

Randwick C of E Primary School

Resilience

Passion

Success



'Aim High Like the Skylark'

School Policy Document

Child Protection

Autumn 2017



Randwick C of E Primary School CHILD PROTECTION POLICY

School Aims Statement

Our aim is to provide a happy, caring and stimulating learning environment underpinned by Christian principles, in which we encourage and value individuals' contributions and respect for others.

We believe the environment created will enable the children in our care to learn and achieve their best, socially and academically. Purposeful and relevant activities take place which will help foster each child's spiritual, intellectual, social, moral and physical development. All children are valued for the contribution they can make to the life of the school and are encouraged to develop attitudes to life based on Christian principles.

Context

Section 175 of the Education Act 2002 gives maintained schools a statutory duty to promote and safeguard the welfare of children, and have due regard to guidance issued by the Secretary of State¹.

The policy is consistent with:

- The legal duty to safeguard and promote the welfare of children, as described in section 175 of the Education Act 2002, and the department for Education statutory guidance 'Keeping Children Safe in Education 2016' and "Working Together to Safeguard Children"
- The procedures of Gloucestershire Safeguarding Children Board available on their website, which contains inter-agency processes, protocols and expectations for safeguarding children.

Definitions

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

- Protecting children from maltreatment;
- Preventing impairment of children's health or development ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Protecting children from maltreatment is important in preventing the impairment of health or development though that in itself may be insufficient to ensure that children are growing up in circumstances consistent with the provision of safe and effective care.

Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

¹ Keeping Children Safe in Education, July 2016 (DfE)

Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However, all agencies and individuals should aim to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

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Safeguarding Policy Statement

This school recognises its legal and moral duty to promote the well-being of children, and protect them from harm, and respond to child abuse. We acknowledge our responsibilities to both protect children from maltreatment and prevent impairment. We will promote their welfare by creating opportunities for them to achieve their full potential, thus giving them optimum life chances. We believe that every child regardless of age has at all times and in all situations a right to feel safe and protected from any situation or practice that results in a child being physically or psychologically damaged. This includes any form of bullying/hate crime (for example, racism, homo phobia etc).

We recognise that many of the risks to children in the 'real world' equally apply to 'virtual world' that children and young people may encounter when they use ICT in its various forms. We take seriously our responsibility to educate our children to help them to become safe and responsible users of new technologies, and allow them to be discriminating users of both the content they discover and the contacts they make online. Our aim is to teach them the appropriate behaviours and critical thinking skills to remain both safe and legal online, wherever and whenever they use technology.

We agree that we have a primary responsibility for the care, welfare and safety of the pupils in our charge, and we will carry out this duty through our teaching and learning, extra curricular activities, pastoral care and extended school activities. In order to achieve this, all members of staff (including volunteers and governors) in this school, in whatever capacity, will at all times act proactively in child welfare matters especially where there is a possibility that a child may be at risk of significant harm.

The school seeks to adopt an open and accepting attitude towards children as part of our responsibility for pastoral care. We believe it is important that the voice of the child is 'heard' and that the day to day life experiences of the child in their own home are captured and contribute to any planning and provision. The school hopes that parents and children will feel free to talk about any concerns and will see school as a safe place if there are any difficulties at home.

Children's worries and fears will be taken seriously if they seek help from a member of staff. However, staff cannot promise secrecy if concerns are such that referral must be made to the appropriate agencies in order to safeguard the child's welfare.

Our school believes in the importance of early identification of issues for children and young people. We fully endorse the principles of multi-agency working and will engage in the CAF (Common Assessment Framework) process for any child in our school for whom we feel this is appropriate.

In our school, if we have suspicions that a child's physical, sexual or emotional well-being is being, or is likely to be, harmed, or that they are being neglected, we will take appropriate action in accordance with the procedures Gloucestershire Safeguarding Children Board which are to be found at www.GSCB.org.uk

As a consequence, we

- assert that teachers and other members of staff (including volunteers) in the school are an integral part of the child safeguarding process;
- accept totally that safeguarding children is an appropriate function for all members of staff in the school, and wholly compatible with their primary pedagogic responsibilities.
- recognise that safeguarding children in this school is a responsibility for all staff, including volunteers, and the Governing body
- will ensure through training and supervision that all staff and volunteers in the school are alert to the possibility that a child is at risk of suffering harm, and know how to report concerns or suspicions
- will designate a senior member of staff with knowledge and skills in recognising and acting on child protection concerns. They will act as a source of expertise and advice, and is responsible for co-ordinating action within the school and liaising with other agencies
- ensure (through the designated member of staff) that staff with designated responsibility for child protection will receive appropriate training as set out by Gloucestershire Safeguarding Children Board (GSCB)
- will share our concerns with others who need to know, and assist in any referral process
- will ensure all staff understand their role and responsibility in understanding the world the child is living in, hearing the child's voice and gathering information about the day to day experience of the child in the home which may contribute to planning and provision
- will ensure that all members of staff and volunteers who have suspicion that a child may be suffering, or may be at risk of suffering significant harm, refer such concerns to the DSL, who will refer on to Children's Social Care in accordance with the procedures issued by Gloucestershire Safeguarding Children Board, where appropriate
- safeguard the welfare of children whilst in the school, through positive measures to address bullying, especially where this is aggravated by sexual or racial factors, disability or special educational needs, or technology
- will ensure that all staff are aware of the child protection procedures established by Gloucestershire Safeguarding Children Board and, where appropriate, the Local Authority, and act on any guidance or advice given by them;
- will ensure through our recruitment and selection of volunteers and paid employees that all people who work in our school are suitable to work with children,
- will act swiftly and make appropriate referrals where an allegation is made that a member of staff has committed an offence against a child, harmed a child, or acted in a way that calls into question their suitability for working with children.
- ensure all staff have undertaken 'Prevent' training to help them understand the risks associated with radicalisation in our local area and how this can lead to terrorism and extremism. Also that they are aware of the procedures to follow. (eg Channel panel)
- a risk assessment is in place to determine the risk associated with radicalisation in our local area.

