

## Grangefield School Safeguarding (Child Protection) Policy

**Designated Safeguarding Lead (DSL) – Mrs Karen Lewis Headteacher**  
**Deputy Designated Safeguarding Lead – Mrs Hannah Gilroy Deputy Headteacher**  
**(currently Mrs Deborah Phillips as Mrs Hannah Gilroy on maternity leave)**  
**Child Protection Governor - Mr John Coopey (Chair of Community Committee)**

“Safer Working Practice Document” and “Keeping Children Safe in Education” (Sep 16) - ALL STAFF are required to read Part One and Appendix A of this document and to sign a declaration to state that they have done so. All staff have an electronic copy of the full document.

The DSL Handbook link is attached to the Safeguarding board outside the hall and in the staffroom. All advice is readily available in the booklet online (GSCB Website) should you have concern about a child or wish to advise yourself on procedures.

Safeguarding Children Service	01452 583636
Safeguarding Children Development Officer (education)	01452 426994
Local Authority Designated Officer for Allegations (LADO)	01452 426994

**Grangefield School fully recognises its responsibilities for safeguarding children (child protection). This policy is reviewed annually and in response to Local or National recommendations.**

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 government publications: ‘Working Together to Safeguard Children’ 2013, Revised Safeguarding Statutory Guidance 2 ‘Framework for the Assessment of Children in Need and their Families’ 2000, ‘What to do if You are Worried a Child is Being Abused’ 2003. The guidance reflects, ‘Keeping Children Safe in Education’ 2016.

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 within our school to identify, assess, and support those children who are suffering harm.

Safeguarding children from all risks of harm is an important part of a school’s work and protecting them from radicalisation and extremism is one aspect of that. The Prevent Duty Guidance (2015) has been taken in to account when developing this policy.

**Our policy applies to all staff, including temporary staff, governors and volunteers working in the school.**

### Aims of policy

- Ensuring we practice safe recruitment in line with Government guidance by using at least one NCSL accredited recruiter on all interview panels and by checking the suitability of staff and volunteers to work with children and ensuring any unsuitable behaviour is reported and managed using the Allegations Management procedures. This check includes verification of their identity, qualifications for members of staff, prohibition checks and a satisfactory DBS check (according to guidance)<sup>1</sup>, and a central record is kept for audit.
- Raising awareness of child protection issues with all staff and equipping children with the skills needed to keep them safe.

- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse by referring to the Children’s Helpdesk.
- Supporting pupils who have been abused in accordance with his/her agreed child protection plan.
- Establishing 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 ensure 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.
- To develop a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.

**We recognise that because of the day to day contact with children, all school staff have a responsibility to, and are well placed to, observe the outward signs of abuse. Together 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.
- Keep alert recognising that ‘it could happen here.’
- Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.

**We will follow the procedures set out by the Gloucestershire Safeguarding Children Board and take account of guidance issued by the Department for Education to ensure that all members of the governing body understand and fulfil their responsibilities, 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
- on appointment, the DSLs undertake interagency training and also undertake DSL ‘new to role’ and an ‘update’ course every 2 years
- the DSL and members of the SLT will undertake associated Safeguarding training as appropriate
- all other staff have Safeguarding training updated annually in the Autumn Term and as appropriate, and Child Protection training every 3 years
- any weaknesses in Child Protection are remedied immediately
- a member of the Governing Body, usually the Chair or Vice 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
- the Governing Body considers how children may be taught about safeguarding. This may be part of a broad and balanced curriculum covering relevant issues through personal social health and economic education (PSHE) and/or for maintained schools through sex and relationship education (SRE)

- the DSL, Mrs Karen Lewis, is a member of the Senior Leadership Team. The Deputy DSL, Mrs Hannah Gilroy, is a member of the Senior Leadership Team. These Officers have undertaken the relevant training and any new officer, upon appointment, will undertake 'DSL new to role' training followed by biannual updates
- other members of the SLT ( Mrs Deborah Phillips, Mrs Viv Migliaccio) and the Children and Families Support worker ( Laura Hunt ) undertake the DSL training. If the head teacher or deputy head teacher are not available a member of the SLT will deputise.
- On occasions where children are off-site where a DSL trained person is not accompanying, the DSL or Deputy can be contacted by telephone at the school.
- the DSL's who are involved in recruitment and at least one member of the governing body will also complete safer recruitment training (on-line or as a half day course) to be renewed every 5 years
- all members of staff and volunteers are provided with child protection awareness information at induction, including in their arrival pack, the school safeguarding policy so that they know who to discuss a concern with
- all members of staff are trained in and receive regular updates in e-safety and reporting concerns
- all members of staff have had awareness training in the Prevent Duty and are given the Department of Education Departmental Guidance for schools and childcare providers
- all other staff and governors, have child protection awareness training, updated by the DSL as appropriate, to maintain their understanding of the signs and indicators of abuse
- 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
- we follow GSCB guidance on vetting to ensure the suitability of adults working with children on school sites at any time
- community users organising activities for children are aware of the school's child protection guidelines and procedures
- we will ensure that child protection type concerns or allegations against adults working in the school are referred to the LADO<sup>2</sup> for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS)<sup>3</sup> 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.
- our procedures will be regularly reviewed and up-dated.
- the name of the designated members of staff for Child Protection, the Designated Child Protection Officers, will be clearly advertised in the school, with a statement explaining the school's role in referring and monitoring cases of suspected abuse.
- all new members of staff will be given a copy of our safeguarding statement, and child protection policy, with the DSLs' names clearly displayed, as part of their induction into the school.

**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.

<sup>2</sup> LADO Local Authority Designated Officer for allegations against staff. AEO Area Education Officer  
<sup>3</sup> Contact the LADO for guidance in any case

- The school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- 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.
- The school employs a Children and Families support worker who can provide pastoral support for vulnerable families.
- 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.

Refer to Appendix One for an explanation of what is child abuse and neglect.

Refer to Appendix Two for an explanation of Honour Based Violence, Forced Marriage, Female Genital Mutilation and Child Sexual Exploitation.

