguarding Children Partnership), so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow.
- The Designated Safeguarding Lead delivers an annual update to all staff on safeguarding and child protection matters each September.
- Additional training opportunities are offered as the opportunities arise.
- Safeguarding and child protection matters are a standing agenda item for all Governing Body meetings and staff 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 seven days.
- All temporary staff, volunteers or agency staff receive a School safeguarding quick reference guide on Day 1. They are also given a copy of this policy and procedures as well as the staff code of conduct on Day 1.
- The Headteacher receives e-mail alerts from GSCP and if/when appropriate these are shared with staff at the earliest opportunity.

## Section 7 – Responsibilities of All Staff

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

- The school's safeguarding policy and procedures (this document).
- 'Keeping Children Safe in Education: information for all school and college staff' (DfE, September 2024).
- 'Mental Health and Behaviour in Schools' (DfE 2018)
- 'Guidance for safer working practice for adults who work with children and young people'.
- Safeguarding children quick reference guide for new school staff or volunteers at school (handed out of day 1).
- The above documents are given to staff and volunteers on induction and staff sign to say that they have read and received them. Other useful information, including the Safeguarding Children Handbook published by the Gloucestershire Safeguarding Children's Partnership (GSCP) <https://www.gloucestershire.gov.uk/gscp/>, can be found online at Staff should be aware of this website.
- The school will hold the details of more than one emergency contact for each pupil.

- At Sherborne we all work together and all take responsibility for safeguarding. The designated senior staff for safeguarding are as in Section 3 of this policy.
2. **All staff have a responsibility to identify and report suspected abuse and to ensure the safety and well-being of the pupils in the school.** In doing so they should seek advice and support as necessary from the DSL/DDSL.
  3. **All Staff are expected to provide a safe and caring environment in which children can develop the confidence to voice ideas, feelings and opinions.** Children should be treated with respect within a framework of agreed and understood behaviour.
  4. **All staff are also expected to:**
    - Undertake and engage with regular training on Child Protection and safeguarding. This includes safeguarding induction training, GSCP whole service child protection training every three years, annual safeguarding update training and online training as well as any additional training as directed by the DSL.
    - Be able to identify signs and symptoms of abuse, including Child on Child abuse.
    - Be aware that pupils may witness domestic abuse, and they are also victims.
    - Understand possible risk factors such as children who need a social worker and children who require mental health support.
    - Consider that safeguarding incidents and behaviours could be associated with external factors and to consider if a child is at risk from extra-familial abuse or exploitation.
    - Be able to identify children in need of extra help or at risk of significant harm.
    - Be familiar with the guidance on 'Mental Health and Behaviour in Schools', and be alert to possible links between mental health issues and safeguarding concerns.
    - Be able to support social workers in making decisions.
    - Report concerns (including concerns about other staff/professionals) to the Designated Safeguarding Lead or other senior staff members as appropriate. In the case of any concerns about the Headteacher this should be reported to Nick Fisher (Chair of the Governing Body).
    - In the case of FGM (Female Genital Mutilation) a member of staff must personally report to the police a disclosure that FGM has been carried out (in addition to liaising with the DSL).
    - Know how to make referrals to the children's helpdesk (if/when appropriate).
    - Be aware of school's procedures and guidelines for safeguarding.
    - Monitor and report as required on the welfare, attendance and progress of all pupils.

- Keep clear, dated, factual and confidential records of child protection concerns and share these with the DSL/DDSL.
- 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).
- Recognise that abuse can take place between peers.
- Recognise that children with special educational needs or disabilities (SEND), or certain medical or physical health conditions can face additional barriers, including cognitive understanding (being unable to understand the difference between fact and fiction in online content and then repeating the content/behaviours in schools or colleges, or the consequences of doing so).
- Recognise that children with SEND can have potential abuse put down to their needs, may be prone to isolation and should have additional pastoral support.

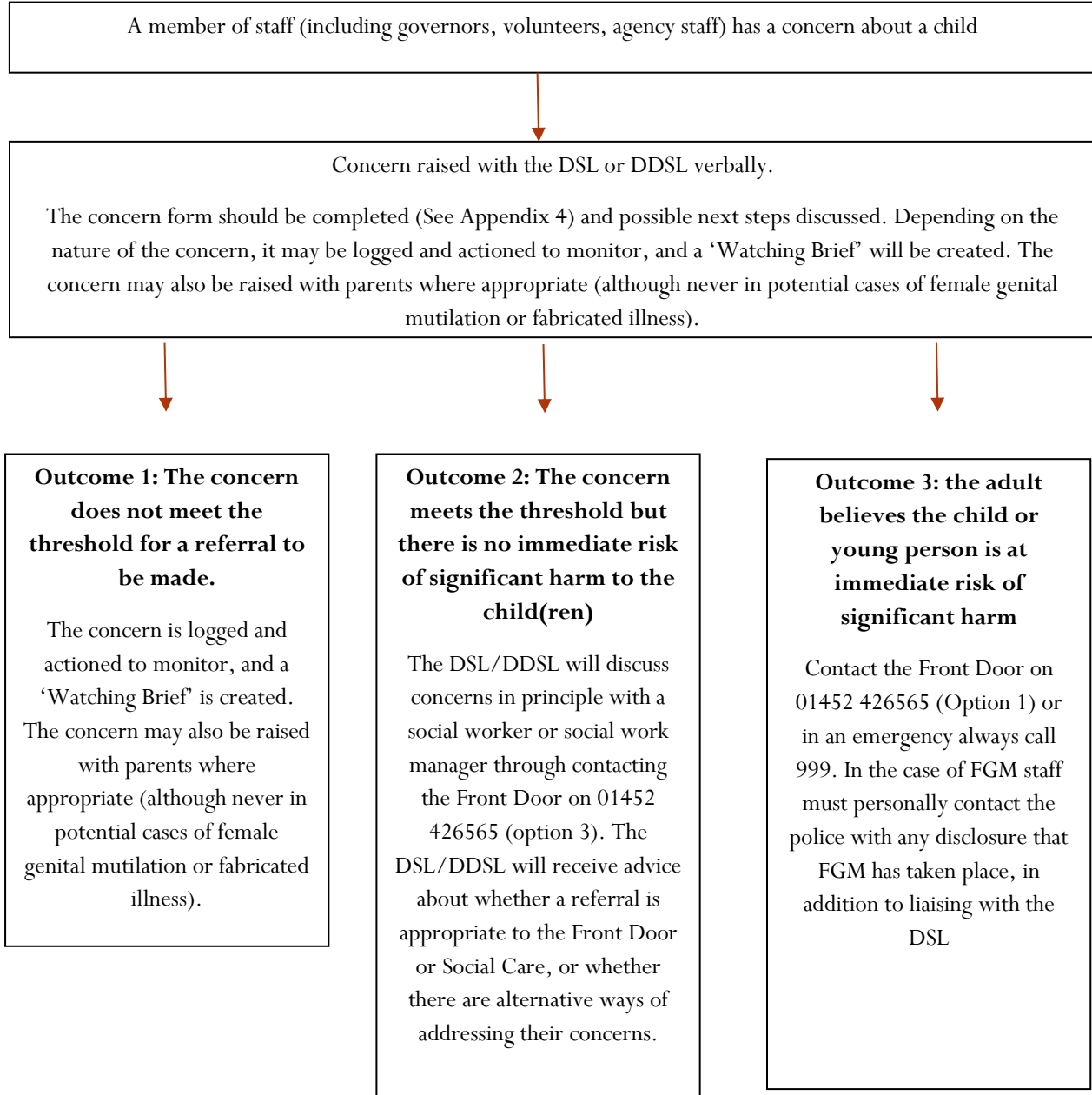
### Section 8 – The Child Protection Referral Process

There is a poster in the staffroom with the details of GSCP website clearly given. Gloucestershire referral process can be found in the live handbook through the website (in the 'Safeguarding Children in Education' section).

The [GSCP](#) (Gloucestershire Safeguarding Children Partnership) 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.

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

In general the following process applies:



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.

1. Staff should discuss concerns with parents/carers of the child(ren) and explain what steps will be taken next (as long as this does not put the child at further risk)



or affect a police investigation. Concerns relating to FGM and Fabricated Illness should not be discussed with the family/carers at this time).