Listening to children

Safeguarding children is about listening to them and understanding the world they are living in.

Experience, and consultation with children, shows that they will talk about their concerns and problems to people they feel they can trust and they feel comfortable with.

It is therefore essential that all staff and volunteers in our school know how to respond sensitively to a child's concerns, who to approach for advice about them, and the importance of not guaranteeing complete confidentiality. The family context of the child and detail of their day-to-day life at home is also an important part of really listening to the child.

Children also want to know that they will be listened to and their concerns will be taken seriously. We seek to demonstrate to our children that they are in a safe environment where it is okay to talk by displaying helpful information about such things as national children's help lines (ChildLine, NSPCC) and peer support schemes for children and young people in easily accessible places which can encourage them to share concerns and help provide assurance about that.

Any member of staff or volunteer who is approached by a child wanting to talk will listen positively and reassure the child. They will record the discussion with the pupil as soon as possible and take action in accordance with these child protection procedures.

The way in which a member of staff talks to a child who discloses abuse could have an effect on the evidence that is put forward if there are subsequent proceedings, and it is important that staff do not jump to conclusions, ask leading questions, or put words in a child's mouth. If a child makes a disclosure to a member of staff s/he should write a record of the conversation as soon as possible, distinguishing clearly between fact, observation, allegation and opinion, noting any action taken in cases of possible abuse, and signing and dating the note.

DESIGNATED MEMBER OF STAFF

1. The designated senior member of staff – the Designated Safeguarding Lead (DSL) in this school is:

Mr David Poad, Headteacher

2. In their absence, these matters will be dealt with by the deputy DSL:

Miss Robyn Aldous, Key Stage 1 Leader

3. The designated person is key to ensuring that proper procedures and policies are in place and are followed with regard to child safeguarding issues. They will also act as a dedicated resource available for other staff, volunteers and governors to draw upon.

4. The school recognises that

- The DSL must have the status and authority within the school management structure to carry out the duties of the post – they must therefore be a senior member of staff in the school.
- All members of staff (including volunteers) must be made aware of who this person is and what their role is.
- The DSL will act as a source of advice and coordinate action within the school over child protection cases
- The DSL will need to liaise with other agencies and build good working relationships with colleagues from these agencies.
- They should possess skills in recognising and dealing with child welfare concerns.
- Appropriate training and support should be given.
- The DSL is the first person to whom members of staff report concerns.
- The DSL is responsible for referring cases of suspected abuse or allegations to the relevant investigating agencies according to the procedures established by GSCB.
- The DSL is not responsible for dealing with allegations made against members of staff, unless the DSL is the Headteacher.

To be effective they will:

- Act as a source of advice, support and expertise within the school and be responsible for coordinating action regarding referrals by liaising with Children's Social care and other relevant agencies over suspicions that a child may be suffering harm.
- Cascade safeguarding advice and guidance issued by Gloucestershire Safeguarding Children Board.
- Where they have concerns that a referral has not been dealt with in accordance with the child protection procedures, refer to the Safeguarding Children Strategic manager of GSCB to investigate further.
- Ensure each member of staff and volunteers at the school, and regular visitors (such as trainee teachers and supply teachers) are aware of and can access readily, this policy.
- Liaise with the head teacher to inform him/her of any issues and ongoing investigations and ensure there is always cover for the role.
- Ensure that this policy is updated and reviewed annually and work with the designated governor for child protection regarding this.
- Be able to keep detailed accurate secure written records of referrals/concerns, and ensure that these are held in a secure place.
- Ensure parents are aware of the child protection policy in order to alert them to the fact that the school may need to make referrals. Raising parents' awareness may avoid later conflict if the school does have to take appropriate action to safeguard a child.
- Where children leave the school roll, ensure any child protection file is transferred to the new school as soon as possible, separately from the main file, and addressed to the designated person for child protection.
- Where a child leaves and their new school is not known, ensure that the local authority is alerted so that the child's name can be included on the database for missing pupils.

The DSL also has an important role in ensuring all staff and volunteers receive appropriate training. They should:

- Attend training in how to identify abuse and know when it is appropriate to refer a case

- Have a working knowledge of how Gloucestershire Safeguarding Children Board operates and the conduct of a child protection case conference and be able to attend and contribute to these when required.
- Have a working knowledge of Multi-agency public protection arrangements (MAPPA) and Multi-Agency Risk Assessment Conferences (MARACs)
- Attend any relevant or refresher training courses and then ensure that any new or key messages are passed to other staff, volunteers and governors.
- Make themselves (and any deputies) known to all staff, volunteers and governors (including new starters and supply teachers) and ensure those members of staff have had training in child protection. This should be relevant to their needs to enable them to identify and report any concerns to the designated teacher immediately.

DESIGNATED GOVERNOR

The Designated Governor for Safeguarding at this school is:

Kolene Scutt

Child protection is important. Where appropriate, the Governors will ensure that sufficient resources are made available to enable the necessary tasks to be carried out properly under inter-agency procedures.

The Governors will ensure that the designated member of staff for child protection is given sufficient time to carry out his or her duties, including accessing training.

The Governors will review safeguarding practices in the school on a regular basis, and no less than annually, to ensure that:

- The school is carrying out its duties to safeguard the welfare of children at the school;
- Members of staff and volunteers are aware of current practices in this matter, and that staff receive training where appropriate;
- The designated Governor for Safeguarding attends Child Protection/Safeguarding training for Governors
- Child protection is integrated with induction procedures for all new members of staff and volunteers
- The school follows the procedures agreed by Gloucestershire Safeguarding Children Board, and any supplementary guidance issued by the Local Authority
- Only persons suitable to work with children shall be employed in the school, or work here in a voluntary capacity
- Where there are safeguarding concerns about a member of staff the designated Governor will be fully involved in the investigation, and where necessary, take appropriate disciplinary action

SAFER RECRUITMENT

In order to ensure that children are protected whilst at this school, we will ensure that our staff and volunteers are carefully selected, screened, trained and supervised.

