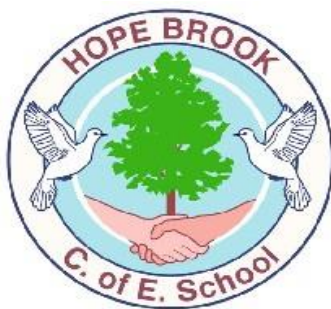


# Hope Brook Church of England Primary School



## Child Protection Policy

The staff and governors are committed to the development of each child in a positive, healthy and respectful learning environment to encourage all children to achieve their fullest potential.

We want all the children and adults to achieve success through their own efforts, teamwork, self-discipline and motivation; and through links with the Church, the local community and the global community, work towards a better future for themselves and the world in which they live.

## **SAFEGUARDING (Child Protection) POLICY**

The Governing Body takes seriously 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 adequate arrangements are in place within our school to identify, assess, and support those children who are suffering harm.

This policy has been developed in accordance with:

- Children Acts 1989 and 2004
- Education Act 2002

It has also been developed in line with the following government publications:

- Working Together to Safeguard Children 2018
- Framework for the Assessment of Children in Need and their Families' 2000
- What to do if You are Worried a Child is Being Abused 2015
- Keeping Children Safe in Education 2020

We follow the procedures set out by the Gloucestershire Safeguarding Children Board (GSCB) and take account of guidance issued by the Department for Education. The DSL Handbook (compiled by GSCE) link is displayed in the Head's office, the staff room and Pippin's office. All advice is readily available in the booklet online (GSCE Website) should there be a concern about a child or if staff wish to remind themselves about procedures.

Useful phone numbers:

- |   |              |
|---|--------------|
| • Safeguarding Children Service                         | 01452 583629 |
| • Safeguarding Children Development Officer (education) | 01452 426994 |
| • Local Authority Designated Officer for Allegations    | 01452 426994 |

School contacts:

Designated Safeguarding Lead (DSL)	Mrs S M Severn - Headteacher
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Deputy Designated Safeguarding Leads	Mrs I Hollis – KS2 Lead
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Mrs P Freeman – Pippins@Hopebrook (pre-school)

Child Protection Governor	Mrs Amy Mason
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Our policy applies to all staff, including temporary staff, governors, supply teachers and volunteers working in the school.

### **Aims**

- To ensure we maintain the highest standards in safeguarding our children
- To ensure our child protection procedures are clear, and are understood by all staff, and volunteers, working within the school
- To establish a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse

- To ensure that all staff take responsibility for taking action and share information that might safeguard a child
- To ensure we practise safe recruitment in line with Government guidance by using at least one accredited person on all interview panels
- To check the suitability of staff and volunteers to work with children
- To ensure any unsuitable behaviour is reported and managed using the Allegations Management procedures
- To verify the identity, qualifications of members of staff, prohibition checks and a satisfactory DBS check
- To raise awareness of child protection issues with staff
- To equip children with the skills needed to keep themselves safe.
- To develop and then implement procedures for identifying and reporting cases, or suspected cases, of abuse by following the Gloucestershire Child Protection procedures (flow chart)
- To support pupils who have been abused in accordance with their agreed child protection plan.
- To establish a safe environment in which children can learn and develop.
- To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensuring we, the school, contribute to assessments of need and support packages for those children.
- To emphasise the need for good levels of communication between all members of staff

We recognise that because of their day to day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to.
- Ensure children know that there are adults in the school whom they can approach if they are worried.
- Include opportunities in the curriculum for children to develop the skills they need to recognise and stay safe from abuse.

## **Role of the Governors**

The governing body understand and fulfil their responsibilities relating to the safety of our children, namely to ensure that:

- There is a Child Protection policy together with a staff behaviour (Code of Conduct) policy
- The school operates Safer Recruitment procedures by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training
- The school has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned
- A senior leader has Designated Safeguarding Lead (DSL) responsibility
- DSLs undertake interagency training and attend an 'update' course every 2 years
- All other staff have Safeguarding training updated as appropriate and Child Protection training every 3 years
- A member of the Governing Body (the Chair) is nominated to liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Headteacher
- Child Protection policies and procedures are reviewed annually and that the Child Protection Policy is available on the school website
- All members of staff and volunteers are provided with child protection awareness information at induction