Refer to Appendix Three for an explanation of Extremism and Radicalisation, including recognising extremism and indicators of vulnerability to radicalisation.

### **Allegations Management.**

Procedures for dealing with allegations against any staff working/volunteering with children are laid out in the Gloucestershire Child Protection Procedures which may be found at [http://www.swcpp.org.uk/swcpp/swcpp\\_procedures.htm](http://www.swcpp.org.uk/swcpp/swcpp_procedures.htm)

Allegations against staff are referred to the Headteacher who in turn contacts the LADO.

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

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

**The Designated Safeguarding Lead (DSL) (working with the Headteacher where appropriate) has responsibility for the following:**

Referring a child if there are concerns about possible abuse, to the *GSCB*, 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 (MARF)<sup>4</sup>

- Keeping written records of concerns about a child even if there is no need to make an immediate referral.
- Ensuring that all such records are kept confidentially and securely and are separate from pupil records, until the child's 25<sup>th</sup> birthday, and are copied on to 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.
- Ensuring that either they, or a 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.

<sup>4</sup> Check with your LA for local alternatives

- 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 governors; number and type of incidents/cases, and number of children on the child protection register (anonymised)

### The referral process

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

In general the following process applies:

#### **Professional has concerns**

If a Professional has a concern about the wellbeing of a child (or unborn baby), then that professional should:-

- **Consultation with supervisor**

share their concerns with their supervisor/line manager/designated teacher or named professional to help clarify the nature of their concerns

- **Completion of written record**

complete a written record (appendix 5) of the nature and circumstances surrounding the concern including any previous concerns held, including if appropriate a body map (appendix 6)

Photographs should not be taken.

- **Contact social workers for advice**

in those cases where you have a concern but are unsure about how to proceed contact the **Children's Help Desk Tel: 01452 426 565** and ask to speak to a social work practitioner

- **Contact the children's helpdesk**

In those cases where you are clear a social work assessment is required make a referral to the: **Children's Help Desk Tel: 01452 426 565** within 24 hours (immediately if the concerns are about physical injury or sexual abuse). The CYPD social care section will then take responsibility for managing any subsequent enquiries. The referrer should confirm the details of the concern to CYPD, in writing, within 48 hours

- **Resolving professional Difference (escalation policy)**

Remember to use the 'resolution of professional difficulties (escalation) procedures if you are left feeling that the response from social care has not addressed your concerns for the child. Advice about procedural issues including using the resolving professional differences procedures can be obtained through the **Safeguarding Children Service on 01452 58 3629**

For out of hours social work advice please contact the **Emergency Duty Team on 01452 614 194**

Guidance on **Gloucestershire's levels of intervention** can be found on the GSCB website at:-  
<http://www.gscb.org.uk/article/120318/Working-with-Children--Young-People>

The 'windscreen' which demonstrates the Continuum of Need can be found in Appendix 7.

## 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. Our **offer of early help** is outlined in Appendix 4. We believe that early interventions for children or families, in many cases, will prevent children from experiencing harm.

## Safer Recruitment

The Department for Children, Schools and Families (DCSF) advised that from the 1st January 2010 one person on each interview panel must be accredited in Safer Recruitment by the National College of School Leadership (NCSL)/Children's Workforce Development Council (CWDC), or from 1st April 2012 the Department for Education.

### *Accredited persons at Grangefield School;*

Mrs Karen Lewis (17/3/14)	Mr Phil Johnson (13/10/15)
Mrs Hannah Gilroy (23/1/15)	Mr Simon Edwards (23/1/15)
Mr Colin Peacey (16/9/14)	

A Single Central Record is kept which records all staff. New staff must show DBS before/on appointment or as soon as practicable after. DBS checks take place where needed. All staff and Governors have DBS checks.

## Safer Working Practice

All staff are required to read the document "Safer Working Practice" as part of their Safeguarding and Child Protection Induction. Staff sign to say they are aware of the document and know how to access it for future referral. We recognise that touch is appropriate in the context of working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.

## Whistle Blowing

All staff have copies of our school Whistle Blowing Policy and this document is revisited annually during our annual training. A copy is also available for reference in the staff room.

All staff are made aware of the GSCB Escalation Policy which is referenced in the GSCB Safeguarding Children Handbook.

The NSPCC whistleblowing helpline is available to staff who do not feel able to raise concerns regarding child protection failures internally. Tel 08000280285 Mon-Fri 8am-8pm or email [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

## Anti-Bullying

Grangefield School takes bullying very seriously and appreciates the misery that comes from young people being bullied. Our Anti Bullying Policy, E Safety Policy, Social Media Policy and Acceptable Use Agreement are available on the school website and in staff handbooks for reference.

## Vulnerable children

Where concerns are raised by staff, using the Cause for Concern form, which do not meet an intervention threshold the welfare of the child will be monitored by the Children and Families Support Worker and DSL with reference to Tewkesbury Children's and Families Team, including the Duty Social Worker and the Community Social Worker **Theresa Brown**.

Where children are subject to a Child in Need or Child Protection Plan the DSL, supported by the CFSW, will work with Social Services. A chronology of actions is recorded on paper and SIMs.

SEN children can be more vulnerable to abuse and neglect, in school there are additional barriers they contend with, staff must be particularly alert to their needs. A SENCO is on the staff whose role it is to support staff with understanding the needs of an SEND child.

All staff will be alert to which children are known to be vulnerable, which includes, along with school identified vulnerable children, those who have are SEND, have a Child Protection or Child In Need Plan or are Looked After Children which includes privately fostered children.

## Peer on Peer Abuse

Peer on peer abuse can take place both within school or external of school. Through PHSE and Owl Groups positive values and peer to peer relationships will be discussed at an age appropriate level. Where staff become aware of peer on peer abuse guidance in the Anti-Bullying, E-Safety and Social Media Policies will be followed, the DSL and CFSW will be contacted by use of the Cause for Concern form.

## Domestic Abuse

If professionals become aware that a child or young person is witnessing domestic 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 Abuse falls into this category.