We will ensure that at least one member of any interview panel has completed certified Safer Recruitment Training.

In addition, we will ensure that the following checks are satisfactorily completed before a person takes up a position in the school:

- their suitability to work with children through the Disclosure Barring Service

- Identity checks to establish that applicants are who they claim to be²
- Academic qualifications, to ensure that qualifications are genuine
- Professional and character references prior to offering employment
- Satisfy conditions as to health and physical capacity
- Previous employment history will be examined and any gaps accounted for.

VOLUNTEERS

We understand that some people otherwise unsuitable for working with children may use volunteering to gain access to children; for this reason, any volunteers in the school, in whatever capacity, will be given the same consideration as paid staff.

Where a parent or other volunteer helps on a one-off basis, he/she will only work under the direct supervision of a member of staff, and at no time have one to one contact with children. However, if a parent or other volunteer is to be in school regularly or over a longer period then they will be checked to ensure their suitability to work with children through the Disclosure Barring Service.

INDUCTION & TRAINING

All new members of staff will receive induction training, which will give an overview of the organisation and ensure they know its purpose, values, services and structure, as well as identifying and reporting abuse, and confidentiality issues.

All new staff at the school (including volunteers) will receive basic child protection information and a copy of this policy within one week of starting their work at the school.

All staff will be expected to attend training on safeguarding children that will enable them to fulfil their responsibilities in respect of child protection effectively. The school will provide this training through the designated person.

Staff will attend refresher training every three years, and the designated person every two years.

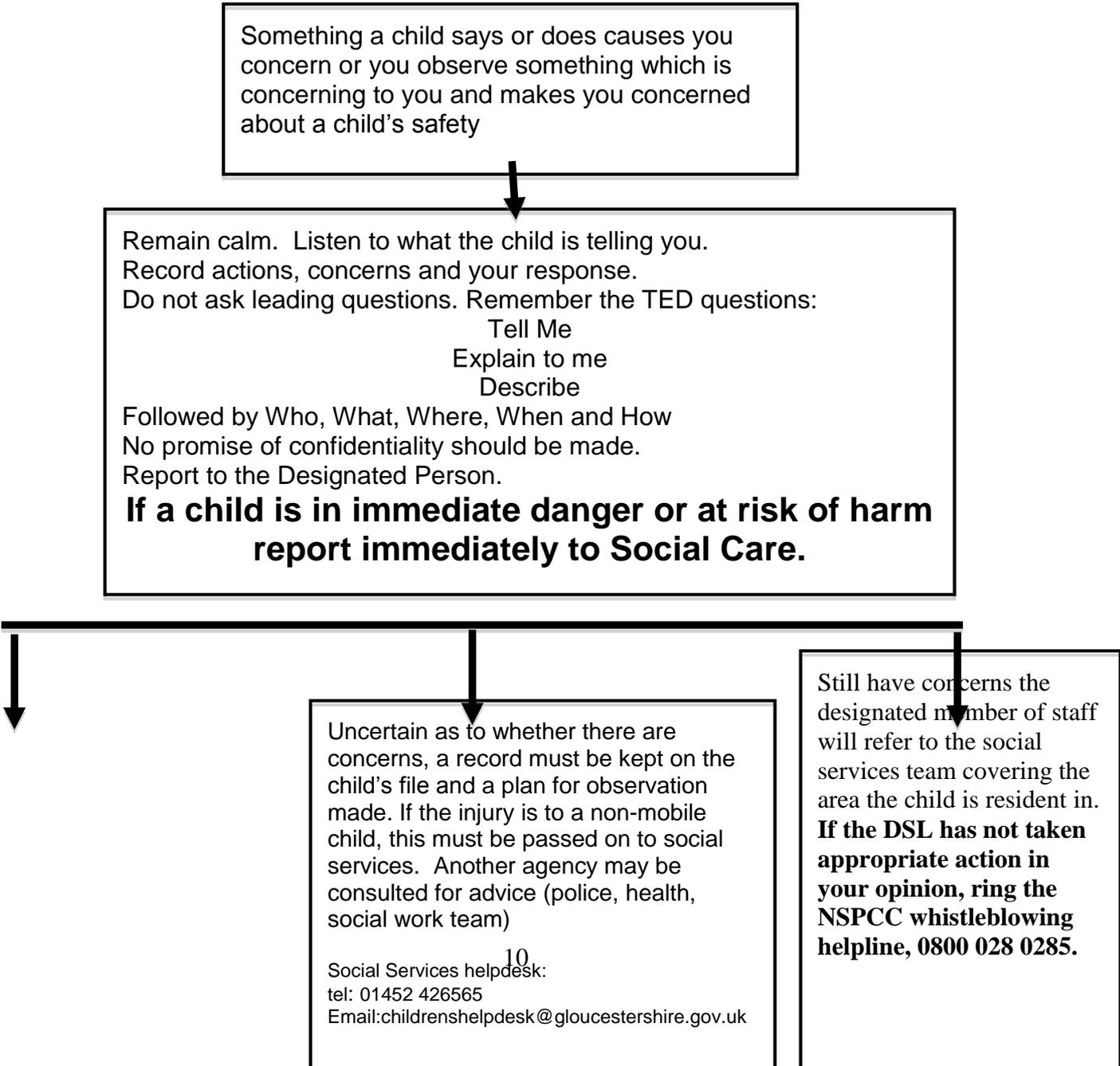
² e.g., through birth certificate, passport, new style driving licence, etc...

CHILD PROTECTION PROCEDURE

The DSL will usually make referrals. However it is the responsibility of the Head teacher to ensure **all staff** know the procedure and have the confidence to use it.

Members of staff and volunteers are not required by this school to investigate suspicions; if somebody believes that a child may be suffering, or may be at risk of suffering significant harm, they must always refer such concerns to the Designated Safeguarding Lead, who will refer the matter to the relevant Children’s Services.

To this end, volunteers and staff will follow these procedures



Concerns alleviated: If you are satisfied with the parent's/child's explanation and response, add the report to the child's records.