- All members of staff are trained in and receive regular updates on e-safety and reporting concerns
- All members of staff, volunteers, and governors know how to respond to a pupil who discloses abuse
- All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the school's Child Protection Policy
- Our lettings policy seeks to ensure the suitability of adults working with children on school sites at any time

## **Roles and Responsibilities of the DSL**

The Designated Safeguarding Lead (DSL) has responsibility for:

- Referring a child if there are concerns about possible abuse, following the Gloucestershire Child Protection procedures, and acting as a focal point for staff to discuss concerns. Referrals should be made in writing, following a telephone call using the Multi Agency Referral Form
- Keeping written records of concerns about a child even if there is no need to make an immediate referral and documenting concerns on CPOMS, our online system for documenting and tracking child protection issues
- Ensuring that all such records are kept confidentially and securely and are separate from pupil records, until the child's 25th birthday, and are copied, with the original being sent onto the child's next school or college.
- Ensuring that an indication of the existence of the additional file above is marked on the pupil records.
- Liaising with other agencies and professionals.
- Demonstrating an awareness and understanding of the procedures and responsibilities of other agencies and professionals, particularly those working in social care
- Ensuring that either they or an appropriate staff member attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with the parents
- Ensuring that any pupil currently with a child protection plan who is absent in the educational setting without explanation for two days is referred to their key worker's Social Care Team.
- Organising child protection induction, and update training every 3 years, for all school staff.
- Providing termly reports for the governing body, detailing any changes to the policy and procedures; training undertaken by the DSL, and by all staff and governors; number and type of incidents/cases, and number of children on the child protection register (anonymised)
- Ensuring staff receive regular training (at least annually) related to safeguarding
- Ensuring that they or one of the Deputy DSL's are always available to discuss safeguarding concerns

## **Safer Recruitment**

We are committed to the principles of Safer Recruitment. Accredited persons at Hope Brook C of E Primary School:

- Mrs S M Severn – Headteacher

## **New staff**

Following appointment, all new members of staff engage in an induction process, which includes safeguarding. Within one week, new staff are provided with copies of the following documents:

- Hope Brook's Child Protection Policy, with the DSLs' names clearly displayed, as part of their induction into the school.
- School Induction Pack powerpoint presentation
- GSCB Quick reference Guide
- Keeping Children safe in Education – Section 1 an annex A
- Hope Brook's Behaviour Policy and Code of Conduct Policy
- Overview of the role of the DSL

## **Allegations Management**

Procedures for dealing with allegations against any staff working/volunteering with children, including supply staff and temporary staff, are laid out in the Gloucestershire Child Protection Procedures which may be found at <https://www.gscb.org.uk/media/2102598/am-flowchart-november-2020.pdf>

Allegations against staff are referred to the Headteacher who in turn contacts the LA designated officer (LADO).

Allegations about the Headteacher are referred to the Chair of Governors who in turn contacts the LADO.

Any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS) for consideration for barring, following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.

## **Whistle Blowing**

A copy of the GCC Whistle Blowing Policy is displayed on the noticeboard next to the photocopier.

## **Children**

We recognise that children who are 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. The school may be the only stable, secure and predictable element in the lives of children at risk. When at school their behaviour may be challenging and defiant or they may be withdrawn. The school will endeavour to support the pupil through:

- The content of the curriculum – teaching safeguarding as part of a broad and balanced curriculum
- Ensuring children know how to keep themselves safe online (Teaching online safety in school DfE 2019)
- The school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- Guidance from the school's Family Support Worker
- The school behaviour policy which is aimed at supporting vulnerable pupils in the school. The 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, Child and Adult Mental Health Service, education welfare service and educational psychology service.
- Ensuring that, where a pupil who has a child protection plan leaves, their information is transferred to the new school immediately and that the child's social worker is informed.

## **What is child abuse and neglect?**

We recognise that it is important that all adults working within the school understand the different categories of abuse. We use the following definitions:

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institution or community setting; by those known to them or, by a stranger, for example via the internet. They may be abused by an adult or adults or another child or children.

### **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.

### **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 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.

### **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 (e.g. 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.

### **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 or shelter including exclusion from home or abandonment; failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision including the use of inadequate care-givers; or the failure to ensure access to appropriate medical care or treatment. It may also include the neglect of, or unresponsiveness to, a child's basic emotional needs.