## 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 a 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 MARACs are ‘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’

The School adheres to the Gloucestershire Child Protection Procedures. The Manual is available online and the live version should be used. These procedures will be discussed annually in September.

## Preventing radicalisation and Violent Extremism

- The school values the fundamental rights of freedom of speech, expression of beliefs and ideology and tolerance of others which are the core values of our democratic society. However, all rights come with responsibilities and free speech or beliefs designed to manipulate the vulnerable or which advocate harm or hatred towards others will not be tolerated.
- The School seeks to protect its pupils and staff from all messages and forms of violent extremism and ideologies including those linked to, but not restricted, to the following: Far Right/Neo Nazi, White Supremacist ideology, extremist Islamic ideology, Irish Nationalist and Loyalist paramilitary groups and extremist Animal Rights groups.
- The school is clear that exploitation and radicalisation will be viewed as a safeguarding concern and will be referred to the appropriate safeguarding agencies.
- The duty to prevent children and young people being radicalised is set out in the following documents.

### **STATUTORY GUIDANCE**

Counter Terrorism and Security Act (2015)

Keeping Children Safe in Education (2015)

Prevent Duty Guidance (2015)

Working Together to Safeguard Children (2015)

### **NON-STATUTORY GUIDANCE**

Promoting fundamental British values as part of SMSC in schools: Departmental advice for maintained schools (DfE 2014)

## Female Genital Mutilation

The school seeks to protect children from risk of FGM. **If you suspect or it is alleged that any of the above has happened or there is an immediate risk to a child, immediately report to the DSL and contact the police directly.** Please refer to Appendix 2 for further details.

## Equality Statement

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



## Monitoring and Evaluation

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

- Governing Body visits to the school
- SLT 'drop ins' and discussions with children and staff
- 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 for SLT and GB to monitor
- Review of parental concerns and parent questionnaires

### ***This policy also links to our policies on:***

*Staff Behaviour Policy / Code of Conduct*

*Whistleblowing,*

*Allegations against staff*

*Recruitment and Selection*

*Health & Safety*

*Esafety, including staff use of mobile phones*

*Behaviour*

*Social Media*

*Attendance,*

*Teaching and Learning*

*PSHE*

*Anti-bullying*

*Drug Education*

*Sex and Relationships Education*

*Administration of medicines*

*Intimate Care Plans*

*Early Help*

## Abbreviations

CFSW Children's and Families Support Worker

CIN Child in Need (Plan)

CP Child Protection (Plan)

CSE Child Sexual Exploitation

CYPD Children and Young People Department

CWDC Children's Workforce Development Council

DBS Disclosure & Barring Service

DCSF Department for Children, Schools and Families

DfE Department of Education

DSL Designated Safeguarding Lead

FGM Female Genital Mutilation

GB Governing Body

GSCB Gloucestershire Safeguarding Children Board

LA Local Authority

LADO Local Authority Designated Officer for Allegations

MARAC Multi Agency Risk Assessment Conference

MARF Multi Agency Referral Form

MAPPA Multi Agency Public Protection Arrangements

NCSL National College For School Leadership

PSHE Personal, Social and Health Education

SCDO Safeguarding Children Development Officer

SCS Safeguarding Children Service

SLT Senior Leadership Team

SRE Sex and Relationships Education

## Appendix One

### What is child abuse and neglect?

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 institutional or community setting; by those known to them or, more rarely, by a stranger, for example via the internet. They may be abused by an adult or adults or another child or children.

#### **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**

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**

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**

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-giving; 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 abuse**

Domestic 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 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 abuse and the abuse and neglect of children
- Aware that witnessing domestic abuse constitutes harm to a child or young person.

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

- **Mental illness of parent or care**

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.

- **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.

## Peer on Peer Abuse

Peer on peer abuse can take place both within school or external of school. Peer on peer abuse is most likely to include, but may not be limited to, bullying (including cyber bullying), gender based violence/sexual assault and sexting.

## Appendix Two

### Procedure where Honour Based Violence, Forced Marriage, Female Genital Mutilation is suspected/alleged

**Honour based Violence** is a collection of practices used to control behaviour within families to protect perceived cultural or religious beliefs and honour. Violence can occur when offenders perceive that a relative has shamed the family or community by breaking their ‘code of honour’. Honour Based Violence cuts across all cultures and communities: Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South and Eastern European for example. This is not an exhaustive list. Where a culture is heavily male dominated, HBV may exist.

‘A **forced marriage** is a marriage in which one or both spouses do not (or, in the case of some vulnerable adults, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.’

For more information see;

<http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/forced-marriage/>

<http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/forced-marriage/case-studies/safer-schools-partnership>

<http://www.karmanirvana.org.uk/>

**Female Genital Mutilation** is the partial or complete removal, or modification of, the female genitalia for cultural or religious reasons. In most cases, FGM can be seen as an attempt to prevent female infidelity and sexual independence by reducing a woman’s sex drive.

For more information see; <http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/fgm/>

**If you suspect or it is alleged that any of the above has happened or there is an immediate risk to a child, immediately report to the DSL and contact the police directly.**

**What is FGM?** It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

#### **4 types of procedure:**

Type 1 Clitoridectomy – partial/total removal of clitoris

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

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

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

#### **Why is it carried out?** Belief that:

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

### Is FGM legal?

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

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

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

Prolonged absence from school and other activities	Bladder or menstrual problems	Complaining about pain between the legs	Secretive behaviour, including isolating themselves from the group
Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued	Finding it difficult to sit still and looking uncomfortable	Mentioning something somebody did to them that they are not allowed to talk about	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 the school take action without delay.

If we have concerns that children in our school community are at risk or victims of Female Genital Mutilation then we refer to the South West Child Protection Procedures Guidelines for FGM ([www.swcpp.org.uk](http://www.swcpp.org.uk)) .