Where any member of staff fails to report their concerns, this may be dealt with as a disciplinary matter.

Upon the receipt of any information from a child, or any person who has suspicions that a child may be at risk of harm, or if anyone observes injuries that appear to be non-accidental, or where a child or young person makes a direct allegation or implies that they have been abused, makes an allegation against a member of staff³ they must record what they have seen, heard or know accurately at the time the event occurs, and share their concerns with the designated person (or head teacher if an allegation about a member of staff) and agree action to take.

We will ensure that all members of staff and employees are familiar with the procedures for keeping a confidential written record of any incidents and with the requirements of Gloucestershire Safeguarding Children Board.

ABUSE AND NEGLECT

Abuse and neglect are forms of maltreatment towards a child. An adult or adults or another child or children can abuse or neglect a child by inflicting or not preventing harm.

Significant harm includes:

1. Neglect – persistent failure to meet a child's basic physical and/or psychological wellbeing, this includes failure to:
 - Provide adequate food clothing or shelter
 - Protect the child from physical and emotional harm or danger including online
 - Provide adequate supervision of the child
 - Access appropriate medical care or treatment
 - Respond to a child's basic emotional needs
2. Physical abuse – physical harm to a child can include:
 - Hitting
 - Shaking
 - Throwing
 - Burning
 - Fabricating symptoms or deliberately inducing illness
 - Drug abuse
 - Honor based violence
3. Sexual abuse – this can involve:
 - Forcing or enticing a child to take part in sexual activities
 - Penetrative or non penetrative acts
 - Non contact activities, such as involving children in watching sexual activities, exposure to inappropriate materials or encouraging children to behave in sexually inappropriate ways

³ Allegation that the member of staff has harmed a child, committed an offence against a child, or behaved in a way that questions their suitability to work with children.

- Female Genital mutilation
4. Emotional abuse - The persistent or severe emotional maltreatment of a child so that there is a severe adverse effect on the child's emotional development. This can include:
- Bullying or making them feel like they are in danger
 - Making the child feel worthless or unloved
 - Making unrealistic expectations of a child
 - Denying them normal social interactions
 - A victim of domestic abuse
 - Forced marriage

SAFEGUARDING IN SCHOOL

As well as ensuring that we address child protection concerns, we will also ensure that children who attend the school are kept safe from harm whilst they are in our charge.

To this end, this policy must be seen in light of the school's policies on:

- Personal, Social and Health Education and Sex and Relationships Education; child protection issues will be addressed through the curriculum as appropriate.
- E-Safety
- First Aid
- Bullying; the school will also ensure that bullying is identified and dealt with so that any harm caused by other pupils can be minimised. We will pay particular attention to sexualized behaviour, or bullying that is homophobic in nature, or where there appear to be links to domestic abuse in the family home.
- Safer recruitment and code of conduct for staff.
- Racist incidents
- Confidentiality
- Behaviour
- Health & Safety
- Physical Intervention
- Allegations against members of staff
- Whistle blowing

PHOTOGRAPHING CHILDREN

We understand that parents like to take photos of or video record their children in the school play, or at sports day, or school presentations. This is a normal part of family life, and we will not discourage parents from celebrating their child's successes.

However, if there are Health and Safety issues associated with this - i.e. the use of a flash when taking photos could distract or dazzle the child, and cause them to have an accident, we will encourage parents to use film or settings on their camera that do not require flash.

We will not allow others to photograph or film pupils during a school activity without the parent's permission.

We take images on school cameras and tablets and mobile phones ONLY when using the Earwig app.

We will not allow images of pupils to be used on school websites, publicity, or press releases, without express permission from the parent, and if we do obtain such permission, we will not identify individual children by name.

The school cannot however be held accountable for photographs or video footage taken by parents or members of the public at school functions.

CONFIDENTIALITY

The school, and all members of staff at the school, will ensure that all data about pupils is handled in accordance with the requirements of the law, and any national and local guidance.

Any member of staff who has access to sensitive information about a child or the child's family must take all reasonable steps to ensure that such information is only disclosed to those people who need to know.

Regardless of the duty of confidentiality, if any member of staff has reason to believe that a child may be suffering harm, or be at risk of harm, their duty is to forward this information without delay to the designated member of staff for child protection.

CONDUCT OF STAFF

The school has a duty to ensure that professional behaviour applies to relationships between staff and children, and that all members of staff are clear about what constitutes appropriate behaviour and professional boundaries.

At all times, members of staff are required to work in a professional way with children. All staff should be aware of the dangers inherent in:

- working alone with a child
- physical interventions
- cultural and gender stereotyping
- dealing with sensitive information
- giving to and receiving gifts from children and parents
- contacting children through private telephones (including texting), e-mail, MSN, or social networking websites.
- disclosing personal details inappropriately
- meeting pupils outside school hours or school duties

If any member of staff has reasonable suspicion that a child is suffering harm, and fails to act in accordance with this policy and Gloucestershire Safeguarding Board procedures, we will view this as misconduct, and take appropriate action

PHYSICAL CONTACT & RESTRAINT

Members of staff may have to make physical interventions with children. Members of staff should only do this where:

- It is necessary to protect the child, or another person, from immediate danger, or
- Where the member of staff has received suitable training

ALLEGATIONS AGAINST MEMBERS OF STAFF

If anyone makes an allegation that any member of staff (including any volunteer or Governor) may have:

- Committed an offence against a child
- Placed a child at risk of significant harm
- Behaved in a way that calls into question their suitability to work with children

the allegation will be dealt with in accordance with national guidance and agreements, as implemented locally by GSCB.

The head teacher, rather than the designated member of staff will handle such allegations, unless the allegation is against the head teacher, when the chair of governors will handle the school's response.

The head teacher (or chair of governors) will gather information about the allegation, and report these without delay to the Local Authority.

BEFORE AND AFTER SCHOOL ACTIVITIES

Where the Governing Body transfers control of use of school premises to bodies (such as sports clubs) to provide out of school hours activities, we will ensure that these bodies have appropriate safeguarding and child protection policies and procedures, and that there are arrangements in place to link with the school on such matters. Such considerations will be made explicit in any contract or service level agreement with the bodies.