## Compromised Care

Sometimes children need to be safeguarded due to the impact of factors which reduce their parent or carer's ability to care for them. This can have severe consequences for the child if it is not identified or no action is taken.

Compromised care may arise due to:

- **Domestic Violence and Abuse**

Domestic Violence and abuse is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of sexuality (Department of Health 2005). It occurs across the whole of society regardless of race, ethnicity, religion, social class, age, income and where a person lives. Increasingly we are also identifying domestic violence and abuse between young people in their relationships, or perpetrated by a young person where their parent/carer is the victim.

All staff who work with children and families should be:

- Alert to the relationship between domestic violence and abuse and the violence, abuse and neglect of children
- Aware that witnessing domestic violence and abuse constitutes harm to a child or young person

There is clear evidence that domestic violence and abuse increases the risk of harm to children.

- **Mental illness of parent or carer**

If a parent or carer has a mental illness, it is important not to make assumptions or generalise. However, assessment is important as there may be times that due to the effects of the illness on the parent or carer's behaviour or the effects of medication, there is a possibility that some children may be adversely affected or be at risk of harm. In a small number of cases, children may even be at risk of very serious harm or death.

- **Drug or alcohol misuse of parent or carer**

If a parent or carer misuses drugs or alcohol, this may impact on their parenting capacity but it is important not to generalise or make assumptions in this respect. Some substances may induce behaviour that increases the risk of harm or neglect to the child. The child's safety may also be compromised in other ways. There is evidence that substance misuse in pregnancy can have a serious effect on the unborn child.

- **Learning disability of parent or carer**

If a parent or carer has a learning disability, it is important not to make assumptions or generalise. Specialist assessment is recommended and Adult Learning Disability Services should provide valuable input in to assessments relating to any child. Children may be particularly vulnerable where both parents/carers have a learning disability, as the parents may need support to develop the understanding, resources, skills and experience to meet the needs of their children. Also, there is recognition of an increased risk of sexual abuse by men who target mothers with learning disabilities.

- **Fabricated or induced illness (FII)**

Fabricated or induced illness (FII) is a rare form of child abuse. It occurs when a parent or carer, , exaggerates or deliberately causes symptoms of illness in the child. FII is also known as Munchausen's syndrome by proxy. Munchausen's syndrome, also known as factitious disorder, is a condition where a person pretends to be ill or causes illness or injury to themselves. Healthcare professionals in the UK prefer to use the term fabricated or induced illness, or factitious disorder imposed on another. This is because the term Munchausen's syndrome by proxy places the emphasis on the person carrying out the abuse, rather than the victim. The term Munchausen's

syndrome by proxy is still widely used in other countries. The term FII covers a wide range of cases and behaviours involving parents seeking healthcare for a child. This ranges from extreme neglect (failing to seek medical care) to induced illness.

- **Persistent offending behaviour of parent or carer**

If a parent or carer is involved in persistent offending behaviour the child's safety may be compromised. For example, the child's home may be targeted or there may be an 'open house' where it is unclear who is providing care for the child, and where individuals who pose a risk of harm may have access to the child.

- **Children with a parent in prison / a parent coming home from prison**
- **Children in the court system**
- **Children who have returned home after being in care**
- **Families affected by homelessness**
- **Children who have experienced the misuse of drugs**
- **Children who are at risk from serious crime**

All staff are aware of indicators that might suggest children are at risk from, or are involved with serious violent crime. These may include absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self harm, a change in well-being, signs of assault or unexplained injuries, expressions of violence, uncontrolled anger, bullying behaviours and being a victim of violence. A list of possible indicators has been shared with staff.

A full list of circumstances that might lead to the compromised care of children can be found in 'Annex A of Keeping Children Safe in Education, September 2020'

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/954314/Keeping\\_children\\_safe\\_in\\_education\\_2020\\_-\\_Update\\_-\\_January\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/954314/Keeping_children_safe_in_education_2020_-_Update_-_January_2021.pdf)

### **Procedure where Honour Based Violence, including forced marriage and female genital mutilation is suspected/alleged**

#### **So-called 'Honour based' abuse (including Female Genital Mutilation and Forced Marriage)**

encompasses incidents or crimes which have been committed to protect or defend the honour of the family and / or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast-ironing. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressures and can include multiple perpetrators. All forms of HBA are abuse and are handled as such.