2. a.) If a referral is made to the Front Door basic information is given. School will then be asked to complete a Multi-Agency Referral Form (MARF). 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 be put through to a social work team straight away). The social work team will discuss whether the referral is appropriate and what action can/will be taken.
- b) In the case of a referral direct to social care a MARF should also be completed. If accepted the referral will lead to an Initial Assessment to determine whether there is suspected actual harm or likely significant harm. The Strategy Discussion is convened by the appropriate Referral and Assessment team where there is suspected actual harm or likely significant harm (within 10 days of referral):
  - Child in need of Services (Section 17): Section 17 services are required when there are health or development concerns. These are determined through a core assessment and are appropriate when the child is judged not to be at risk of significant harm or any previous concerns have been resolved.
  - Child in need of Protection (section 47): 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 a Child Protection Conference is required, which should then be held within 15 working days.

## **Supporting Staff**

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

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

## Section 9 – Confidentiality

### **What is shared or not shared and in which circumstances:**

- All staff recognise that all matters relating to child protection are confidential.
- Child protection concerns and records are kept in a confidential file in a locked cupboard.

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

#### Section 10 – Multi-agency working

Sherborne C of E Primary School is committed to developing effective partnerships, 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. Sherborne Primary has good links with outside agencies involved with families and co-operate as required by them. The DSL, or appropriate member of staff, attends child protection conferences and core groups. School will notify the relevant social worker if there is an unexplained absence of more than two days of a child who has a child protection plan.

#### **Children in Care (CIC)** (formerly LAC (Looked after Children))

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. CIC champion (John Moore) will make contact with the virtual school each time we have a Child in Care referred to the service.

## Section 11 – Safer Recruitment and Safer Working practices

### **Safer Recruitment**

Safer recruitment is a vital aspect of child protection. Wherever possible, two references are taken up before interviews and safer recruitment practice is always followed in full. Where references are received electronically, the source is checked to ensure they are legitimate. All references should be written from someone in authority and not a colleague or family member. When recruiting teachers or teaching assistants, references must be provided by the candidate's current Headteacher and not a workplace colleague, even if they worked closely together.

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. John Moore (Headteacher) is accredited by the NSPCC to undertake this role.

During interview, any gaps in employment are explored with the candidate.

The school will only accept a copy of a curriculum vitae (CV) alongside an application form.

### **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 GSCP website in the 'Safeguarding in Education' section. A copy is given to all members of staff who sign to say they have read it.

## Section 12 – Allegations made against/concerns raised in relation to teachers, including supply teachers, volunteers and contractors

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

We understand that a pupil, parent or other professional may make an allegation against a member of staff, a supply teacher or volunteer. 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 made aware of the information will immediately inform the Headteacher. The Headteacher on all such occasions will

discuss the content of the allegation with the Local Authority Designated Officer (LADO), Nigel Hatten, on 01452 426994. Advice can be sought through contacting Jenny Kadodia on 01452 426320. This includes any 'off duty' conduct of any member of staff or volunteer reported to the school which calls into question the suitability of the individual to work with children.

Guidance is provided by the KCSIE (DfE 2024) on how to handle low level concerns which do not reach the harm threshold.

If the allegation concerns the Headteacher, the person receiving the allegation will immediately inform the Chair of Governors, who will consult with the LADO as above, without notifying the Headteacher first. Sherborne C of E Primary School will follow the GSCP 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 Headteacher, against whom an allegation has been made, needs careful consideration, and the Headteacher will seek the advice of the LADO and HR in making this decision. In the event of an allegation against the Headteacher, the decision to suspend will be made by the Chair of Governing Body with advice from HR and LADO, Nigel Hatten, on 01452 426994. It is important to note that suspension does not imply the allegation is founded.

## **Whistle-blowing**

Sherborne C of E Primary School has a separate whistle-blowing policy which all members of staff are aware of. We all understand our duty to protect children and our responsibility to ensure unsuitable behaviour is reported and managed using the Allegations Management procedures. These can be found in the whistle-blowing policy and on the GCSB website stated at the top of this policy.

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

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the school, they should speak in the first instance to the LADO, Nigel Hatten ([nigel.hatten@gloucestershire.gov.uk](mailto:nigel.hatten@gloucestershire.gov.uk)), on 01452 426994, following the Whistleblowing Policy, Jenny Kadodia on 01452 426320

Whistle-blowing regarding the Headteacher should be made to the Chair of the Governing Body – Nick Fisher.

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 from 8:00 AM to 8:00 PM, Monday to Friday or e-mail: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

### Section 13 – Related policies and specific safeguarding issues

Safeguarding and child protection is at the core of all that we do at Sherborne C of E Primary School and therefore relates to all policies. There are particularly important links between this policy and the safer recruitment policy, staff code of conduct policy, whistleblowing policy, anti-bullying policy, Health and Safety policy, Acceptable Use policy, Offsite Visits Policy, Data Protection Policy and the PSHE/SMSC statement.

#### **Data Protection**

We follow the Data Protection Act 2018 and General Data Protection Regulation (GDPR). In regards to this we process personal information fairly and lawfully and keep information we hold safe and secure. Fears about sharing information however, will not be allowed to stand in the way of the need to promote the welfare, and protect the safety of children in our care.

#### **Health & Safety**

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

#### **Anti-Bullying (including cyber-bullying)**

Our school policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures.

This includes all forms of bullying e.g. cyber, racist, homophobic, transphobic and gender related bullying. We keep a record of known bullying incidents. All staff are aware that children with SEND and/or differences/perceived differences are more susceptible to being bullied/victims of child abuse. We keep a record of any bullying incidents.

#### **Racist Incidents**

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

## Section 14 – School trips, visits and journeys

Sherborne C of E Primary School has formally adopted, through its Governing Body, the Gloucestershire model\_policy for Offsite Visits.

Safeguarding is a critical part of all offsite visits and journeys. The Governing Body has delegated the consideration and approval of offsite visits and activities to the Headteacher.

Before a visit is advertised to parents the Headteacher will approve the initial plan. He will also approve the completed plan and risk assessments for the visit before departure. Staff must discuss any potential off-site visit plans with the Headteacher 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 Headteacher.

## Section 15 – Sherborne C of E Primary School's Offer of Early Help

Everyone needs help at some time in their lives and therefore an ethos of early help is important for any school. Early Help is support for children of all ages that improves a family's resilience and outcomes or reduces the chance of a problem getting worse (KCSIE 2024)

Within Gloucestershire the Early Help Partnership is coordinated by Families First Plus but all organisations working with children and young people should view themselves as part of the Early Help Partnership.

The co-ordinated Sherborne C of E Primary School offer of early help is outlined in the table (pages 20–32). We believe that early interventions for children or families will, in many cases, prevent children from experiencing harm. Sherborne C of E Primary School offers a number of early preventative measures. KCSIE (2024) states that staff should be alert to the potential need for Early Help for pupils who have, “experienced multiple suspensions, [are] at risk of being permanently excluded from schools, colleges and in Alternative Provision or a Pupil Referral Unit.”

Expert and professional organisations are best placed to provide up-to-date guidance, support and intervention on specific safeguarding issues when and if they arise. School will refer to appropriate agencies when help is required to support children, young people or families or to prevent harm.

All staff must be aware of the offer of early help. At all times all staff should consider if there is any offer of early help that we can make in order to help a child thrive. The GCSE 'continuum of need' windscreen is an important diagram to keep in mind for all children. A copy of the GSCP 'continuum of need' windscreen is in Appendix 5.

Our aim is to help pupils and families as early as possible when issues arise: ‘the right help at the right time to stop any issues getting worse’. Early help is an approach not necessarily an action. It includes prevention education as well as intervention where necessary or appropriate. In some cases, immediate urgent action might be necessary if a child or young person is at risk of immediate harm.

