# The Castle Partnership Trust

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The Castle School

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## Safeguarding Policy

**July 2020**

CEO and Headteacher at The Castle School: Sarah Watson
Acting Headteacher at Court Fields School: Polly Matthews
Headteacher at Wellesley Park School: Carly Wilkins
Headteacher at Isambard Kingdom Brunel School: Richard Healey

Due for review: Summer Term 2021

**Policy Review**

This policy will be reviewed in full by the Board of Directors on an annual basis.

Signature ……. Date ……

**Head Teacher at The Castle School**

Signature ……. Date ……..

**Head Teacher at Court Fields School**

Signature ……. Date ……

**Head Teacher at Wellesley Park School**

Signature ……. Date ……

**Head Teacher at Isambard Kingdom Brunel School**

Signature ……. Date ……

**Chair of the Trust**

**C O N T E N T S**


| | |
|---|---|
| **1** | **Introduction** |
| **2** | **Statutory Framework** |
| **3** | **The Designated Safeguarding Lead** |
| **4** | **The Governing Body** |
| **5** | **School Procedures** |
| **6** | **When to be Concerned** |
| **7** | **Dealing with a Disclosure** |
| **8** | **Confidentiality** |
| **9** | **Communication with Parents** |
| **10** | **Record Keeping** |
| **11** | **Allegations Involving School Staff/Volunteers/Supply Teachers** |
| **12** | **Mental Health and Wellbeing** |
| **13** | **COVID-19** |
| **14** | **Off-site Provision** |
| **Appendix 1** | **Indicators of Harm** |
| **Appendix 2** | **Description of Safeguarding Issues** |
| **Appendix 3** | **Prevent Duty/Far right graffiti and sticker – Guidance on reporting** |
| **Appendix 4** | **What to do if there is a Safeguarding Concern with a Student as the Perpetrator** |
| **Appendix 5** | **Resolving Professional Differences Protocol (previously known as Escalation Process)** |
| **Appendix 6** | **Code of Conduct for Staff and Ethical Practice for Governors; Code of Conduct for Safeguarding Children for Wellesley Park and IKB staff** |

This policy operates in conjunction with:

1. Recruitment and Vetting Policy.
2. Behaviour for Learning Policy or Positive Behaviour Policy.
3. Anti-bullying Policy
4. Restrictive Physical Intervention guidance.
5. Health & Safety Policy.
6. Whistleblowing Policy.
7. Supporting Children with Medical Concerns guidance.
8. SEND Policy.
9. Drugs, Alcohol and Tobacco Education Policy.
10. Educational Visits Policy.
11. Staff Code of Conduct.
12. Individual Trust School Websites – See 'Keeping Our Children Safe' Tab under the 'Safeguarding' heading.
    Inclusive of:
    Individual Trust School COVID-19 Addendums/Appendices.
    Individual Trust School Contextualising Safeguarding Appendices.

## 1. INTRODUCTION

**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 grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

**Child protection** is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

**Abuse** is a form of maltreatment of a child and may involve inflicting harm or failing to act to prevent harm. Appendix 1 explains the different types of abuse.

**Neglect** is a form of abuse and 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. Appendix 1 defines neglect in more detail.

'Children' includes everyone under the age of 18.

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| **Purpose of a Child Protection Policy** | To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children.<br>To enable everyone to have a clear understanding of how these responsibilities should be carried out.<br>To ensure appropriate action is taken in a timely manner to safeguard and promote children's welfare.<br>To ensure all staff are aware of, and understand fully their statutory responsibilities with respect to safeguarding; staff are properly trained in recognising and reporting safeguarding issues. |
| **Somerset Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures** | The partnership follows the procedures established by the Somerset Safeguarding Children Board for all agencies in Somerset working with children and their families |
| **School commitment** | The Castle Partnership Trust (The Trust) fully recognises the responsibility it has under the Keeping Children Safe in Education (Sept 2020) Statutory Guidance and the contribution it can make to protect children and support students in school. Our policy and procedures apply to extended school and off-site activities. The Trust also recognises the responsibility its staff have to be aware that safeguarding incidents and/or behaviours can be associated with factors outside its schools and/or can occur between children outside of the school environment. All staff, but especially the designated safeguarding lead (and deputies) consider whether children are at risk of abuse or exploitation in situations outside their families.<br><br>There is nothing more important for our children than their safety. It takes priority over everything, including teaching. Everyone who comes into contact with children and their families has a role to play in safeguarding children. School staff are particularly important as they are in a position to identify concerns early and support early help intervention ('**Part One' of Keeping Children Safe in Education September 2020 -** All school and college staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years. In the first instance, staff should discuss early help requirements with the designated safeguarding lead. Staff may be required to support other agencies and professionals in an early help assessment) to prevent concerns from escalating. As a school we form part of the wider safeguarding system for children, as described in statutory |

guidance Working Together to Safeguard Children 2018. We work closely with social care, the police, health services and other services to promote the welfare of children and protect them from harm. The safety and welfare of the child is paramount and overrides any concern for parents/carers or any other member of staff, or other relevant parties.