If staff suspect or it is alleged that any of the above has happened or there is an immediate risk to a child, local safeguarding procedures will be followed. All staff are aware that FGM is illegal and teachers have a legal duty to report to police if they know or suspect FGM has taken place.

### **Child sexual exploitation (CSE)**

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually



exploited do not exhibit any external signs of this abuse. If you suspect or it is alleged that any of the above has happened or there is an immediate risk to a child, staff should follow the same procedure under 'Procedure where abuse is suspected/alleged'.

## **Children affected by Child Criminal Exploitation**

Children who are trafficked, exploited or coerced into committing crimes are victims in need of safeguarding and support. Staff recognise that the following may be indicators of CCE – children appearing with unexplained gifts, children who associate with other young people involved in exploitation, children who regularly miss school and children who suffer from changes in emotional well-being.

## **Anti-Bullying/Cyberbullying**

Hope Brook C of E Primary School takes bullying very seriously. Our Anti Bullying Policy is available on the school website. 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 e.g. cyber, racist, homophobic and gender related bullying. We keep a record of known bullying incidents which is shared with the governing body.

Our Anti-Bullying Policy is available on the school website.

If the bullying is particularly serious, or the anti-bullying procedures are seen to be ineffective, the headteacher and the DSL will consider implementing child protection procedures.

The subject of bullying is addressed at regular intervals in CPSHE lessons

## **Online Safety**

Our pupils increasingly use electronic equipment on a daily basis to access the internet. Unfortunately, some adults and other children use these technologies to harm children. The harm might range from sending hurtful or abusive texts or emails, to grooming and enticing children to engage in sexual behaviour such as webcam photography or face-to-face meetings. Pupils may also be distressed or harmed by accessing inappropriate material such as pornographic websites or those which promote extremist behaviour, criminal activity, suicide or eating disorders.

We have an E-safety policy which explains how we try to keep pupils safe in school and how we respond to online safety incidents. Pupils are taught about online safety throughout the curriculum.

## **Sexting**

- 'Sexting' is the exchange of self-generated sexually explicit images, through mobile picture messages or webcams over the internet.

'Sexting' is often seen as flirting by children and young people who feel that it's a part of normal life. (NSPCC online information 2015)

Where staff have concerns regarding a child accessing or sending images, they should contact the DSL immediately for further advice.

## **Upskirting**

Upskirting is a criminal offence. It is defined as 'taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm' (DfE 2019). Anyone, of any gender, can be a victim.

## **Peer on peer abuse**

Our school recognises that some children may abuse their peers. In most instances, the conduct of pupils towards each other will be covered by our behaviour policy. However, some allegations may be of such a serious nature that they may raise safeguarding concerns.

Peer on peer abuse can manifest itself in many ways. This may include bullying (including cyber bullying), on-line abuse, gender-based abuse, emotional abuse, 'sexting' or sexually harmful behaviour. We do not tolerate any harmful behaviour in school and will take action to intervene where this occurs. We aim to reduce the likelihood of peer on peer abuse through lessons and assemblies to help children understand, in an age-appropriate way, what abuse is and we encourage them to tell a trusted adult if someone is behaving in a way that makes them feel uncomfortable.

Any incidents of peer on peer abuse will be managed in the same way as any other child protection concern and will follow the same procedures. Behaviour will be challenged, recorded and investigated. Where a concern regarding peer on peer abuse has been disclosed to the DSL, advice and guidance will be sought from the assessment and referral team. Where it is clear a crime has been committed or there is a risk of crime being committed the Police will be contacted.

Working with external agencies the school will respond to the unacceptable behaviour. If a pupil's behaviour negatively impacts on the safety and welfare of other pupils then safeguards will be put in place to promote the well-being of the pupils affected and the victim and perpetrator will be provided with support.

## **Gender Identity and Sexuality**

Hope Brook C of E Primary School believes that Relationship and Sex Education should meet the needs of all pupils regardless of their developing sexuality and gender identity and be able to deal honestly and sensitively with sexual orientation, answer appropriate questions and offer support. The school liaises with parents on this issue to reassure them of the content and context.

## **Violence against Women and Girls (VAWG)**

If professionals become aware that a child is being subjected to violence, they should always follow their child protection process. Professionals should note that male victims will receive the same access to protection.