Sherborne C of E Primary School’s Offer of Early Help	
<p>Universal source of help for all families in Gloucestershire:</p> <p>Gloucestershire Family Information Service (FIS)</p>	<p>Gloucestershire Family Information Service (FIS) advisors give impartial information on childcare, finances, parenting and education. FIS are a useful source of information for parents and professionals. They support families, children and young people aged 0-19 years of age (25 for young people with additional needs) and professionals working with these families.</p> <p>They can help link parents up with other organisations that might be able to help or provide the information themselves e.g. parents could ask them about holiday clubs for your children across Gloucestershire.</p> <p>Contact the FIS by emailing:  <a href="mailto:familyinfo@gloucestershire.gov.uk">familyinfo@gloucestershire.gov.uk</a></p> <p>Or telephone: (0800) 542 0202 or (01452) 427362. FIS also have a website which has a wealth of information to support many issues such as childcare and support for children with disabilities. <a href="http://www.glosfamilies.org">www.glosfamilies.org</a></p> <p>For information for Children and Young People with Special Education Needs and Disabilities (SEND) go to the SEN and Disability ‘Local Offer’</p>
<p>GSCP (Gloucestershire Safeguarding Children’s Partnership) website.</p>	<p><a href="#">GSCP</a></p> <p>Important information for parents and professionals across Gloucestershire in relation to keeping children safe and avenues of support including early help options.</p>
<p>Sherborne’s universal support for all pupils and families.</p>	<p>All staff are available in a pastoral capacity should parents have a concern about anything at all. Staff may not have the answer but will try to find out the answer or sign-post parents/other professionals in the right direction. Parents can either talk directly with the staff or telephone the Headteacher. Staff are available within office hours (9am – 5pm on weekdays during term-time) and will return all messages on the same day</p>

	<p>General office number: 01451 844277 (to contact all staff).</p> <p>All eligible pupils complete the on-line survey which is monitored and concerns are acted upon immediately.</p>
<p>Sherborne's PSHE / SMSC curriculum</p>	<p>Sherborne Primary has combined PSHE (Personal Social Health Education), SRE (Sex and Relationships Education) and SMSC (Spiritual Moral Social and Cultural) Education and called it the SMSC Curriculum. This comprehensive curriculum covers many aspects of keeping young people safe, healthy, resilient and aware of the world around them so that they can make informed decisions. Where pupils have specific issues that need discussing or addressing we will make their wellbeing curriculum bespoke to them. Other specific topics helping pupils stay safe covered within the curriculum include (age appropriate content):</p> <p><b>Sex Education</b></p> <p>Children in Year 5 and Year 6 have formal sex education, discussing puberty, changes and personal hygiene. (Gloucestershire Healthy Living and Learning team (GHLL) resource).</p> <p>PINK curriculum taught throughout school</p> <p><b>Gender, identity and tolerance</b></p> <p>The school's anti-bullying policy aims to prevent homophobic and transphobic bullying, prevent bullying of pupils from different types of families (e.g. same sex parents)' avoid anti-gay, derogatory language; gender identity - there isn't such thing as a typical girl or a typical boy. We promote understanding and acceptance of others different than us, including those with different religions.</p> <p><b>Drugs</b></p> <p>The school teaches the effects of alcohol, smoking and illegal drugs through its SMSC curriculum.</p> <p><b>Keeping Safe</b></p> <p>Through computing, SMSC and visits from the police, children learn how to keep themselves safe whilst online. During SMSC lessons, children learn about personal safety whilst out and about and how to respond to an emergency.</p> <p>IN THE NET production – annually Y4</p>



	<p><b>Emotional well-being</b></p> <p>Where to go for help if you, your friend or family member is struggling with emotional well-being/mental health problems? What are the signs someone is struggling?</p> <p>What makes you feel good; How to look after you own emotional well-being; Personal strength and self-esteem; Being happy!</p> <p>‘Make Me a Superhero’ – Resilience programme</p> <p>‘Counting Sleep’ – Importance of sleep programme</p> <p>Mindfulness programme</p> <p><b>Relationships</b></p> <p>How to make and maintain friendship; family relationships; different types of families; (SEAL)</p> <p><b>Healthy Living</b></p> <p>Pupils are expected to take an active part in school life, including representing the school in various sporting events. As a ‘Silver Award’ PE provider, the school actively seeks to promote and encourage healthy lifestyles through providing a range of after-school clubs and opportunities for both intra- and inter-school competition. Children are taught the importance of taking responsibility for managing their own health, including the importance of sleep. Through science and SMSC lessons, children are taught the main components of healthy living (diet, exercise and wellbeing). Children are taught the importance of having breakfast.</p> <p>Online Survey completed every 2 years</p>
Home-school support	All of our Early Help is offered in partnership with parents/carers.
E-safety	<p>E-safety is a key part of the ongoing computing and PSHE/SMSC/SRE curriculum.</p> <p>Parents Against Child Exploitation (PACE) UK is a useful website to engage parents with e-safety issues.</p> <p><a href="http://www.paceuk.info/">www.paceuk.info/</a></p> <p><a href="https://www.ceopeducation.co.uk/parents/">https://www.ceopeducation.co.uk/parents/</a> (excellent resources)</p> <p><a href="http://www.educateagainsthate.com">www.educateagainsthate.com</a></p>

	<a href="http://www.internetmatters.org">www.internetmatters.org</a>
Family Support Worker	The school employs a family support worker who visits on a weekly basis. They are available to support children and families on a needs basis. They will signpost families to further services if further support is required.
Bullying, child death/suicide prevention	<p>All Gloucestershire schools including Sherborne are committed to tackling bullying. We want to know immediately if there are any issues with bullying at school so that it can be addressed. School can also offer bespoke lessons on anti-bullying for anyone who has suffered bullying to encourage behaviours that might avert it in the future (e.g. assertiveness) or to boost self-esteem. We have a series of teaching resources produced by the Gloucestershire Healthy Living and Learning Team (<a href="http://www.ghll.org.uk">www.ghll.org.uk</a>) to support this. In serious cases of bullying parents should contact the police, particularly if there are threats involved. In an emergency call 999. Other sources of help and advice are: <a href="https://www.gloucestershire.gov.uk/gscp/">https://www.gloucestershire.gov.uk/gscp/</a> (Gloucestershire Safeguarding Children’s Partnership) <a href="https://www.familylives.org.uk/search?q=BULLYING">https://www.familylives.org.uk/search?q=BULLYING</a></p> <p>Gloucestershire Healthy Living and Learning team provide alerts and resources in relation to supporting young people being bullied. Education about bullying is an integral part of the Sherborne Primary SMSC curriculum.</p> <p>Wellbeing programme <a href="http://www.ghll.org.uk">www.ghll.org.uk</a></p> <p><a href="http://www.onyourmindglos.nhs.uk">www.onyourmindglos.nhs.uk</a> – A Gloucestershire website which also covers bullying as a topic and where to go for help.</p>
Children or young people with multiple needs (vulnerable) or multiple needs (complex) requiring multi-agency input or assessment.	<p>Within Gloucestershire, Early Help Partnership (co-ordinated by Families First Plus) provide multi-agency support for children and families. A phone call to discuss a possible referral is helpful before making a written referral. Parents must consent to a referral. The school actively refer to when appropriate. Referrals go to the Early Help Partnership (representatives from education, health, social care etc. and referring agencies are encouraged to attend). All agencies should view themselves as part of this Early Help Partnership. The referral meeting is a multi-agency discussion to decide the best way forward.</p> <p><b>Early Help Partnership/Families First Plus:</b></p> <p>Gloucester: <a href="mailto:gloucesterearlyhelp@gloucestershire.gov.uk">gloucesterearlyhelp@gloucestershire.gov.uk</a> tel:01452 328076;</p>

Stroud: [stroudearlyhelp@gloucestershire.gov.uk](mailto:stroudearlyhelp@gloucestershire.gov.uk)

Tel: 01452 328130;

Tewkesbury: [tewkesburyearlyhelp@gloucestershire.gov.uk](mailto:tewkesburyearlyhelp@gloucestershire.gov.uk)

Tel: 01452 328 250;

Cotswold: [cotswoldearlyhelp@gloucestershire.gov.uk](mailto:cotswoldearlyhelp@gloucestershire.gov.uk)

Tel: 01452 328101;

FOD: [forestofdeaneearlyhelp@gloucestershire.gov.uk](mailto:forestofdeaneearlyhelp@gloucestershire.gov.uk)

Tel: 01452 328048;

Cheltenham: [cheltenhamearlyhelp@gloucestershire.gov.uk](mailto:cheltenhamearlyhelp@gloucestershire.gov.uk)

Tel: 01452 328161.

These teams are made up of Early Help co-ordinators, Community Social Workers and Family Support Workers. They all work together from one base so they can recognise and respond to local needs and act as a focal point for co-ordinating support for vulnerable children, young people and their families.