## Child sexual exploitation (CSE)

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

underage sexual activity	inappropriate sexual or sexualised behaviour	sexually risky behaviour, 'swapping' sex	repeat sexually transmitted infections
in girls, repeat pregnancy, abortions, miscarriage	receiving unexplained gifts or gifts from unknown sources	having multiple mobile phones and worrying about losing contact via mobile	having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
changes in the way they dress	going to hotels or other unusual locations to meet friends	seen at known places of concern	moving around the country, appearing in new towns or cities, not knowing where they are
getting in/out of different cars driven by unknown adults	having older boyfriends or girlfriends	contact with known perpetrators	involved in abusive relationships, intimidated and fearful of certain people or situations
hanging out with groups of older people, or anti-social groups, or with other vulnerable peers	associating with other young people involved in sexual exploitation	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

Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation

February 2017

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/591903/CSE\\_Guidance\\_Core\\_Document\\_13.02.2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf)

### Section A – advice for all practitioners who work with children

#### What is child sexual exploitation?

Child sexual exploitation is a form of child sexual abuse. Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).

The definition of child sexual exploitation is as follows:

*Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.*

Like all forms of child sexual abuse, child sexual exploitation:

- can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
- can take place in person or via technology, or a combination of both;
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- may occur without the child or young person's immediate knowledge (through others copying videos or images they have created and posting on social media, for example);
- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

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

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

Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or alcohol) and intangible rewards (such as status, protection or perceived receipt of love or affection). It is critical to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a child/young person does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a child who engages in sexual activity to stop someone carrying out a threat to harm his/her family.

Whilst there can be gifts or treats involved in other forms of sexual abuse (e.g a father who sexually abuses but also buys the child toys) it is most likely referred to as child sexual exploitation if the 'exchange', as the core dynamic at play, results in financial gain for or enhanced status of, the perpetrator.

Where the gain is only for the perpetrator/facilitator, there is most likely a financial gain (money, discharge of a debt or free/discounted goods or services) or increased status as a result of the abuse.

If sexual gratification, or exercise of power and control, is the only gain for the perpetrator (and there is no gain for the child/young person) this would not normally constitute child sexual exploitation, but should be responded to as a different form of child sexual abuse.



## Appendix Three

### 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.

#### Definitions

**Extremism** is defined in the 2011 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.

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

**British Values** are democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs.

### Recognising Extremism

Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies outside school
- evidence of possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent.)
- secretive behaviour
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others

### Indicators of vulnerability to radicalisation

- Pupil is distanced from their cultural/religious heritage and experience.
- Pupil demonstrates discomfort about their place in society.
- Pupil may be experiencing family tensions at home.
- Low self-esteem and sense of isolation.
- Pupil has distanced self from existing friendship groups and become involved with a different group of friends.

- Pupil may be searching for questions about their identity, faith and belonging.
- Pupil may have perceptions of injustice and rejects civic life.
  
- Pupil is accessing extremist websites and is in contact with extremist recruiters.
- Pupil justifies violence to solve societal issues.
- Significant changes in behaviour and/or appearance.
- Pupil uses extremist narratives and global ideology to explain personal disadvantage.

It is not for schools to investigate but **if schools are concerned about a pupil a referral should be made to Channel via PC Adam Large Gloucestershire Police Prevent Officer (tel: 101). Call 999 in an emergency.** When considering a referral to Channel staff should keep the following questions in mind:

- Engagement: how engaged are the pupils with the ideology?
- Intent Factors: What are their intentions?
- Capability: What is their capability of carrying out their intent.

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

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

## Appendix Four

### **Family Support (Early Help)**

Here at Grangefield School, we understand just how complicated family life can be. From time to time there may be situations where you need extra help and support.

If things aren't right at home, please come and talk to us. We have what we call an offer of early help. There are many ways in which we can support. Listed below is our school offer;

- Taking the time to listen to children's concerns. We have a Children and Family Support Worker, Laura Hunt, who is available to chat to pupils when they feel they have a problem they would like to share. Laura will feedback to parents if appropriate (sometimes it will be very minor, or about something that has been dealt with in school) after a session just to make sure they are kept fully in the loop.
- Taking the time to listen to families. Sometimes, you might need to share information or have a difficult situation you need to make us aware of. We will listen. You can arrange to speak to Miss Hunt, Mrs Lewis, Mrs Gilroy, Mrs Gray or your child's class teacher.
- All our staff have appropriate Safeguarding training, in addition the Senior Leadership Team have had specific training for specific issues. Please see our Safeguarding Policy for more details.
- We have an effective PSHE curriculum which supports children and develops key skills not only for school but for life. This takes place in each class and also through our Owl groups.
- We have a school nurse linked to Grangefield. You can speak directly with the school nurse team (**0300 421 8225**) or we can refer you as a school.
- There are community social workers who we can contact to try to find the right kind of support for you.
- There are a number of support agencies out there who we can access support from, or signpost you to, if you are experiencing difficulties at home.

There are also agencies which you can contact independently should you wish to do so, who might be able to help and provide the support for your family.

Below you will find contact details for agencies within Gloucestershire.

#### Family Information Service

The Family Information Service offers a wide range of information to support families, children and young people from 0 - 19 years of age (25 for young people with additional needs). This includes information on finding and choosing childcare, such as local day nurseries, playgroups, child-minders, children's centres, out of school clubs and holiday play schemes.

They can also provide information on family support, tax credits, benefits, funding and much, much more.

Go to their website at [www.gloucestershire.gov.uk/fis](http://www.gloucestershire.gov.uk/fis)

or email [familyinfo@gloucestershire.gov.uk](mailto:familyinfo@gloucestershire.gov.uk)

or telephone **0800 542 02 02 / 01452 427362**

## School Nurse Team

The School team can help you with a variety of issues and from time to time they run drop in sessions. There is also more information in this leaflet regarding other agencies that may be useful to you.

<http://www.gloucestershire.gov.uk/schoolsnet/CHttpHandler.ashx?id=56518&p=0>

## CCP (Cheltenham County Projects)

CCP is based in Cheltenham and aims to support individuals and families in a variety of ways. The details below have been taken from their website. Their contact details are;

**01242 228 999** or visit **Cheltenham 1st Stop, 301-305 High Street, Cheltenham, GL50 3HW**

### *Their Purpose:*

CCP exists to improve the lives of children, young people, families and vulnerable adults who have multiple and complex needs. Their priority is to those who have been excluded or have excluded themselves from mainstream services.