CONTRACTED SERVICES

Where the Governing Bodies contracts its services to outside providers, we will ensure that these providers have appropriate safeguarding and child protection policies and procedures, and that there are arrangements in place to link with the school on such matters. Such considerations will be made explicit in any contract or service level agreement with the provider.

6. WORKING WITH PARENTS AND CARERS

INFORMATION FOR PARENTS

Our school is committed to good systems for protecting children and safeguarding their welfare, throughout all the activities we undertake. This means that staff and volunteers must be alert to possible concerns about children and report these in a proper fashion. This safeguarding policy details the procedures.

It is important for parents to be aware that:

Staff and volunteers have a duty to report concerns about a child, whether this means the child may be in need of some extra support or whether a child may have been abused or at risk of abuse.

In some cases the school is obliged to refer children to social services. In the majority of cases there will already have been discussion between schools staff and the parents of the child, and the situation and concerns will not be a surprise to parents. However, parents may not be told that their child has been referred to Social Services if it is thought that this might put the child at risk.

If parents have serious concerns about their child contact should be made directly with the Social Services department of the Local Authority. For any enquiries about issues that have arisen in school, contact the head teacher.

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

This policy is monitored by the school governing body and will be reviewed as part of this established cycle of school review or following changes to statutory legislation.

Policy Leader:

David Poad

Dated:

Autumn 2017

Approved & signed by governors:

K. Scott/ S. Clarke

Review Date:

Autumn 2018

Appendix 1: Randwick's offer of Early Help

<p>Universal source of help for all families in Gloucestershire:</p> <p>Gloucestershire Family Information Service (FIS)</p>	<p>Gloucestershire Family Information Service (FIS) advisors give impartial information on childcare, finances, parenting and education. FIS are a useful source of information for parents and professionals. They support families, children and young people aged 0-19 years of age (25 for young people with additional needs) and professionals working with these families. They can help link parents up with other organisations that might be able to help or provide the information themselves e.g. parents could ask them about holiday clubs for your children across Gloucestershire.</p> <p>Contact the FIS by emailing: familyinfo@gloucestershire.gov.uk Or telephone: (0800) 542 0202 or (01452) 427362. FIS also have a website which has a wealth of information to support many issues such as childcare and support for children with disabilities.</p> <p>www.glosfamilies.org</p>
<p>GSCB (Gloucestershire Safeguarding Children's Board) website.</p>	<p>http://www.gscb.org.uk</p> <p>Important information for parents and professionals across Gloucestershire in relation to keeping children safe and avenues of support including early help options.</p>
<p>Randwick universal support for all pupils and families.</p>	<p>All staff are available in a pastoral capacity should parents have a concern about anything at all. Staff may not have the answer but will try to find out the answer or sign-post parents and carers/other professionals in the right direction. Parents and carers can either talk directly with the staff or telephone the Head.</p> <p>We have a school counsellor who is in school every week. Parents and carers can contact their child's teacher or the Headteacher if they would like their child to see the counsellor. Staff may also refer children to the counsellor, after consulting with parents.</p>
	<ul style="list-style-type: none"> • General office number: 01453 762773 (to contact all staff).

<p>Randwick PSHE / SMSC curriculum</p>	<p><i>Randwick has a PSHE (Personal Social Health Education), SRE (Sex and Relationships Education) and SMSC (Spiritual Moral Social and Cultural) Education which covers many aspects of keeping young people safe, healthy, resilient and aware of the world around them so that they can make informed decisions. Other specific topics helping pupils stay safe covered within the curriculum include (age appropriate content):</i> Sex education: Children in Y5 and 6 have formal Sex education – discussing puberty, changes, personal hygiene. (Gloucestershire health living and learning team (GHLL) resource). PHSE education: delivered across school through GHLL’s Pink Curriculum, which includes Facts4life, a programme supporting positive health education. Gender, identity and tolerance: preventing homophobic and transphobic bullying; preventing bullying of pupils from different types of families (e.g. same sex parents); avoiding anti-gay derogatory language; Gender identity - there isn’t such thing as a typical girl or a typical boy. Understanding and acceptance of others different than us, including those with different religions. Drugs: Alcohol, Smoking and illegal drugs. Keeping Safe: E-safety (facebook and internet); personal safety (out and about); How to respond to an emergency. Emotional well-being: Where to go for help if you, your friend or family member is struggling with emotional well-being/mental health problems? What are the signs someone is struggling? What makes you feel good; How to look after you own emotional well-being; Personal strength and self-esteem; Being happy! Relationships: How to make and maintain friendship; family relationships; different types of families; Healthy Living: Taking responsibility for managing your own health; Importance of sleep; the main components of healthy living (diet, exercise and wellbeing); managing health and wellbeing when you are unwell.</p>
<p>Home-school support</p>	<p>All of our Early Help is offered in partnership with parents / carers.</p>
<p>E-safety</p>	<p>E-safety is a key part of the ongoing (PSHE/SMSC/SRE/computing) curriculum. -PACE (parents against child exploitation) UK is a useful website to engage parents with e-safety issues. www.paceuk.info/ - all staff undertake e-safety training</p>
<p>Angela Brock – Family Support Worker</p>	<p>Angela works at Five Ways Children’s Centre and is readily available to support children and families on a needs basis. She will sign post families to further services if further support is required.</p>