Support provided includes: Support for school and community based lead professionals working with children and families; Collaboration with social care referrals that do not meet their thresholds, to co-ordinate support within the community; Work in partnership to support children with special educational needs in school; Advice and guidance from a social work perspective on a 'discussion in principle basis' ; Signpost children with disabilities and their families to access activities and meet specific needs; Advice and guidance to lead professionals and the provision of high quality parenting and family support services to families.

Youth Support Team (YST):

The Youth Support Team provide a range of services for vulnerable young people aged between 11 - 19 (and up to 25 for young people with special needs), including:

- Youth offending
- Looked after children
- Care leaver's support services (for those aged 16+)
- Early intervention and prevention service for 11 - 19 year olds

	<ul style="list-style-type: none"> <li>- Support for young people with learning difficulties and/or disabilities</li> <li>- Positive activities for young people with disabilities</li> <li>- Support with housing and homelessness</li> <li>- Help and support to tackle substance misuse problems and other health issues</li> <li>- Support into education, training and employment</li> <li>- Support for teenage parents</li> </ul> <p>For General Enquiries: T: 01452 426900 E: <a href="mailto:info.glos@prospects.co.uk">info.glos@prospects.co.uk</a></p> <p>To make a referral: T: 01452 427923 E: <a href="mailto:fasttrackteam@prospects.co.uk">fasttrackteam@prospects.co.uk</a></p>
<p>Drug concerns</p>	<p><a href="https://www.youngglos.org.uk/">https://www.youngglos.org.uk/</a></p> <p>Young Glos provides individual targeted support around drugs &amp; emotional health issues, development of personal &amp; social skills, and information &amp; support around substance misuse.</p> <p>Drugs education is covered in the school curriculum. The Life Education Bus visits annually as part of this provision. The PSHE/SMSC curriculum as a preventative measure.</p> <p><a href="https://www.onyourmindglos.nhs.uk/">https://www.onyourmindglos.nhs.uk/</a> – advice on drug/alcohol misuse.</p>
<p>Mental health concerns</p> <p>Please note that in Gloucestershire CYPS (children and young people’s services) replaced CAMHS (child and adolescent mental health services)</p>	<p><a href="https://www.onyourmindglos.nhs.uk/">https://www.onyourmindglos.nhs.uk/</a></p> <p>A newly launched website by Gloucestershire as part of the Future in Mind Programme. This website is good for young people, parents and professionals in terms of help with mental health issues and where to go for help.</p> <p>Referral to school nurses may be appropriate.</p> <p>Referral to CYPS (Gloucestershire’s mental health services) via your own GP.</p> <p>For children/young people/adults with existing mental health difficulties, concerns should be discussed with the existing medical professionals (consultant psychiatrists).</p> <p>In an emergency call 999 or 111.</p> <p>CYPS Practitioner advice line (for professionals to call) Tel: 01452 894272.</p>

<p>Child Sexual exploitation (CSE)</p>	<p>CSE screening tool.</p> <p>This should be completed if CSE suspected. Clear information about warning signs, the screening tool and Gloucestershire's multi-agency protocol for safeguarding children at risk of CSE are at <a href="https://www.gloucestershire.gov.uk/gscp/">https://www.gloucestershire.gov.uk/gscp/</a> Referrals should be made to Gloucestershire social care and the Gloucestershire Police.</p> <p><b>Gloucestershire Police CSE Team:</b></p> <p>The CSE team sits within the Public Protection Bureau</p> <p>Single agency team (Police)</p> <p>DS Owen Hughes</p> <p>PC Christina Pfister (Missing persons Coordinator)</p> <p>01242 276846</p> <p>All referrals to go to the Central Referral Unit 01242 247999</p> <p>Further information: National Working Group (Network Tackling Child Sexual Exploitation) <a href="http://www.nationalworkinggroup.org">www.nationalworkinggroup.org</a> and PACE UK (Parents Against Child Sexual Exploitation) <a href="http://www.paceuk.info">www.paceuk.info</a></p>
<p>Child Criminal Exploitation</p>	<p>Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move and store drugs and money. For further information on County lines see:</p> <p><a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863323/HOCountyLinesGuidance_-_Sept2018.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863323/HOCountyLinesGuidance_-_Sept2018.pdf</a></p>
<p>Domestic violence</p>	<p>Children who witness domestic abuse are also victims</p> <p>The Gloucestershire Safeguarding Children's Partnership (GSCP) have published a Domestic Abuse pathway for educational settings which is on the GSCP website. If a child or young person is suspected of living at home with a domestically abusive parent or if a young person has domestic abuse in their own relationship then the usual procedures should be followed and a referral made to the children's helpdesk (Tel: 01452 426565). The response will vary according to the age of the young person so that the appropriate agencies are involved.</p> <p>Gloucestershire Domestic Abuse Support Service (GDASS)</p>

	<p><a href="http://www.gdass.org.uk">www.gdass.org.uk</a></p> <p><b>MARAC Gloucestershire Constabulary (Multi Agency Risk Assessment Conferences)</b></p> <p>MARACs prioritise the safety of victims who have been risk assessed at high or very high risk of harm. The MARAC is an integral part of the Specialist Domestic Violence Court Programme, and information will be shared between the MARAC and the Courts, in high and very high risk cases, as part of the process of risk management.</p> <p>As part of the school’s commitment to keeping children safe we have signed up to implement the principles and aims of the Gloucestershire Encompass Model.</p> <p>In signing up to Gloucestershire Encompass, the Governing Body and Senior Leadership Team:</p> <ol style="list-style-type: none"> <li>1. Endorse the Gloucestershire Encompass Model and support the Key Adults in our school to fulfil the requirements of the Gloucestershire Encompass Protocol.</li> <li>2. Promote and implement Gloucestershire Encompass processes and use these in accordance with internal safeguarding children processes.</li> <li>3. Recognise the sensitive nature of the information provided and ensure that this is retained in accordance with the principles of data protection.</li> </ol> <p><b>Gloucestershire Unborn Baby Protocol</b></p> <p>Research indicates that young babies are particularly vulnerable to abuse but that work carried out in the antenatal period can help minimise harm if there is an early assessment, intervention and support. Working Together (2023) specifically identifies the need of the Unborn Child. Professionals should read and act upon the unborn baby protocol if there is suspected domestic violence and a pregnancy. The unborn baby protocol can be found at <a href="https://www.gloucestershire.gov.uk/gscp/">https://www.gloucestershire.gov.uk/gscp/</a></p>
<p>Child on child abuse Child on Child sexual Violence (Part 5 KCSIE 2024)</p>	<p>Child on child abuse (formerly peer on peer abuse) covers intimate personal relationships between peers as well as hazing type violence and rituals. Child on child sexual harassment can include sexual comments and/or jokes and may take place online or in person.</p>

The school's staff recognise that Child-on-Child abuse may be happening even if it is not reported. For this reason, staff remain vigilant at all times and especially during break and lunch times. Other times in the school day where children may be less supervised (for example, when using the toilets) are controlled by staff limiting the number of children using the facilities at any one time.

Reporting may not come directly from the victim: it may be overheard by a member of staff or it may come from a friend or family member. Similarly, a child's behaviour may alert staff that something is wrong.

Should a child report an instance of Child on Child abuse, the initial response is crucially important. A victim should never be given the impression that they are creating a problem. Nor should a victim ever be made to feel ashamed for making a report. All staff will listen carefully to the victim and make notes exactly as they are told, whilst providing comfort and reassurance that they have done the right thing by letting a member of staff know. Staff will also reassure the victim that they are being taken seriously and that they will be supported and kept safe. The reporting process has no time constraints. This means that other members of staff may need to cover classes or undertake other duties.

When a disclosure is made, staff will listen carefully to the child, reflecting back, using the child's language, being non-judgmental, being clear about boundaries and how the report will be progressed, not asking leading questions and only prompting the child where necessary with open questions – where, when, what, etc. It is important to note that whilst leading questions should be avoided, staff can ask children if they have been harmed and what the nature of that harm was. A written record must be made of the report. Best practice is to listen carefully and give the child full attention, with the report being written up immediately after. However if a second person is in the room, they may make notes. These notes should record the facts only.

Staff will not brush off reports as “banter”, “just having a laugh”, “part of growing up” or “boys being boys.”

The DSL (or DDSL) must be informed as soon as possible. If possible, there should be two members of staff with the victim, ideally the DSL or DDSL.