They work in partnership with the person and other agencies to create a sustainable and portable package of care and support networks, which enable them to realise their aspirations and reach their full potential in life.

### *Their Mission:*

- Promote and support healthy living
- Help maintain a safe and stable home environment
- Encourage and support learning and achievement
- Promote respect and positive social behaviour
- Encourage personal economic sustainability
- Provide both crisis and preventative services

For **Cheltenham Advice & Inclusion Service**, call **01242 694530**

## Domestic Abuse

If you, or someone you know, is affected by domestic abuse there are a number of things you can do. You can:

**Call the police** (**999** in an emergency or **101** for a non-emergency situation).

**Contact GDASS** on **0845 602 9035** for practical local support.

- GDASS can help you and your children stay safe in your own home.
- GDASS can help you access specialist legal advice.
- GDASS can help you with other agencies (e.g. Benefits and Housing).
- If you cannot stay at home, GDASS can help you find a Place of Safety.
- GDASS can help you and your children move on.

Contact a help line:

**National Domestic Violence Helpline (0808 2000 247).**

**National Centre for Domestic Abuse (0844 8044 999).**

**Men's Advice Line (0808 801 0327).**

**CARP: 0845 602 9035** (providing advice for victims of domestic violence)

### **E – Safety**

Technology is constantly changing. How can we keep our children safe whilst still enjoying the benefits of the internet? Please take a look at our e-safety information on our website.

The links below also give parents helpful advice on this subject.

**<http://www.childnet.com/resources>**

**<http://www.thinkuknow.co.uk>**

**Appendix Five (Recording Concerns)**

**Logging a concern about a child's safety and welfare**

Part 1 (for use by any staff)

<b>Pupil's Name:</b>	<b>Date of Birth:</b>	<b>Class:</b>
<b>Date and Time of Incident:</b>	<b>Date and Time (of writing):</b>	
<b>Name:</b>		
.....		
<b>Print</b>	<b>Signature</b>	
<b>Job Title:</b>		
<b>Record the following factually: What are you worried about? Who? What (if recording a verbal disclosure by a child use their words)? Where? When (date and time of incident)? Any witnesses?</b>		
<b>What is the pupil's account/perspective?</b>		
<b>Professional opinion where relevant.</b>		
<b>Any other relevant information (distinguish between fact and opinion). Previous concerns etc.</b>		
<b>What needs to happen? Note actions, including names of anyone to whom your information was passed and when.</b>		

Check to make sure your report is clear to someone else reading it.  
**Please pass this form to your Designated Safeguarding Lead.**

Part 2 (for use by DSL)

<p><b>Time and date information received, and from whom.</b></p>	
<p><b>Any advice sought – if required (date, time, name, role, organisation and advice given).</b></p>	
<p><b>Action taken (referral to children’s social care/monitoring advice given to appropriate staff/CAF etc.) with reasons.</b></p> <p><b>Note time, date, names, who information shared with and when etc.</b></p>	
<p><b><u>Parent’s informed?</u> Y/N and reasons.</b></p>	
<p><b><u>Outcome</u></b></p> <p><b>Record names of individuals/agencies who have given information regarding outcome of any referral (if made).</b></p>	
<p><b>Where can additional information regarding child/incident be found (e.g. pupil file, serious incident book)?</b></p>	
<p><b>Should a concern/confidential file be commenced if there is not already one? Why?</b></p>	
<p><b>Signed</b></p>	
<p><b>Printed Name</b></p>	

## Logging concerns/information shared by others external to the school (Pass to Designated Person)

<b>Pupil's Name:</b>	<b>Date of Birth:</b>
	<b>Class/form:</b>
<b>Date and Time of Incident:</b>	<b>Date and Time of receipt of information:</b>
	<b>Via letter / telephone etc.</b>
<b>Recipient (and role) of information:</b>	
<b>Name of caller/provider of information:</b>	
<b>Organisation/agency/role:</b>	
<b>Contact details (telephone number/address/e-mail)</b>	
<b>Relationship to the child/family:</b>	
<b>Information received:</b>	
<b>Actions/Recommendations for the school:</b>	
<b>Outcome:</b>	
<b>Name:</b>	
<b>Signature:</b>	
<b>Date and time completed:</b>	
<b>Counter Signed by Designated Safeguarding Lead</b>	
<b>Name:</b>	
<b>Date and time:</b>	



## **Appendix Six (Body Map)**

### **Body Map Guidance for Schools**

Body Maps should be used to document and illustrate visible signs of harm and physical injuries. Photographs should not be taken.

Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.

Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

**Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g. Social Care direct or child's social worker if already an open case to social care.**

**When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:**

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.

### **Ensure First Aid is provided where required and record**

A copy of the body map should be kept on the child's concern/confidential file.