## **Domestic Violence and Abuse**

If professionals become aware that a child or young person is witnessing domestic violence and abuse they should always follow their child protection process. The definition of harm (Children Act 1989) was amended by the Adoption and Children Act 2002 to include impairment suffered from seeing or hearing the ill-treatment of another. Domestic Violence and abuse falls into this category.

## **Mental Health**

At Hope Brook, we recognise the important role schools play in identifying and supporting the mental health needs of its children and their parents. We know that in an average classroom, three children may be suffering from a diagnosable mental health condition. We aim to promote positive mental health for everyone, through our curriculum and through our support mechanisms. We aim to ensure that all children's mental health needs are met, including access to external support where necessary.

<https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

## **Radicalisation**

Radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind.

Extremism is defined as the holding of extreme political or religious views.

Although serious incidents involving radicalisation have not occurred at Hope Brook C of E Primary School to date, it is important for us to be constantly vigilant and remain fully informed about the issues which affect the wider community. Staff are reminded to suspend any professional disbelief that instances of radicalisation 'could not happen here' and to refer any concerns to the DSL.

## **Private Fostering**

Private fostering is when a child or young person aged under 16 (or under 18 if they are disabled), is cared for and provided with accommodation for 28 days or more by an adult who is not a close relative. A close relative is an aunt, uncle, step-parent, grandparent or sibling, but not a cousin, grand aunt/uncle or a family friend.

What situations can be classed as private fostering?

Private fostering covers a diverse range of situations. Here are some of the most common:

- Children sent to this country for education or health care by birth parents living overseas.
- Children living with a friend's family as a result of parental separation, divorce or arguments at home.
- Teenagers living with a family of a boyfriend or girlfriend.
- Children whose parents' study or work involves unsociable hours, which make it difficult for them to use ordinary day care or after school care.

Children's Social Care is not involved in making private fostering arrangements but is responsible for checking that the arrangements are suitable for the child. As professionals it is important for us to notify Children's Social Care if we are in contact with a child or young person who is being privately fostered. This will help protect the child against abuse or neglect and provide some reassurance that the child is being looked after properly. Staff should refer any concerns to the DSL.

## **Trafficking**

Article 3 of the Palermo Protocol To Prevent, Suppress And Punish Trafficking In Persons, Especially Women And Children, Supplementing the United Nations Convention Against Transnational Organised Crime to the UN Convention (2000) (ratified by the UK on 6 February 2006) defines trafficking as:

"Trafficking of persons" shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat of or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

The two most common terms for the illegal movement of people – 'trafficking' and 'smuggling', are very different. In human smuggling, immigrants and asylum seekers pay people to help them enter the country illegally, after which there is no longer a relationship. Trafficked victims are coerced or deceived by the person arranging their relocation. However, there is a difference between adult and child trafficking – where

the victim is a child neither coercion nor deception need to be present for the child to be considered trafficked. On arrival in the country of destination the trafficked child or person is denied their human rights and is forced into exploitation by the trafficker or person into whose control they are delivered or sold.

Wherever staff or volunteers come into contact with a child who has arrived unaccompanied in the country and is not in contact with Children's Social Services or a child who is accompanied, but for whom they have concerns regarding their welfare or safety, they should consult the DSL immediately.

## **Gangs and Youth Violence**

Schools, both primary and secondary have a duty and a responsibility to protect their pupils and students. It is also well established that success in learning is one of the most powerful indicators in the prevention of youth crime. Dealing with violence also helps attainment. While pupils and students generally see educational establishments as safe places, even low levels of youth violence can have a disproportionate impact on any educational establishment. Schools and colleges are places where important interventions can take place to prevent violent behaviour, including more serious violence such as young people carrying a knife, and violence that takes place in the community.

Whilst schools and colleges may face different specific challenges and operate in different contexts, many of the issues they face will be similar be they in urban or rural areas.

Staff are also aware that unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with individuals associated with criminal networks or gangs.

Staff are aware of the Home Office's 'Preventing youth violence and gang involvement – Practical advice for schools and colleges (Home Office)

Where a member of staff suspects that violence may be occurring no matter how low level, the DSL should be consulted immediately.

## **Medication**

The school has a number of policies to support the use of medication in school and supporting pupils with long term medical illnesses. These are;

- Administering Medicines Policy and Protocol
- Supporting pupils with medical conditions in school (DFE – 00393 – 2014)
- Intimate care plans

Staff receive regular first aid training and there are a number of staff who have received specific training to undertake the role of first aiders in school. Where pupils have specific needs, these will be identified on a plan, agreed with both the child and parents.