The victim must not be promised confidentiality but should be assured that the report will only be shared with people in order to progress the case. The member of staff will make it clear what the next steps are and who the report will be passed to.

Staff recognise that certain children may find it more difficult to tell someone because of their vulnerability, disability, sex, ethnicity or sexual orientation.

The DSL (or DDSL) will then create a risk and needs assessment. This will be consider:

1. the victim, especially their protection and support;
2. whether there may have been other victims;
3. the alleged perpetrator(s);
4. all the other children at the school, especially any actions that are appropriate to protect them from the alleged perpetrator(s), or from future harms.

Immediate consideration is given to how best to support the victim and the alleged perpetrator. Outcomes are as follows:

1. Manage internally - in some cases of **sexual harassment**, for example, one-off incidents, the school may take the view that the children concerned are not in need of early help or that referrals need not be made to statutory services and that it would be appropriate to handle the incident internally through utilising their behaviour policy and by providing pastoral support
2. Early Help – the school may decide that the children involved do not require referral to statutory services but may benefit from early help, e.g. providing support as soon as a problem emerges, at any point in a child's life. Early help can be particularly useful to address non-violent HSB and may prevent escalation of sexual violence
3. Referral to social care - where a child has been harmed, is at risk of harm, or is in immediate danger, the school will make a referral to local children's social care.
4. Report to the Police - any report to the police will generally be in parallel with a referral to children's social care (as above). Where a report of rape, assault by penetration or sexual assault is made, the starting point is that this should be passed on to the police. Whilst the age of criminal responsibility is ten, if the alleged perpetrator(s) is under ten, the starting principle of reporting to the police remains.

The alleged perpetrator may be temporarily excluded from the school if the incident reaches the threshold of Point 3 above. Due to the size of the school and the lack of internal space, break out rooms etc, it would be impossible to separate the victim from the alleged perpetrator. Therefore, all incidents reported to the Police as in Point 4 above will result in the alleged perpetrator being temporarily excluded pending



	<p>investigation. If the reported incident is accurate, the perpetrator will be permanently excluded from the school. Reports of abuse taking place online or outside of school will be treated in exactly the same way as an incident of Child on Child abuse in school.</p> <p>Staff are not judgemental but are aware the sexual harassment is more likely to be perpetrated by boys towards girls.</p> <p>If a report is determined to be unsubstantiated, unfounded, false or malicious, the DSL will consider whether the child and/or the person who has made the allegation is in need of help or may have been abused by someone else and this is a cry for help. In such circumstances, a referral to children's social care may be appropriate.</p> <p>If a report is shown to be deliberately invented or malicious, the school will consider whether any disciplinary action is appropriate against the individual who made it, including temporary or permanent exclusion.</p>
Fabricated or Induced Illness (FII)	<p><a href="http://www.nhs.uk/Conditions/Fabricated-or-induced-illness">http://www.nhs.uk/Conditions/Fabricated-or-induced-illness</a></p> <p>Information on behaviours and motivation behind FII. Any professionals suspecting FII must involve the Police, Social Services and follow the child protection procedures outlined in this policy.</p>
Faith abuse	<p>Judith Knight; Diocese of Gloucester Head of Safeguarding/faith abuse contact: <a href="mailto:jknight@glosdioc.org.uk">jknight@glosdioc.org.uk</a></p> <p>For other faith groups contact Nigel Hatten (GCC LADO) on 01452 426994 <a href="mailto:nigel.hatton@gloucestershire.gov.uk">nigel.hatton@gloucestershire.gov.uk</a></p>
Female genital mutilation (FGM)	<p>Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal or the external female genitalia. FGM is illegal in the UK and as of October 2015 mandatory reporting commenced. If education staff or other professionals discovers that an act of FGM appears to have been carried out on a girl under 18 years old there is a statutory duty for them PERSONALLY to report it to the police. <a href="http://www.nhs.uk/Conditions/female-genital-mutilation">http://www.nhs.uk/Conditions/female-genital-mutilation</a> for NHS information and signs of FGM. Any suspicion of FGM should be referred to the Police and social care.</p> <p>John Moore (Headteacher) has completed the online home office training, 'Female Genital Mutilation: Recognising and Preventing FGM</p>
Forced marriage	<p>UK Forced Marriage Unit <a href="mailto:fm@fco.gov.uk">fm@fco.gov.uk</a></p> <p>Telephone: 020 7008 0151</p> <p>Call 999 (police) in an emergency.</p>

	<p><a href="http://www.gov.uk/stop-forced-marriage">www.gov.uk/stop-forced-marriage</a> for information on Forced Marriage. Visit Home Office website to undertake Forced Marriage e-learning package  <a href="https://www.gov.uk/forcedmarriage">https://www.gov.uk/forcedmarriage</a></p> <p>GSCP one day Awareness training delivered by Infobuzz  <a href="https://www.gloucestershire.gov.uk/gscp/">https://www.gloucestershire.gov.uk/gscp/</a></p> <p>Please see 'Multi-Agency Practice Guidelines – Handling cases of Forced Marriage' for more information and detail.  <a href="https://www.gov.uk/forcedmarriage">https://www.gov.uk/forcedmarriage</a></p> <p>All practitioners must be aware of that they may only have <b>one chance</b> to speak to a potential victim and thus they may only have <b>one chance</b> to save a life. This means that all practitioners working within statutory agencies need to be aware of their responsibilities and obligations when they come across forced marriage cases. If the victim is allowed to walk out of the door without support being offered, that one chance might be wasted.</p> <p>Prevention Freedom Charity – Aneeta Prem 'But it's not fair' book. A book for teenagers looking at forced marriage from the point of view of school friends of the girl who went to India and didn't come back. This book promotes discussion.</p> <p><a href="http://www.freedomcharity.org.uk">www.freedomcharity.org.uk</a> The Freedom Charity (UK charity) have a helpline, text facility and app which can be downloaded to help to provide support and protection for victims of abuse, FGM or forced marriage. They can be contacted on Tel: 0845 607 0133 or text 4freedom to 88802 or go to the website to download the app from the app page.</p>
<p>Gangs and youth violence</p>	<p>Contact the Avenger Task Force/Inspector Neil Smith (Gloucestershire Police Tel: 101). A task force set up to identify potential gang members as vulnerable individuals and potential victims and aims to help them.</p> <p>Prevention: wellbeing curriculum – self-esteem &amp; identity, law &amp; order and considering impact of violence on communities.</p>
<p>Gender-based violence/violence against women and girls (WAWG)</p>	<p><a href="http://www.gov.uk">www.gov.uk</a> – home office policy document, 'Ending Violence Against Women and Girls in the UK' (June 2014).</p> <p>FGM (Female Genital Mutilation) is violence against women and girls.</p> <p>Hope House Sexual Assault Referral Centre (SARC): 01452 754390</p>

	<p>Gloucestershire Rape and Sexual Abuse Centre: 01452 526770</p> <p>There's a 24-hour answerphone service and they'll respond within 24 hours. Or you can use the confidential and anonymous email support service at <a href="mailto:support@glosrasac.org.uk">support@glosrasac.org.uk</a></p> <p>The support workers are all women who are specially trained to work with survivors of sexual violence. They will work with you at your own pace, explaining your options and your rights – and most importantly of all, they will always listen to you and believe you. GRASAC also have really helpful booklets: a self-help guide, a guide for families or loved ones and a guide if you have learning needs. You can access them on the <a href="http://www.onyourmindglos.nhs.uk">www.onyourmindglos.nhs.uk</a> website or contact GRASAC for a free copy.</p> <p><a href="http://www.onyourmindglos.nhs.uk">www.onyourmindglos.nhs.uk</a> for 'I've been raped or sexually assaulted' information.</p>
<p>Honour based abuse (HBA)</p>	<p>The police have made it a high priority to help communities fight back to tackle both honour based abuse and hate crime. The 'Honour Network Help line': 0800 5 999 247 Inspector John Lynch-Warden is the Gloucestershire Police contact for honour based abuse.</p>
<p>Private fostering</p>	<p><a href="http://www.gloucestershire.gov.uk/privatefostering">http://www.gloucestershire.gov.uk/privatefostering</a></p> <p><a href="https://safeguarding.network/safeguarding-resources/children-care-others/private-fostering/">https://safeguarding.network/safeguarding-resources/children-care-others/private-fostering/</a></p> <p>Gloucestershire County council website information on privatefostering. Refer to Gloucestershire Children &amp; Families Helpdesk on 01452 426565 or Gloucestershire Private Fostering Social Worker 01452 427874.</p> <p>A private fostering arrangement is essentially one that is made without the involvement of a local authority. Private fostering is defined in the Children Act 1989 and occurs when a child or young person under the age of 16 (under 18 if disabled) is cared for and provided with accommodation, for 28 days or more, by someone who is not their parent, guardian or a close relative. (Close relatives are defined as step-parents, siblings, brothers or sisters of parents or grandparents).</p>
<p>Preventing Radicalisation and</p>	<p>Gloucestershire Safeguarding Children's Partnership <a href="https://www.gloucestershire.gov.uk/gscp/">https://www.gloucestershire.gov.uk/gscp/</a> There is a new GSCP PREVENT referral pathway.</p>