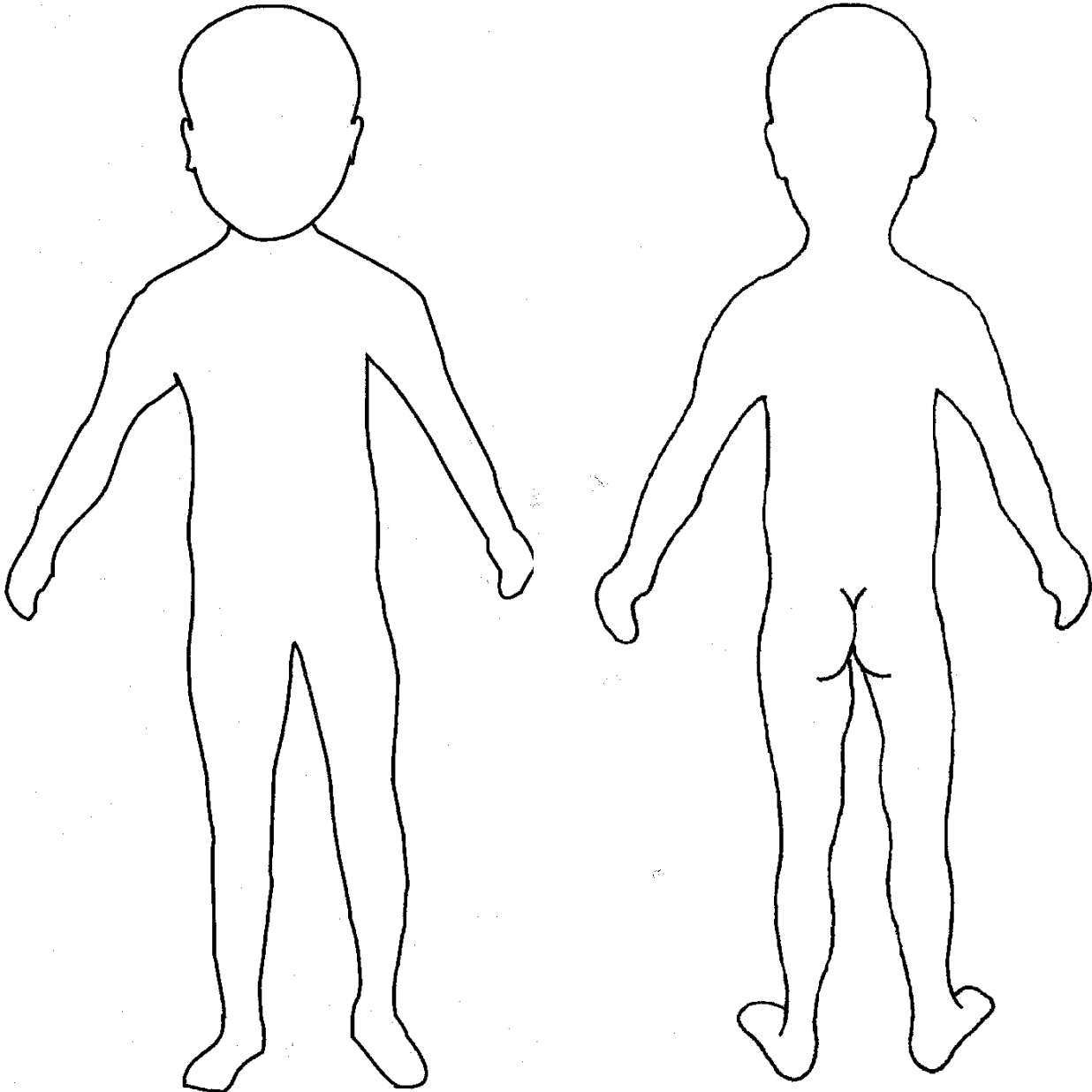
## BODYMAP

**(This must be completed at time of observation)**

Name of Pupil: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

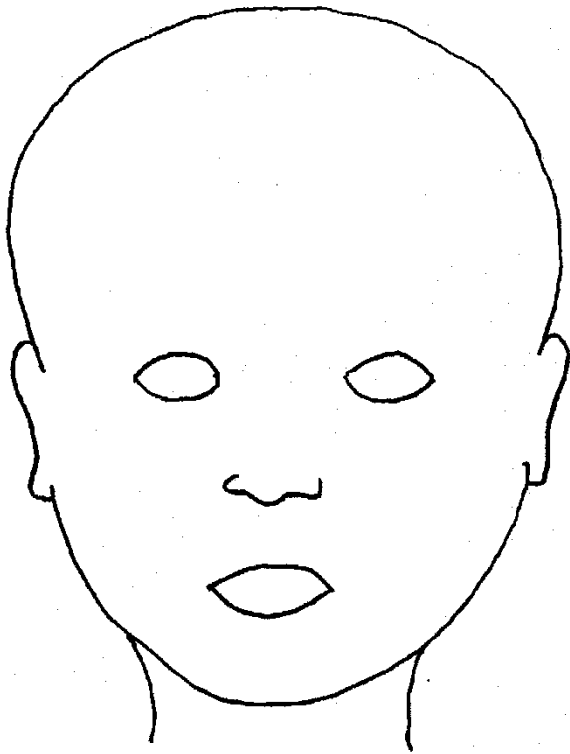
Name of Staff: \_\_\_\_\_ Job title: \_\_\_\_\_