## **Children missing from education**

All children, regardless of their age, ability, aptitude and any special education needs they may have are entitled to a full-time education. We recognise that a child missing education is a potential indicator of abuse or neglect and will follow the school procedures for unauthorised absence and for children missing education.

Parents should always inform us of the reason for any absence. Where contact is not made, a referral may be made to another appropriate agency. Our school will inform the local authority of any pupil who fails to attend school regularly, or has been absent without school permission for a continuous period of 10 days or more.

We will also notify the local authority of any pupil/student who is to be deleted from the admission register because s/he –

- Has been taken out of school by their parents and is being educated outside the school system (e.g. home education)
- Has ceased to attend school and no longer lives within a reasonable distance of the school at which s/he is registered (moved within the city, within the country or moved abroad but failed to notify the school of the change)
- Displaced as a result of a crisis e.g. domestic violence or homelessness;
- Has been certified by the school medical officer as unlikely to be in a fit state of health to attend school
- Is in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe that s/he will return to the school at the end of that period
- Has been permanently excluded

### **Children with additional needs**

We understand that children with special educational needs and disabilities (SEND) can face additional safeguarding challenges. We recognise that this group may be at greater risk in areas such as peer on peer abuse and on-line safety. 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;
- communication barriers and difficulties in overcoming these barriers

We willingly offer additional pastoral support for 'at risk' pupils, where required.

### **Looked After Children**

The most common reason for children becoming looked after is as a result of abuse and neglect. We ensure that staff have the necessary skills and understanding to keep looked after children safe. Appropriate staff have information about a child's looked after legal status and care arrangements, including the level of authority delegated to the carer by the authority looking after the child and contact arrangements with birth parents or those with parental responsibility.

The designated teacher for looked after children and the DSL have details of the child's social worker and the name and contact details of the local authority's virtual school head for children in care.

We also recognise that children who return home after a period in care may require additional monitoring.

### **The referral process**

If staff have a concern about a child, they follow the Gloucestershire Child Protection Process as outlined in the following flow chart.



If a professional is left feeling that the response from social care has not addressed their concerns for a child, they should follow the protocols for resolving professional differences contained in the GSCB Escalation Policy – as outlined in the following chart.

## Gloucestershire Safeguarding Children Escalation Flowchart



Safeguarding Children

**You consider that the actions, inaction or decisions of another agency do not adequately safeguard a child.**

**Please note: At each stage there is a maximum time scale of 5 days or less or as agreed between the agencies concerned keeping the best interests of the child in mind.**

**STAGE 1:** Make initial attempts to resolve the matter through discussion with the other professional involved. Record the outcome using the Escalation Form below.

**STAGE 2:** If the disagreement remains unresolved – contact line manager – who will contact equivalent manager in the other agency and seek to resolve the matter. Line managers should consider whether a professionals meeting is appropriate.

*(It is recommended that contact is done face to face or over the phone and where possible outside of Outlook)*

**NOTE:** If child is subject of a CP plan or is a Child Looked After, notify Independent Reviewing Officer (IRO)

**STAGE 3:** If the disagreements remain unresolved, the Line Managers report to their respective managers or safeguarding representatives. Again, a professional meeting may be appropriate at this stage engaging other agencies.

If there remains disagreement, escalation continues through the appropriate tiers of management in each organisation until the matter is resolved.

*It is recommended that discussion is done face to face or over the phone and where possible outside of Outlook.*

*(NOTE: The Decision to escalate to Stage 4 must be taken by the most senior management level of both agencies, in the interests of the child, and only when all other attempts at resolution are resolved)*

**NOTE:** When an escalation reaches Stage 3 the concerned agency must copy the completed Escalation Form to the Business Unit via: [mail@gsch.org.uk](mailto:mail@gsch.org.uk)

**NOTE:** This is for monitoring purposes only and not as part of the Escalation process which should continue through the involved agencies.

**STAGE 4:** The chair of the LSCB facilitates the resolution of the disagreement with the Senior Managers involved – either directly or through a Resolution Panel.

**Note:** There is a 10 Day timescale at stage 4

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## Records and information sharing

We recognise that all matters relating to child protection are confidential.

Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Data Protection Act 1998 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at

risk of harm. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect.