<p>Extremism/HATE (PREVENT duty)</p> <p>HM Government PREVENT duty: As of 1 July 2015 duty in the Counter-terrorism and security act 2015 for specified authorities (including all schools) to have due regard to the need to prevent people being drawn in to terrorism.</p> <p>If you see extremist or terrorist content online please report it via: <a href="https://www.gov.uk/report-terrorism">https://www.gov.uk/report-terrorism</a></p>	<p><a href="http://www.educateagainsthate.com">www.educateagainsthate.com</a> is the government website providing information and practical advice for parents, teachers and school leaders on protecting children from radicalisation and extremism.</p> <p>Gloucestershire Safeguarding Children’s Partnership have published a PREVENT pathway for professionals to refer to.</p> <p>All teachers have had training in how to spot the signs of radicalisation and extremism and when to refer to the Channel panels. (online training).</p> <p>Key contacts: PC Adam Large, Gloucestershire Constabulary PREVENT officer: Tel 101</p> <p>Anti-Terrorist Hotline: Tel 0800 789 321</p> <p><a href="https://www.gov.uk/government/publications/channel-guidance">https://www.gov.uk/government/publications/channel-guidance</a></p> <p>The ‘Advice on the Prevent Duty’ written by the Department for Education explains what governors and staff can do if they have any concerns relating to extremism. The Department for Education has also set up a telephone helpline (020 7340 7264) to enable people to raise concerns directly. Concerns can also be raised by email to <a href="mailto:counter.extremism@education.gsi.gov.uk">counter.extremism@education.gsi.gov.uk</a> See Appendix 2 for more information on radicalisation.</p> <p>Prevention: Sherborne teaches traditional British values through the SMSC Curriculum: democracy, rule of law, respect for others, liberty, tolerance of those with different faiths and beliefs and promotion of ‘Britishness’. E-safety is an important aspect of the curriculum to keep pupils safe from radicalisation. Pupils need to understand that radicalisation can be a form of grooming online and understand the notion of propaganda. They need to be taught to be cautious about what they read and say online as they are taught the dangers of speaking to strangers face to face.</p> <p>Sherborne Primary also seeks to equip parents with the knowledge of how to safeguard their children from radicalisation. ‘Let’s Talk About It’ is an excellent website for parents <a href="http://www.ltai.info/">www.ltai.info/</a> as is <a href="http://www.preventtragedies.co.uk">www.preventtragedies.co.uk</a></p> <p>While it remains very rare for school age children to become involved in extremist activity to the point of committing criminal acts, young people can be exposed to extremist influences or prejudiced views, including via the internet, from an early age. As with other forms of criminality or risk of harm, early intervention is always preferable. Schools, working with other</p>
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	<p>local partners, families and communities, can help support pupils who may be vulnerable as part of wider safeguarding responsibilities.</p>
Sexting	<p>Sexting <a href="http://www.nspcc.org.uk/preventing-abuse/keeping-childrensafe sexting">http://www.nspcc.org.uk/preventing-abuse/keeping-childrensafe sexting</a> (NSPCC website).</p> <p>Gloucestershire Police have a small sexual exploitation team. Contact Sgt. Nigel Hatton.</p> <p><b>Prevention</b></p> <p>‘So you got naked online’ (sexting information leaflet produced for pupils by South West Grid for Learning) included in the Wellbeing (PSHE/SMSC) curriculum. Also shared with parents.</p> <p>Pupils are informed that sexting is illegal but the police have stated that young people should be treated as victims in the first place and not usually face prosecution. The police’s priority is those who profit from sexual images of young people, not the victims.</p>
Upskirting	<p>The Voyeurism (Offences) Act came into force on 12 April 2019 and so has now been referenced in the definition of ‘upskirting’.</p>
Trafficking	<p>This is a serious crime which must be reported to Jane Bee (Gloucestershire LADO) and the Gloucestershire Police. Trafficking can include a young person being moved across the same street to a different address for the purpose of exploitation. It doesn’t have to include people, children or young people being moved great distances.</p> <p>See Appendix 2 for further information on Trafficking.</p>
Children who run away (missing persons/missing children)	<p>PC Christina Pfister (Missing persons Coordinator Gloucestershire Police). Tel: 101 (Gloucestershire Police). GSCP Missing Children Protocol <a href="https://www.gloucestershire.gov.uk/gscp/">https://www.gloucestershire.gov.uk/gscp/</a> : Gloucestershire's protocol on partnership working when children and young people run away and go missing from home or care. The Alternative Solutions To Running Away (ASTRA) has the primary aim of reducing the incidence of persistent running away across Gloucestershire. The project provides support, advice and information to young people up to eighteen years old who have run away. This might be from a family home, foster home or from a residential unit. ASTRA provides support after the event to enable a young person to address the causes of running away. The ASTRA project offers young</p>

	<p>people help and the support required in order to find alternative solutions to running away. Freephone Telephone number: 0800 389 4992 EXCLUSIVELY for young people who have run away and have no money.</p> <p>All other callers are asked to use the 'ordinary' number (Tel: 01452 541599).</p>
<p>CME (Children missing education)</p>	<p>Anyone concerned that a child is missing education (CME) can make a referral to the Education Entitlement and Inclusion team (EEI) at Gloucestershire County Council. Tel: 01452 426960/427360.</p> <p>Children Missing Education (CME) refers to 'any child of compulsory school age who is not registered at any formally approved education activity e.g. school, alternative provision, elective home education, and has been out of education provision for at least 4 weeks'.</p> <p>CME also includes those children who are missing (family whereabouts unknown), and are usually children who are registered on a school roll / alternative provision. This might be a child who is not at their last known address and either: has not taken up an allocated school place as expected, has 10 or more days of continuous absence from school without explanation, or has left school suddenly and the destination is unknown.</p> <p>It is the responsibility of the Education Entitlement and Inclusion team, on behalf of the Local Authority (LA), to collate information on all reported cases of CME of statutory school aged children in Gloucestershire maintained schools, academies, free schools, alternative provision academies and Alternative Provision Schools (APS). The EEI Team will also liaise with partner agencies and other LAs and schools across Britain to track pupils who may be missing education and ensure each child missing education is offered full time education within two weeks of the date the LA was informed.</p>

**Other sources of help and information in Gloucestershire**

Gloucestershire Multi-Agency Public Protection Arrangements (MAPPA) are a set of arrangements to manage the risk posed by the most serious sexual and violent offenders (MAPPA-eligible offenders) under the provisions of sections 325 to 327B of the Criminal Justice Act 2003. They should be contacted without delay if there is any concern is reported about a serious sexual or violent offender. (Contact Detective Chief

Superintendent Bernie Kinsella, Chair of MAPPA, Gloucestershire Constabulary Tel: 101).

### Section 16 – Adults in School

All adults in school are expected to wear an identification lanyard at all times. Adults with a valid DBS check which has been received by the school wear a blue lanyard. Adults without a DBS, or where the school has not seen the relevant documentation, wear a red lanyard. In this way, all staff know that under no circumstances should an adult with a red lanyard be left unaccompanied at any time with a child. All visitors to the school are asked to sign in and present their DBS before being issued the appropriately coloured lanyard.

### Section 17 – Site Security

The gate at the main entrance to the school is shut daily at 9:15am. This gate is controlled remotely from the office. Under no circumstances will the gate be opened for vehicular access when pupils are using the playground.