Date and time of observation: \_\_\_\_\_

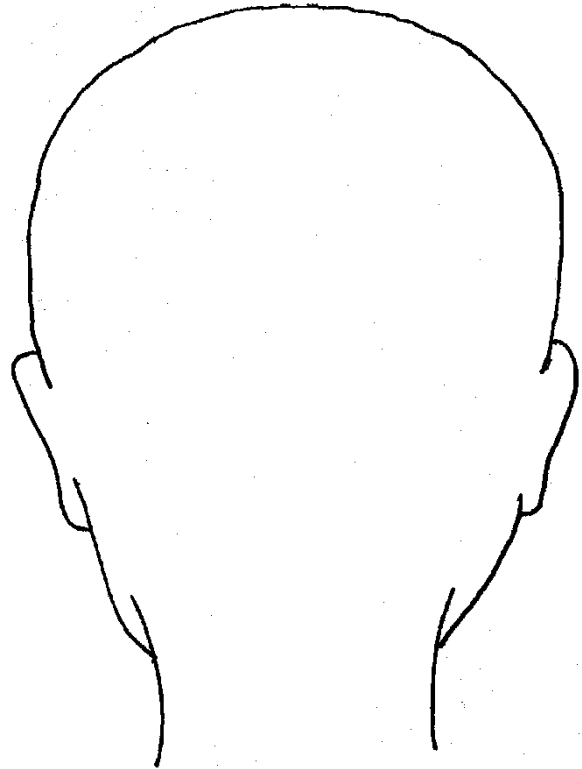


Name of pupil: \_\_\_\_\_

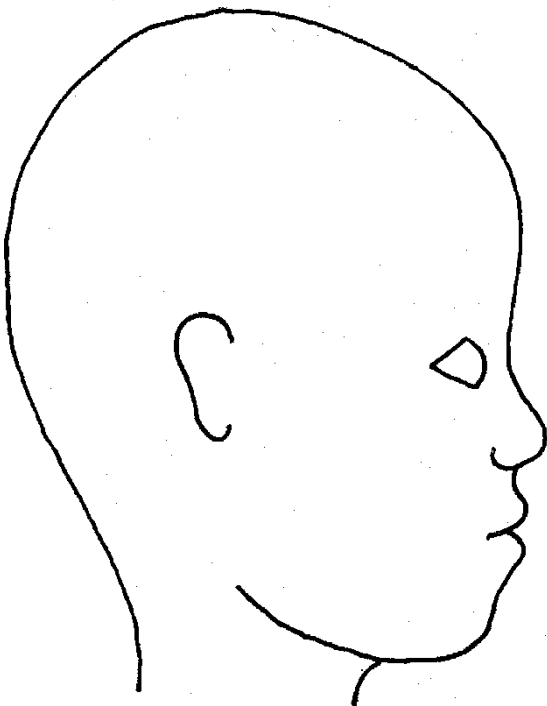
Date and time of  
observation: \_\_\_\_\_