<p>Bullying (including cyber-bullying)/child death/suicide prevention</p>	<p>All Gloucestershire schools including Randwick are committed to tackling bullying. We want to know immediately if there any issues with bullying at school so that it can be addressed. In serious cases of bullying parents and carers should contact the police; particularly if there are threats involved. In an emergency call 999. Other sources of help and advice are: www.gscb.org (Gloucestershire Safeguarding children's board) http://www.bullying.co.uk . Gloucestershire Healthy Living and Learning team provide alerts and resources in relation to supporting young people being bullied. Education about bullying is an integral part of Randwick's Pink Curriculum education.</p>
<p>Children or young people with multiple needs (vulnerable) or multiple needs (complex) requiring multi-agency input or assessment.</p>	<p>Within Gloucestershire, Targeted Support Teams provide multiagency support for children and families. A phone call to discuss a possible referral is helpful before making a written referral. School actively refer to when appropriate:</p> <p><u>Targeted support Teams (TST):</u> Gloucester (tel:01452 328076), Stroud (tel: 01452 328130); Tewkesbury (tel: 01452 328 250), Cotswold (tel: 01452 328101), Forest of Dean (tel: 01452 328048) and Cheltenham (tel: 01452 328160). These teams are made up of the following professionals: CAF Coordinators; Community Lead Professional - disabled children and young people; Inclusion Co-ordinator; Community Social Worker; Family Support Workers. They all work together from one base so they can recognise and respond to local needs and act as a focal point for co-ordinating support for vulnerable children, young people and their families.</p> <p>Support provided includes: Support for school and community based lead professionals working with children and families through the CAF process; Collaboration with social care referrals that do not meet their thresholds, to co-ordinate support within the community; Work in partnership to support children with special educational needs in school; Advice and guidance from a social work perspective on a 'discussion in principle basis' ; Support children with disabilities and their families to access activities and meet specific needs; Advice and guidance to lead professionals and the provision of high quality parenting and family support services to families.</p>

	<p>Youth Support Team (YST): The Youth Support Team provide a range of services for vulnerable young people aged between 11 - 19 (and up to 25 for young people with special needs), including:</p> <ul style="list-style-type: none"> - Youth offending - Looked after children - Care leaver's support services (for those aged 16+) - Early intervention and prevention service for 11 - 19 year olds - Support for young people with learning difficulties and/or disabilities - Positive activities for young people with disabilities - Support with housing and homelessness - Help and support to tackle substance misuse problems and other health issues - Support into education, training and employment - Support for teenage parents - <p>For General Enquiries: T: 01452 426900 E: info.glos@prospects.co.uk To make a referral: T: 01452 427923 E: fasttrackteam@prospects.co.uk</p> <p><i>The Door Youth Project: offering a variety of services to young people and their families in Stroud: 01453 756745</i></p>
Drug concerns	<p>www.infobuzz.co.uk/: Info Buzz provides individual targeted support around drugs & emotional health issues, development of personal & social skills, and information & support around substance misuse. Drugs education is covered in the school PHSE curriculum.</p>
Mental health concerns * Please note that in Gloucestershire CYPS (children and young people's services) replaced CAMHS (child and adolescent mental health services)	<ul style="list-style-type: none"> • Referral to school nurses may be appropriate. • Referral to CYPS (Gloucestershire's mental health services) via your own GP. • For children/young people/adults with existing mental health difficulties concerns should be discussed with the existing medical professionals (consultant psychiatrists). In an emergency call 999 or 111. • CYPS* Practitioner advice line (for professionals to call) tel: 01452 894272.
Child Sexual exploitation (CSE)	<p>CSE screening tool (can be located on the GSCB website: www.gscb.org.uk/article/113294/Gloucestershire-proceduresand-protocols) This should be completed if CSE suspected. Clear information about Warning signs, the screening tool and Gloucestershire's multi-agency protocol for safeguarding children at risk of CSE are at www.gscb.org. Referrals should be made to Gloucestershire social care and the Gloucestershire Police.</p> <p>Gloucestershire Police CSE Team: The CSE team sits within the Public Protection Bureau</p>

	<p>All referrals to go to the Central Referral Unit 01242 247999</p> <ul style="list-style-type: none"> • Further information: National Working Group (Network tackling Child Sexual Exploitation) www.nationalworkinggroup.org and PACE UK (Parents Against Child Sexual Exploitation) www.paceuk.info
Domestic violence	<p>The GSCB (Gloucestershire Safeguarding Children’s board) have published a Domestic Abuse pathway for educational settings which is on the GSCB website. If a child or young person is suspected of living at home with a domestically abusive parent or if a young person has domestic abuse in their own relationship then the usual procedures should be followed and a referral made to the children’s helpdesk (tel: 01452 426565). The response will vary according to the age of the young person so that the appropriate agencies are involved.</p> <p>Gloucestershire Domestic Abuse Support Service (GDASS) www.gdass.org.uk</p> <p>MARAC Gloucestershire Constabulary: Multi Agency Risk Assessment Conferences (MARACs) prioritise the safety of victims who have been risk assessed at high or very high risk of harm. The MARAC is an integral part of the Specialist Domestic Violence Court Programme, and information will be shared between the MARAC and the Courts, in high and very high risk cases, as part of the process of risk management.</p>
Teenage relationship abuse	<p>Please see comment about the Domestic abuse pathway for educational settings above (in domestic violence section). www.gov.uk – home office ‘teachers guide to violence and abuse in teenage relationships.’ All violence or suspected violence should be reported the police and/or social care as appropriate. GDASS (Gloucestershire Domestic Abuse Support Service) can be referred to for support.</p> <ul style="list-style-type: none"> • Young person’s GDASS leaflet. • Lead GHLL Teacher for advice and support with curriculum resources (tel: 01452 427208) • Gloucestershire Take a Stand – www.glostakeastand.com <ul style="list-style-type: none"> • Holly Gazzard Trust (local charity) – support worker.
Fabricated and induced illness (FII)	<p>http://www.nhs.uk/Conditions/Fabricated-or-induced-illness for information on behaviours and motivation behind FII. Any professionals suspecting FII must involve the Police, Social</p>
	<p>Services and follow the child protection procedures outlined in this policy.</p>