The gate at the main entrance will open at 3:00pm for parents to collect their children. No vehicular access to the school is permitted until after 3:30pm, when the gates will close again.

All exterior areas of the school, including the gates, are monitored by the school administrator via CCTV.

### Section 18 – Conclusion

Safeguarding children is an issue that has to be a priority that underpins all the work we do at Sherborne C of E Primary School and as such will be reflected in all our documentation and any new policies and procedures that are agreed, as well as being reflected in our day to day practice.

September 2023

## APPENDIX 1 – CATEGORIES OF ABUSE AND INDICATORS OF HARM

### **Categories of Abuse**

1. Physical Abuse
2. Emotional Abuse (including Domestic Abuse)
3. Neglect
4. Sexual Abuse

### **Signs of Abuse in Children**

The following non-specific signs may indicate something is wrong:

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

### **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 or to the child and may fail to provide attention or praise (high criticism/low warmth environment).
- Be absent or misusing substances.
- Persistently refuse to allow access on home visits.
- Be involved in domestic abuse.

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

## 1. PHYSICAL ABUSE

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

### 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 legs.
- 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 two to three 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 five is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

## **Fabricated or Induced Illness**

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

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

### **Bite Marks**

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

### **Burns and Scalds**

It can be difficult to distinguish between accidental and non-accidental burns and scalds.

Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid. Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.

- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks.

### **Scars**

A large number of scars or scars of different sizes or ages, or on different parts of the 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 be associated with this form of abuse.

Parent/carer has convictions for violent crimes.

### **Indicators in the family/environment**

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family.

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

## **2. EMOTIONAL ABUSE**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

## **Indicators in the child**

Developmental delay

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment

Aggressive behaviour towards others

Child scapegoated within the family

Frozen watchfulness, particularly in pre-school children

Low self-esteem and lack of confidence

Withdrawn or seen as a 'loner' - difficulty relating to others

Over-reaction to mistakes

Fear of new situations

Inappropriate emotional responses to painful situations

Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)

Self-harm

Fear of parents being contacted

Extremes of passivity or aggression

Drug/solvent abuse

Chronic running away

Compulsive stealing

Low self-esteem

Air of detachment – 'don't care' attitude

Social isolation – does not join in and has few friends

Depression, withdrawal

Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention

Low self-esteem, lack of confidence, fearful, distressed, anxious

Poor peer relationships including withdrawn or isolated behaviour

### **Indicators in the parent**

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.

Abnormal attachment to child e.g. overly anxious or disinterest in the child.

Scapegoats one child in the family.

Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.

Wider parenting difficulties may (or may not) be associated with this form of abuse.

### **Indicators of in the family/environment**

Lack of support from family or social network.

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

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

### **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.

There are 3 types of neglect:

1. Passive neglect
2. Chaotic neglect

### 3. Active neglect

Gloucestershire Safeguarding Children's Partnership (GSCP) have updated their Neglect Toolkit and is now known as the Quality of Care Profile E-tool, which can be found here <https://www.gloucestershire.gov.uk/gscp/practice-development/quality-of-care-profile-e-tool-previously-the-neglect-toolkit/>

#### **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 socialization.  
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 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.

#### **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

Suicide attempts

Poor self-image, self-hatred

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)

Sudden changes in school work habits, truancy

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 school has a zero tolerance approach to sexual violence and sexual harassment. Failure to identify or report concerns can lead to a culture of unacceptable behaviour and in the worst case scenario, a culture that normalises abuse. As a school we recognise that even if there are no reports, it doesn't mean it's not happening

Staff challenge physical behaviour (potentially criminal in nature) such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them. Staff also recognise that children with SEND are 3 times more likely to be abused than their peers.

Harmful sexual behaviour (HSB) can occur online and/or face-to-face and can also occur simultaneously between the 2. The age and stage of development of the children are critical factors. The DSL and his deputy have a good understanding of HSB, which forms part of their safeguarding training. Children displaying HSB have often experienced their own abuse and trauma, and it's important they're offered appropriate support.

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 includes any behaviour involving coercion, threats or 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, control and authority, and passive and assertive tendencies

Consent – agreement including all the following:

- Understanding what is proposed based on age, maturity, development level, functioning and experience
- Knowledge of society’s standards for what is being proposed
- Awareness of potential consequences and alternatives
- Assumption that agreements or disagreements will be respected equally
- Voluntary decision
- Mental competence

Coercion – the young perpetrator who abuses may use techniques like bribing and manipulation, and emotional threats of secondary gains and losses such as 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**

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.

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

## **Abuse and Neglect and Children with Special Educational Needs**

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. It is important that all staff 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.

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

### **Forced Marriage (FM)**

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. We should never attempt to intervene directly as a school or through a third party. Schools should involve the police straight away.

### **Female Genital Mutilation (FGM) – signs of**

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. FGM is sometimes known as 'female genital cutting' or 'female circumcision.' Communities tend to use local names referring to this practice, including 'sunna'.

As of October 2015, mandatory reporting is in place for FGM. There is a statutory duty placed on teachers, along with social workers and healthcare professionals to PERSONALLY report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18 years old. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence and they should not be examining pupils but the same definition of what is meant by "to discover that an act of FGM appears to have been

carried out” is used for all professionals to whom this mandatory reporting applies. In addition report to the DSL.

### **What is FGM?**

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

#### Four types of procedure

Type 1: Clitoridectomy – partial/total removal of clitoris

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

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

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

#### Why is it carried out?

Belief that:

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

#### Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women.

It is illegal in most countries including the UK.

#### Circumstances and occurrences that may point to FGM happening

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad



- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemen, Afghanistan, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

#### A sign that may indicate a child has undergone FGM

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something 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

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

#### **Further information on Trafficking**

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

Traffickers trick, force or persuade children to leave their homes and then move them to another location. Trafficked children are often controlled with violence and threats and may be kept captive, resulting in long lasting and devastating effects on their mental and physical health. It is not easy to identify trafficked children, but you may notice unusual behaviour or events that just don't add up. Both boys and girls are victims of trafficking.

Trafficked children may be from the UK or have been moved from another country. Poverty, war or discrimination can put children more at risk of trafficking. Traffickers may

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

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

### **Further information on Radicalisation** (in line with the PREVENT DUTY)

From 1st July 2015 specified authorities, including all schools are subject to the duty under section 26 of the Counter-Terrorism and Security Act 2015 in the exercise of their functions to have “due regard to the need to prevent people from being drawn into terrorism.” This duty is known as the Prevent Duty.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. To reduce the risk from terrorism we need not only to stop terrorist attacks but also to prevent people becoming terrorists. This is one objective of Prevent, part of CONTEST, the Government’s strategy for countering international terrorism. All the terrorist groups who pose a threat to us seek to radicalise and recruit people to their cause. The aim of Prevent is to stop people becoming or supporting terrorists, by challenging the spread of terrorist ideology, supporting vulnerable individuals, and working in key sectors and institutions.

Work to safeguard children and adults, providing early intervention to protect and divert people away from being drawn into terrorist activity, is at the heart of the Prevent strategy. Supporting vulnerable individuals requires clear frameworks – including guidance on how to identify vulnerability and assess risk, where to seek support and measures to ensure that we do not ever confuse prevention and early intervention with law enforcement. Channel is a key element of the Prevent strategy. It is a multi-agency approach to protect people at risk from radicalisation. Channel uses existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children’s and youth services and offender management services), the police and the local community to identify individuals at risk of being drawn into terrorism; assess the nature and extent of that risk and; develop the most appropriate support plan for the individuals concerned. Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs.

## Indicators of vulnerability to radicalisation

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as: Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
3. Extremism is defined by the Crown Prosecution Service as: The demonstration of unacceptable behaviour by using any means or medium to express views which:
  - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
  - Seek to provoke others to terrorist acts;
  - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
  - Foster hatred which might lead to inter-community violence in the UK.
4. There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
  - Identity Crisis – the student/pupil is distanced from their cultural/religious heritage and experiences discomfort about their place in society;
  - Personal Crisis – the student/pupil may be experiencing family tensions, a sense of isolation and low self-esteem. They may have dissociated from their existing friendship group and become involved with a new and different group of friends. They may be searching for answers to questions about identity, faith and belonging;
  - Personal Circumstances – migration, local community tensions and events affecting the student/pupil’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
  - Unmet Aspirations – the student/pupil may have perceptions of injustice; a feeling of failure or a rejection of civic life;

- Experiences of Criminality – which may include involvement with criminal groups, imprisonment and poor resettlement/reintegration;
  - Special Educational Need – student/pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.
7. This list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.
8. More critical risk factors could include:
- Being in contact with extremist recruiters;
  - Accessing violent extremist websites, especially those with a social networking element;
  - Possessing or accessing violent extremist literature;
  - Using extremist narratives and a global ideology to explain personal disadvantage;
  - Justifying the use of violence to solve societal issues;
  - Joining or seeking to join extremist organisations;
  - Significant changes to appearance and/or behaviour;
  - Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis.