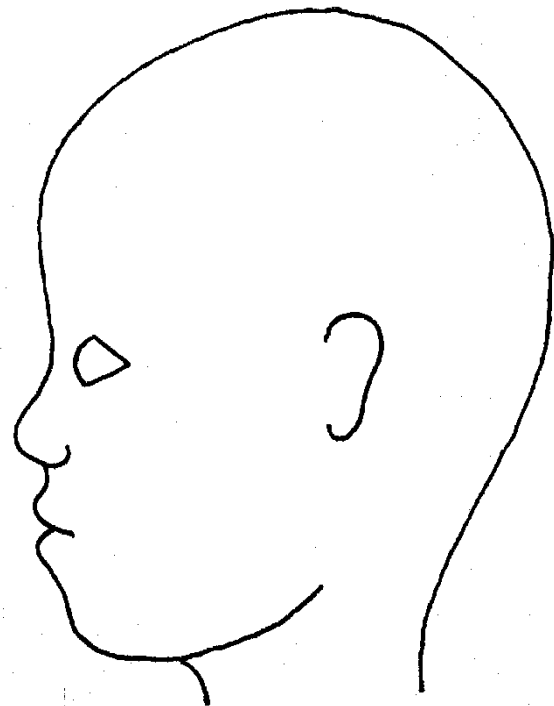
**FRONT**



**BACK**



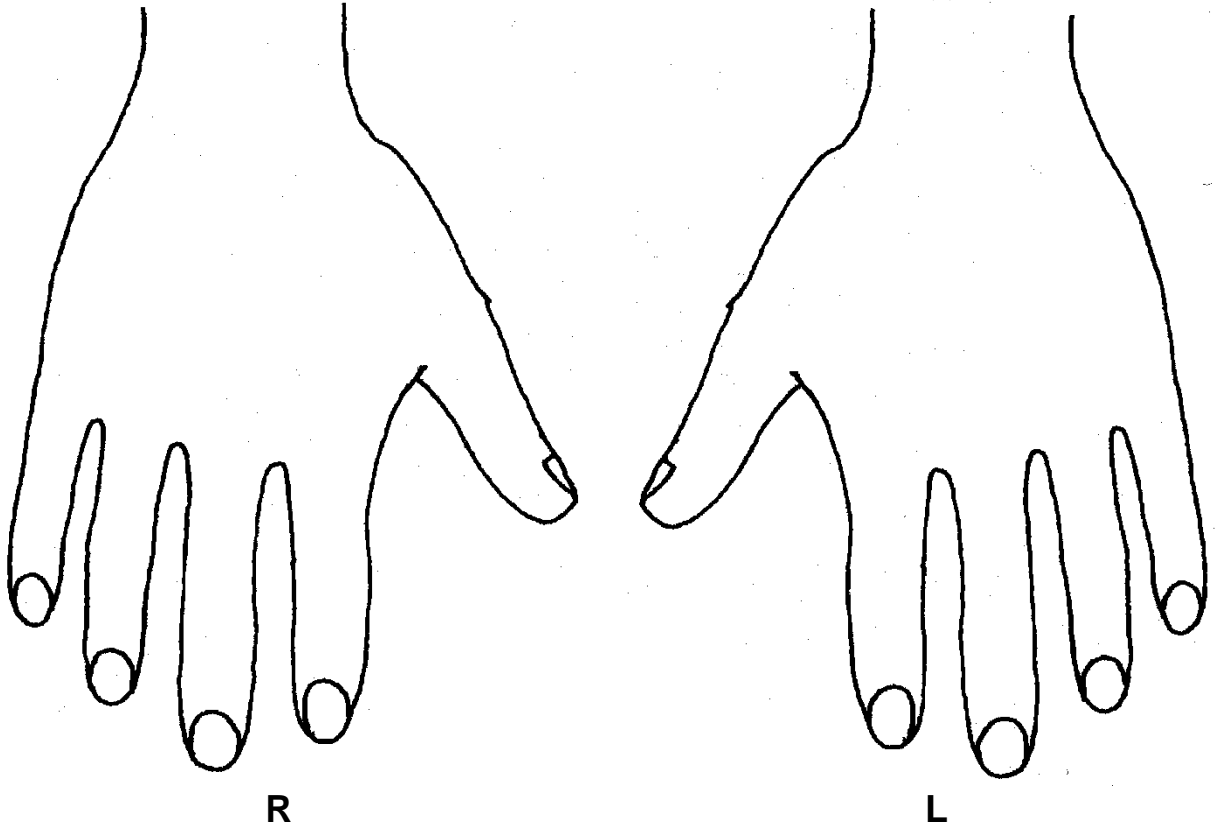
**RIGHT**



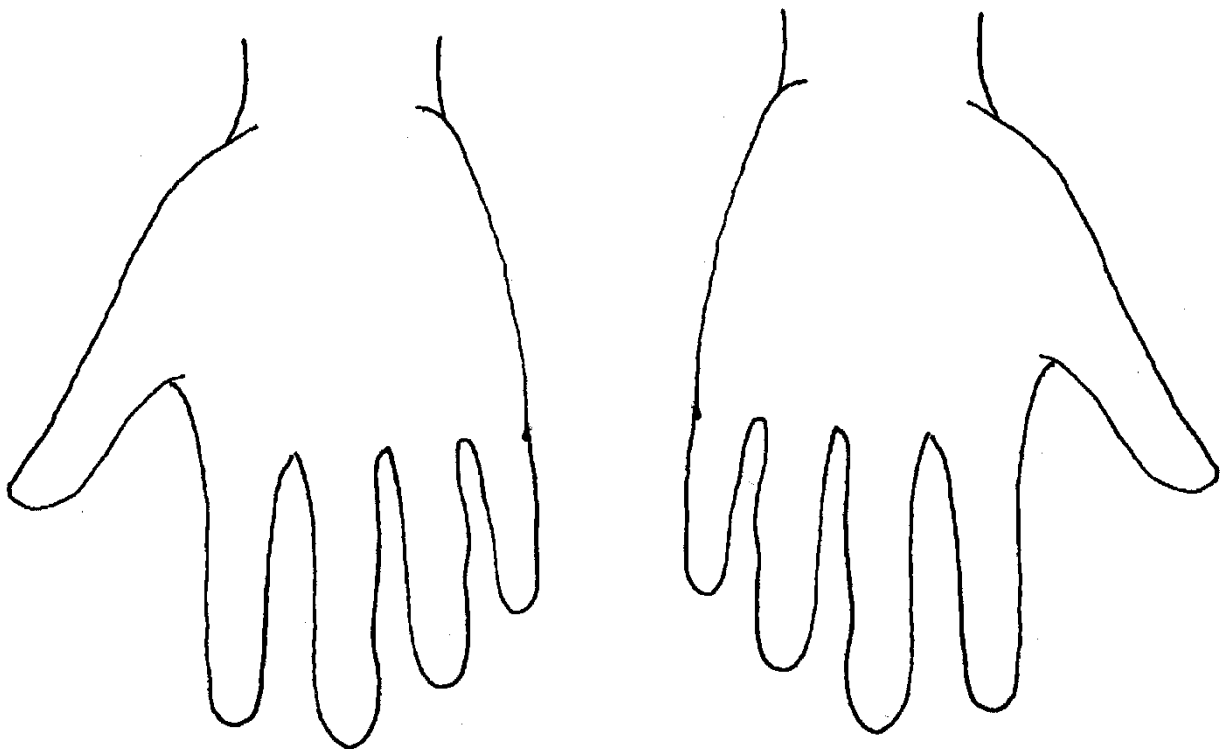
**LEFT**

Name of pupil: \_\_\_\_\_

Date and time of  
observation: \_\_\_\_\_

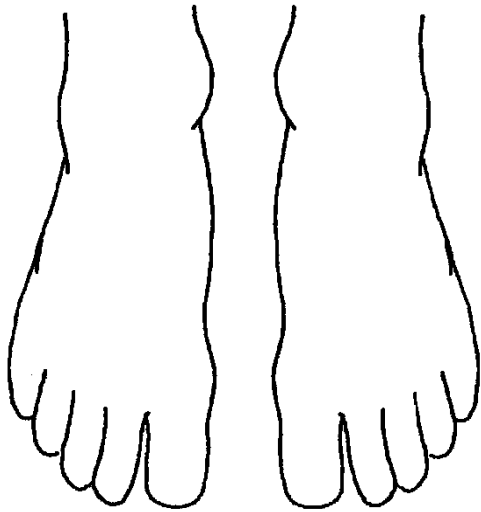


**BACK**

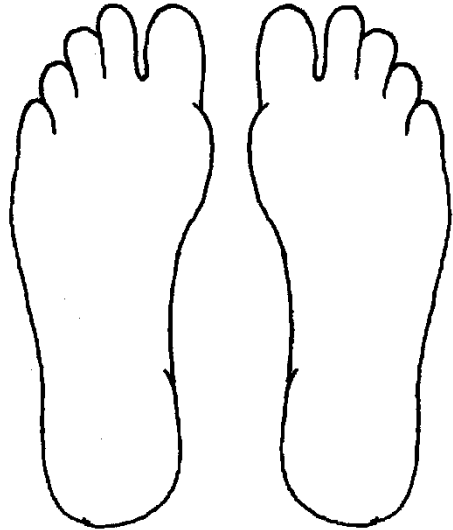


Name of Pupil: \_\_\_\_\_

Date and time of observation: \_\_\_\_\_



R TOP L



R BOTTOM L

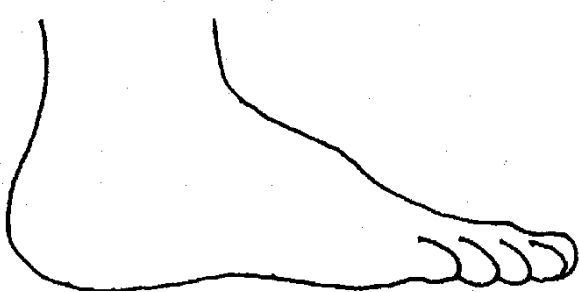


R

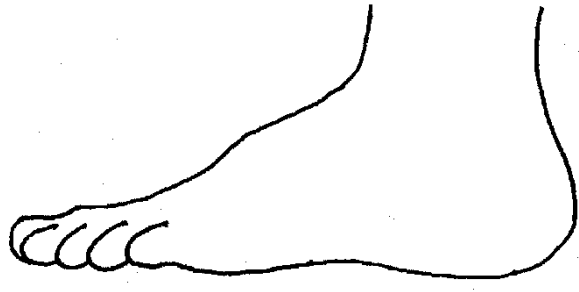


L

INNER



R



L

OUTER

Printed Name,  
Signature and Job  
title of staff:

\_\_\_\_\_

Appendix Seven