Faith abuse	<p>www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief for copy of DfE document ‘national action plan to tackle child abuse linked to faith or belief.’</p> <p>Judith Knight; Diocese of Gloucester Head of Safeguarding/faith abuse contact: jknight@glosdioc.org.uk. For other faith groups contact Jane Bee (GCC LADO).</p>
Female Genital mutilation (FGM)	<p>http://www.nhs.uk/Conditions/female-genital-mutilation for NHS information and signs of FGM. Any suspicion of FGM should be referred to the Police and social care.</p> <ul style="list-style-type: none"> - Dave Poad (Head) has completed the online home office training, ‘<i>Female Genital Mutilation: Recognising and Preventing FGM</i>’ - E-learning package- http://www.fgmelearning.co.uk/ for interested staff or professionals (free home office e-learning)
Forced marriage	<p>UK Forced Marriage Unit fmufco.gov.uk</p> <p>Telephone: 020 7008 0151 Call 999 (police) in an emergency.</p> <p>www.gov.uk/stop-forced-marriage for information on Forced Marriage. <i>Visit Home Office website to undertake Forced Marriage e-learning package</i> https://www.gov.uk/forcedmarriage. GSCB one day Awareness training delivered by Infobuzz www.gscb.org.uk</p> <p>Please see ‘Multi-Agency Practice Guidelines- Handling cases of Forced Marriage’ for more information and detail https://www.gov.uk/forcedmarriage.</p> <p><i>All practitioners must be aware of this, that is they may only have <u>one chance</u> to speak to a potential victim and thus they may only have one chance to save a life. This means that all practitioners working within statutory agencies need to be aware of their responsibilities and obligations when they come across forced marriage cases. If the victim is allowed to walk out of the door without support being offered, that one chance might be wasted.</i></p>
Gangs and youth violence	<p>Contact the Avenger Task Force/Inspector Neil Smith (Gloucestershire Police tel: 101). A task force set up to identify potential gang members as vulnerable individuals and potential victims and aims to help them.</p> <p>Prevention: wellbeing curriculum – self-esteem & identity, law & order and considering impact of violence on communities.</p>
Gender-based	<p>www.gov.uk – home office policy document, ‘Ending violence</p>

violence/violence against women and girls (WAWG)	<p>against women and girls in the UK' (June 2014). FGM (Female Genital Mutilation) is violence against women and girls. Hope House SARC (Sexual Assault Referral Centre): 01452 754390 Gloucestershire Rape and Sexual Abuse Centre: 01452 526770</p>
Honour based violence (HBV)	<p>The police have made it a high priority to help communities fight back to tackle both honour based violence and hate crime. The 'Honour Network Help line': 0800 5 999 247 Inspector Fay Komarah is the Gloucestershire Police contact for honour based violence.</p>
Mental health	<p>CYPS (Gloucestershire's mental health services) CYPS (Gloucestershire children's mental health services). Consultant psychiatrists. PSHCE / SMSC curriculum – emotional wellbeing, stress management</p>
Private fostering	<p>http://www.gloucestershire.gov.uk/privatefostering Gloucestershire County council website information on private fostering. Refer to Gloucestershire Children & Families Helpdesk on 01452 426565 or Gloucestershire Private Fostering Social Worker 01452 427874. A private fostering arrangement is essentially one that is made without the involvement of a local authority. Private fostering is defined in the Children Act 1989 and occurs when a child or young person under the age of 16 (under 18 if disabled) is cared for and provided with accommodation, for 28 days or more, by someone who is not their parent, guardian or a close relative. (Close relatives are defined as; step-parents, siblings, brothers or sisters of parents or grandparents).</p>
radicalisation	<p>Gloucestershire Constabulary: 101 and Jane Bee (LADO) Anti-Terrorist Hotline: 0800 789 321 <i>See Appendix 2 for further information on radicalisation. <u>Prevention:</u></i> Randwick teach traditional British values through the curriculum: democracy, rule of law, respect for others, liberty, tolerance of those with different faiths and beliefs and promotion of 'Britishness'. All staff and governors have completed the online e-training through the College of Policing, <i>The Channel General Awareness Module</i>.</p>
Sexting	<p>http://www.nspcc.org.uk/preventing-abuse/keeping-childrensafe/sexting (NSPCC website). Gloucestershire Police have a small sexual exploitation team. Prevention through e-safety education.</p>

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

Other sources of help and information in Gloucestershire :

Gloucestershire MAPPA (Multi-Agency Public Protection Arrangements) are a set of arrangements to manage the risk posed by the most serious sexual and violent offenders (MAPPA-eligible offenders) under the provisions of sections 325 to 327B of the Criminal Justice Act 2003. They should be contacted without delay if there is any concern is reported about a serious sexual or violent offender. (Contact Chair of MAPPA – Gloucestershire Constabulary – Tel: 101)

APPENDIX 2 - CATEGORIES OF ABUSE AND INDICATORS OF HARM

Categories of Abuse:

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

Signs of Abuse in Children:

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

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

Risk Indicators

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

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / 24 lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and/or referral to Social Care

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

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

The parent or carer may:

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

1. PHYSICAL ABUSE

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

Indicators in the child

Bruising

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

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

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

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

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

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

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding

interactions

- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

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

Children and young people who have dog bites should always be referred to the Multi Agency Safeguarding Hub for further investigation.

Burns and Scalds

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

Scalds are the most common intentional burn injury recorded.

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

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

The following points are also worth remembering:

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

Scars

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

Emotional/behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

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

Indicators in the family/environment

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

2. EMOTIONAL ABUSE

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

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

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

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

Indicators in the child

Developmental delay
Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
Aggressive behaviour towards others
Child scapegoated within the family
Frozen watchfulness, particularly in pre-school children
Low self-esteem and lack of confidence
Withdrawn or seen as a 'loner' - difficulty relating to others
Over-reaction to mistakes
Fear of new situations
Inappropriate emotional responses to painful situations
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
Self-harm
Fear of parents being contacted
Extremes of passivity or aggression
Drug/solvent abuse

Chronic running away
Compulsive stealing
Low self-esteem
Air of detachment – ‘don’t care’ attitude
Social isolation – does not join in and has few friends
Depression, withdrawal
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
Low self-esteem, lack of confidence, fearful, distressed, anxious
Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

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

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

Scapegoats one child in the family

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

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

Indicators of in the family/environment

Lack of support from family or social network.