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

### **Further Information on Child on Child Sexual Violence and Sexual Harassment**

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.

When there has been a report of sexual violence, the designated safeguarding lead (or a deputy) should make an immediate risk and needs assessment. Where there has been a report of sexual harassment, the need for a risk assessment should be considered on a case-by-case basis. The risk and needs assessment should consider:

- the victim, especially their protection and support;
- the alleged perpetrator; and
- all the other children (and, if appropriate, adult students and staff) at the school or college, especially any actions that are appropriate to protect them.

The designated safeguarding lead (or deputy) is likely to have a complete safeguarding picture and be the most appropriate person to advise on the school's or college's initial response. Important considerations will include:

- the wishes of the victim in terms of how they want to proceed. This is especially important in the context of sexual violence and sexual harassment. Victims should be given as much control as is reasonably possible over decisions regarding how any investigation will be progressed and any support that they will be offered;
- the nature of the alleged incident(s), including: whether a crime may have been committed and consideration of harmful sexual behaviour;
- the ages of the children involved;
- the developmental stages of the children involved;
- any power imbalance between the children. For example, is the alleged perpetrator significantly older, more mature or more confident? Does the victim have a disability or learning difficulty?;
- if the alleged incident is a one-off or a sustained pattern of abuse;
- are there ongoing risks to the victim, other children, adult students or school or college staff

The starting point regarding any report should always be that sexual violence and sexual harassment is not acceptable and will not be tolerated. Especially important is not to pass off any sexual violence or sexual harassment as 'banter', 'part of growing up' or 'having a laugh'.

### Options to manage the report

It is important that schools and colleges consider every report on a case-by-case basis. When to inform the alleged perpetrator will be a decision that should be carefully considered.

Where a report is going to be made to children's social care and/or the police, then, as a general rule, the school or college should speak to the relevant agency and discuss next steps and how the alleged perpetrator will be informed of the allegations. However, as per general safeguarding principles, this does not and should not stop the school or college taking immediate action to safeguard their children, where required.

There are four likely scenarios for schools and colleges to consider when managing any reports of sexual violence and/or sexual harassment.

#### 1. Manage internally

- In some cases of sexual harassment, for example, one-off incidents, the school or college may take the view that the children concerned are not in need of early help or statutory intervention and that it would be appropriate to handle the incident internally, perhaps through utilising their behaviour policy and by providing pastoral support.
- Whatever the school's or college's response, it should be underpinned by the principle that sexual violence and sexual harassment is never acceptable and will not be tolerated
- All concerns, discussions, decisions and reasons for decisions should be recorded (written or electronic).

## 2. Early help

- In line with 1 above, the school or college may decide that the children involved do not require statutory interventions, but may benefit from early help. Early help means providing support as soon as a problem emerges, at any point in a child's life. Providing early help is more effective in promoting the welfare of children than reacting later. Early help can be particularly useful to address non-violent harmful sexual behaviour and may prevent escalation of sexual violence.
- Full details of the early help process are in Chapter one of Working Together to Safeguard Children.
- Multi-agency early help will work best when placed alongside strong school or college policies, preventative education and engagement with parents and carers.
- Whatever the response, it should be under-pinned by the principle that sexual violence and sexual harassment is never acceptable and will not be tolerated.
- All concerns, discussions, decisions and reasons for decisions should be recorded (written or electronic).

## 3. Referrals to children's social care

- Where a child has been harmed, is at risk of harm, or is in immediate danger, schools and colleges should make a referral to local children's social care.
- At the referral to children's social care stage, schools and colleges will generally inform parents or carers, unless there are compelling reasons not to (if informing a parent or carer is going to put the child at additional risk).
- Any such decision should be made with the support of children's social care.
- If a referral is made, children's social care will then make enquiries to determine whether any of the children involved are in need of protection or other services.
- Where statutory assessments are appropriate, the school or college (especially the designated safeguarding lead or a deputy) should be working alongside, and cooperating with, the relevant lead social worker. Collaborative working will help ensure the best possible package of coordinated support is implemented for the

victim and, where appropriate, the alleged perpetrator and any other children that require support.

- Schools and colleges should not wait for the outcome (or even the start) of a children's social care investigation before protecting the victim and other children in the school or college. It will be important for the designated safeguarding lead (or a deputy) to work closely with children's social care (and other agencies as required) to ensure any actions the school or college takes do not jeopardise a statutory investigation. The risk assessment will help inform any decision. Consideration of safeguarding the victim, alleged perpetrator, any other children directly involved in the safeguarding report and all children at the school or college should be immediate.
- In some cases, children's social care will review the evidence and decide a statutory intervention is not appropriate. The school or college (generally led by the designated safeguarding lead or a deputy) should be prepared to refer again if they believe the child remains in immediate danger or at risk of harm. If a statutory assessment is not appropriate, the designated safeguarding lead (or a deputy) should consider other support mechanisms such as early help, specialist support and pastoral support.
- Whatever the response, it should be under-pinned by the principle that sexual violence and sexual harassment is never acceptable and will not be tolerated.
- All concerns, discussions, decisions and reasons for decisions should be recorded (written or electronic).

#### 4. Reporting to the Police

- Any report to the police will generally be in parallel with a referral to children's social care (as above).
- It is important that the designated safeguarding lead (and their deputies) are clear about the local process for referrals and follow that process.
- Where a report of rape, assault by penetration or sexual assault is made, the starting point is this should be passed on to the police. Whilst the age of criminal responsibility is ten, if the alleged perpetrator is under ten, the starting principle of reporting to the police remains. The police will take a welfare, rather than a criminal justice, approach.
- At this stage, schools and colleges will generally inform parents or carers unless there are compelling reasons not to, for example, if informing a parent or carer is likely to put a child at additional risk. In circumstances where parents or carers have not been informed, it will be especially important that the school or college is supporting the child in any decision they take. This should be with the support of children's social care and any appropriate specialist agencies.

- Where a report has been made to the police, the school or college should consult the police and agree what information can be disclosed to staff and others, in particular, the alleged perpetrator and their parents or carers. They should also discuss the best way to protect the victim and their anonymity.
- In some cases, it may become clear very quickly, that the police (for whatever reason) will not take further action. In such circumstances, it is important that the school or college continue to engage with specialist support for the victim as required.
- Whatever the response, it should be under-pinned by the principle that sexual violence and sexual harassment is never acceptable and will not be tolerated.
- All concerns, discussions, decisions and reasons for decisions should be recorded (written or electronic).

### Appendix 3: Dealing with a Disclosure of Abuse

Children may not feel ready, or know how to tell someone they are being abused, exploited or neglected, and/or they might not recognise their experiences as harmful. Children may feel embarrassed, humiliated or threatened due to their vulnerability, disability, sexual orientation and/or language barriers. None of this should stop staff from having a 'professional curiosity' and speaking to the designated safeguarding lead (DSL).

#### **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 Designated Safeguarding Lead. If the child is at immediate risk you make the referral yourself.

The DSL should consider that parents or carers should normally be informed (unless this would put the victim at greater risk). The basic safeguarding principle is: if a child is at risk of harm, is in immediate danger, or has been harmed, a referral should be made to local authority children's social care. Rape, assault by penetration and sexual assault are crimes. Where a report of rape, assault by penetration or sexual assault is made, this should be referred to the police. Whilst the age of criminal responsibility is 10, if the alleged perpetrator is under 10, the starting principle of referring to the police remains.

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



# The Windscreen

A diagram to demonstrate the Continuum of Need



Consent to share information is required unless there are concerns that to do so would place the child at greater risk of harm

If you think a child or young person is at immediate risk of significant harm, contact The Front Door on 01452 426565 (option 1) - in an emergency always call 999