Well-kept records are essential to good child protection practice. Our school is clear about the need to record any concern held about a child or children within our school, the status of such records and when these records should be shared with other agencies.

Any member of staff receiving a disclosure of abuse or noticing signs or indicators of abuse, will make an accurate record as soon as possible noting what was said or seen (if appropriate, using a body map to record), giving the date, time and location. All records will be dated and signed and will include the action taken. This is then presented to the designated safeguarding lead (or deputy), who will decide on appropriate action and record this accordingly.

Any records related to child protection are kept in a child protection file (which is separate to the pupil file) in chronological order. Details are documented on our online system for documenting and tracking safeguarding issues and pupil well-being – CPOMS. All child protection records are stored securely and confidentially and will be retained for 25 years after the pupil's date of birth.

If a pupil transfers from our school to another, their child protection records will be forwarded to the new educational setting. Copies of this paperwork will be retained by our school, should it be required at a future date. A receipt for all records relating to child protection is required from the receiving school.

### **Interagency working**

It is the responsibility of the designated safeguarding lead to ensure that the school is represented at, and that a report is submitted to, any child protection conference called for children on the school roll or previously known to them. Where possible and appropriate, any report will be shared in advance with the parent(s) / carer(s). Whoever attends will be fully briefed on any issues or concerns the school has and be prepared to contribute to the discussions at the conference.

The role of Gloucestershire's safeguarding partners is outlined in the document 'Working Together: Gloucestershire's multi-agency arrangements to safeguard children (April 2019). This document outlines the shared and equal duty of safeguarding on NHS Gloucestershire Clinical Commissioning Group, Gloucestershire constabulary and Gloucestershire County Council.

[https://www.gscb.org.uk/media/2090561/gcc\\_2544-working-together-2018-publication-document\\_final-30052019-v14.pdf](https://www.gscb.org.uk/media/2090561/gcc_2544-working-together-2018-publication-document_final-30052019-v14.pdf)

If a child is subject to a Child Protection Plan or a multi-agency risk assessment conference (MARAC), the designated safeguarding lead will ensure the child is monitored regarding their school attendance, emotional well-being, academic progress, welfare and presentation. We will contribute to the preparation, implementation and review of the plan as appropriate.

### **Multi Agency Public Protection Arrangements - MAPPA**

Occasionally an educational setting may need to be involved in the assessment and management of a high risk offender e.g. where there are concerns about a sex offender having an association of some kind with the setting or where there are serious concerns about violence against a child/young person. The multi-agency public protection arrangements ensure the assessment and management of offenders who are required to register as convicted sex offenders, violent offenders who receive a prison sentence of 12 months or more, and other offenders who are assessed as posing a high risk of serious harm. The assessment of serious harm includes risk to: children, known adults, public, staff, self.



The police, probation and prison service are the lead agencies, with other agencies, including CYPD/Education settings, having a statutory duty to cooperate.

Multi-agency meetings are convened to share relevant information and produce a plan on how the identified risks can be managed. These meetings are similar in format to child protection conferences; however, the offender will not always be aware that the meetings are taking place and will not be invited to attend.

### **Multi Agency Risk Assessment Conference - MARAC**

MARAC meetings are held to discuss high level incidences of domestic abuse. The purpose of a MARAC is 'to share information to increase the safety, health and well-being of victims - adults and their children, to construct jointly and implement a risk management'

### **Monitoring and Evaluation**

Our Child Protection Policy and Procedures will be monitored and evaluated by:

- Pupil surveys and questionnaires
- Scrutiny of Attendance data
- Scrutiny of GB minutes
- Safeguarding Governor termly visits
- Headteacher Reports to the Governors
- Logs of bullying/racist/behaviour incidents
- Review of parental concerns and parent questionnaires
- CPOMS reporting tools

This policy also links to our policies on:

- Behaviour
- Staff Code of Conduct
- Whistleblowing
- Anti-bullying
- Health & Safety
- CPSHE
- Teaching and Learning
- Administration of medicines
- Sex and Relationships Education
- E-Safety
- Intimate Care Plans
- Disability Equality Policy

Date of policy: November 2020

Date of review: September 2021

This policy was formulated in consultation with all staff, governors, parents and children

This policy was accepted by the Governing Body at their meeting on Wednesday 25<sup>th</sup> November 2020, and will be reviewed annually.