Marginalised or isolated by the community.

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

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

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

NEGLECT

The definition of neglect from statutory guidance, Working Together to Safeguard Children, 2015 is ‘the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- • Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- • Protect a child from physical and emotional harm or danger;
- • Ensure adequate supervision (including the use of inadequate care-givers); or
- • Ensure access to appropriate medical care or treatment’

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

Neglect is characterised by the absence of a relationship of care between the parent/carer and the child and the failure of the parent/carer to prioritise the needs of their child. It can occur at any stage of childhood, including the teenage years.

There are other factors that need to be considered to enable early identification of neglect by partners. This strategy covers the range of needs across the continuum, including the provision of support to families as early as possible to prevent significant harm to children and families.

CHILD NEGLECT TOOLKIT: for assistance in the identification of child neglect use the toolkit:

<http://www.gscsb.org.uk/media/15291/gloucestershire-child-neglect-toolkit-270417-final-vs.pdf>

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

Constant tiredness

Frequently absent or late at school

Poor self esteem

Destructive tendencies

Thrives away from home environment

Aggressive and impulsive behaviour

Disturbed peer relationships

Self-harming behaviour

Indicators in the parent

Dirty, unkempt presentation

Inadequately clothed

Inadequate social skills and poor socialisation

Abnormal attachment to the child .e.g. anxious

Low self-esteem and lack of confidence

Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene

Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy

Child left with adults who are intoxicated or violent

Child abandoned or left alone for excessive periods

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

Indicators in the family/environment

History of neglect in the family

Family marginalised or isolated by the community.

Family has history of mental health, alcohol or drug misuse or domestic violence.

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

Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
Lack of opportunities for child to play and learn

4. SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

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

Emotional/behavioural presentation

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

Indicators in the parents

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

Grooming behaviour
Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.

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

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

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

Family member is a sex offender.

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

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

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

- **Consent** – agreement including all the following:

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

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

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

Child Sexual Exploitation

What is Child Sexual Exploitation?

Child Sexual Exploitation (CSE) is when someone grooms and controls a child for a sexual purpose. It can happen to boys and girls, it can happen in rural and urban areas, it can happen face to face and it can happen online. It is a form of child abuse.

The definition of CSE:

"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."

(ref. Child sexual exploitation; Definition and guidance for practitioners, local leaders and decision makers working to protect children from child sexual exploitation, DfE February 2017)

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

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership

- injuries from physical assault, physical restraint, sexual assault.

Peer on Peer Abuse

Peer abuse occurs when a young person is exploited, bullied and/or harmed by their peers who are the same or similar age; everyone directly involved in peer on peer abuse is under the age of 18. 'Peer-on-peer' abuse can relate to various forms of abuse (not just sexual abuse and exploitation), and crucially it does not capture the fact that the behaviour in question is harmful to the child perpetrator as well as the victim.

Research suggests that girls and young women are more at risk of abusive behaviours perpetrated by their peers; however it can also affect boys and young men, those with learning difficulties or disabilities, LGBTQ Children and young people (CYP) and those who are from different communities.

Situations where young people are forced or coerced into sexual activity by peers or associates can be related with gang / serious youth violence activity but that is not always the case. Peer influence or peer pressure is a major factor in the decisions made by young people to join groups. Many young people see it as a "way out" from their day to day life and feel a strong bond with their peers, one which they may be lacking at home.

Definition

There is no clear definition of what peer on peer abuse entails. However it can be captured in a range of different definitions:

Domestic Abuse: relates to young people aged 16 and 17 who experience physical, emotional, sexual and / or financial abuse, and coercive control in their intimate relationships;

Child Sexual Exploitation: captures young people aged under-18 who are sexually abused in the context of exploitative relationships, contexts and situations by a person of any age - including another young person;

Harmful Sexual Behaviour: refers to any young person, under the age of 18, who demonstrates behaviour outside of their normative parameters of development (this includes, but is not exclusive to abusive behaviours);

Serious Youth Crime / Violence: reference to offences (as opposed to relationships / contexts) and captures all those of the most serious in nature including murder, rape and GBH between young people under-18.

Peer on peer abuse can refer to any of the above individually or as a combination, therefore professionals working with CYP who are experiencing abuse from their peers must respond to the needs of each of the definitions to uncover the level of complexity and respond in the most effective manner. It is possible that a young person may be sexually exploited in a gang related situation by their boyfriend or girlfriend.

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

Forced Marriage (FM)

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

Schools should involve the police straight away.

Female Genital Mutilation (FGM) – signs of

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

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for nonmedical reasons.

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

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

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

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

Why is it carried out?

Belief that:

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

Is FGM legal?

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

It is illegal in most countries including the UK.

Circumstances and occurrences that may point to FGM happening:

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

A sign that may indicate a child has undergone FGM:

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

- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinary tract infection
- Disclosure

The 'One Chance' rule

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

Further information on Trafficking

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

Traffickers trick, force or persuade children to leave their homes and then move them to another location. Trafficked children are often controlled with violence and threats and may be kept captive, resulting in long lasting and devastating effects on their mental and physical health. It is not easy to identify trafficked children, but you may notice unusual behaviour or events that just don't add up. Both boys and girls are victims of trafficking. Trafficked children may be from the UK or have been moved from another country. Poverty, war or discrimination can put children more at risk of trafficking. Traffickers may promise children education or respectable work, or persuade parents that their child can have a better future in another place. It can be very difficult to identify a child who has been trafficked, as they are deliberately hidden and isolated. They may be scared, or they may not realise that they are a victim or are being abused. While there may not be any obvious signs of distress or harm, a trafficked child is at risk and may experience physical abuse, emotional abuse and/or neglect.

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

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

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

appropriate support plan for the individuals concerned. Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs.

Indicators of vulnerability to radicalisation:

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

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

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

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

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

5. Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors _ it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff is able to recognise those vulnerabilities.

6. Indicators of vulnerability include:

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

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

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

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

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