This policy sets out how the Trust's governing body discharges its statutory duties in promoting the welfare of children who are students at the Trust's schools.

The Teacher Standards 2012 state that teachers, including head teachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.

There are three main elements to our Safeguarding Policy.

1. **Prevention** through the teaching and pastoral support offered to the students within the whole school protective ethos.

2. **Protection** by following agreed procedures, ensuring staff and volunteers are appropriately recruited, trained and supported to respond appropriately and sensitively to Child Protection concerns. All staff are trained to recognise and report concerns early so that we may engage early help.

3. **Support** to students who may have been abused.

It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes: failing to act on and refer the early signs of abuse and neglect, poor record keeping, failing to listen to the views of the child, failing to re-assess concerns when situations do not improve, sharing information too slowly and a lack of challenge to those who appear not to be taking action.
From July 2015 schools have a duty to protect children from the risk of radicalisation and extremism (section 26 Counter-Terrorism and Security Act, 2015). As part of their wider safeguarding duties staff must be alert to the possibility of radicalisation and be aware of indicators. The Trust will act in accordance with its duty to promote British Values of democracy, tolerance, the rule of law and respect for others of different backgrounds and faiths.

In terms of managing all risks, staff must be alert to changes in children's behaviour which could indicate they may be in need of help or protection.

This policy applies to all people working within the partnership, including members, directors and governors.

We recognise that high self-esteem, confidence, supportive friends and clear lines of communication with a trusted adult helps all children, and especially those at risk of, or suffering from, abuse.

The Trust will therefore:

Establish and maintain an ethos where children feel safe and secure and are encouraged to talk, and are listened to.

Ensure that students know that there are adults in the school who they can approach if they are worried or are in difficulty. Concerned parents/carers may also contact the school or one of the governors.

Include in the curriculum, activities and opportunities for PHSE and citizenship, which equip students with the skills they need to stay safe from abuse, including e-safety.

Ensure that wherever possible every effort will be made to establish effective working relationships with parents/carers and colleagues from other agencies.

**Implementation, Monitoring and Review of the Child Protection Policy**

The policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Person and through staff performance measures.

Within the Trust we recognise that some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it.

We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to students who:
• Have special educational needs and/or disabilities;
• Are young carers;
• May experience discrimination due to their race, ethnicity, faith and belief or no faith, age, gender identification; sexuality;
• Are pregnant or in receipt of paternity/maternity leave;
• Are married or in a civil partnership;
• Have English as an additional language;
• Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence;
• Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation;
• Are asylum seekers;
• Are looked after or who have been previously looked after;
• Children who need a social worker (Children in Need; Children on Child Protection Plans);
• Children requiring mental health support.

## 2. STATUTORY FRAMEWORK

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

- The Children Act 1989 and Children Act 2004, which provides a framework for the care and protection of children
- Education Act 2002 (section 175), which places a duty on schools and local authorities to safeguard and promote the welfare of pupils.
- Keeping Children Safe in Education Sept 2020 – statutory guidance
- Safeguarding Children and Safer Recruitment in Education (DfES 2006)
- Working Together to Safeguard Children (DfE September 2018)
- The Education (Pupil Information) (England) Regulations 2005
- Sexual Violence and Sexual Harassment between children in schools and colleges May 2018
- Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)
- Information Sharing: Advice for Practitioners Providing Safeguarding Services to children, young people and carers (DfE 2015)
- Children and Families 2014
- Statutory responsibilities Education Act 2011
- 3National Standards –Working Together March 2015
- Inspections – Ofsted
- Data Protection Toolkit for Schools
- Independent Schools Inspectorate
- Care Quality Commission
- Local Safeguarding and Child Protection protocols (i.e. SWCPP)
- Information sharing advice for practitioners 2015
- Disqualification under the Childcare Act 2006 (2015)

- Children and Social Care Act 2017
- The Prevent duty 2015
- The School Staffing (England) Regulations 2009, which set out what must be recorded on the single central record and the requirement for at least one person on a school interview/appointment panel to be trained in safer recruitment techniques
- Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the Serious Crime Act 2015, which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18
- Statutory guidance on FGM, which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM
- The Rehabilitation of Offenders Act 1974, which outlines when people with criminal convictions can work with children
- Schedule 4 of the Safeguarding Vulnerable Groups Act 2006, which defines what 'regulated activity' is in relation to children
- DfE statutory guidance: relationships education relationships and sex education (RSE) and health education

This policy complies with our Funding Agreement and Articles of Association.

This policy meets requirements relating to safeguarding and welfare in the statutory framework for the Early Years Foundation Stage.

Keeping Children Safe in Education (DfE September 2020) places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the Somerset Safeguarding Children Partnership

- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions

- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse

- A Designated Senior Person (referred to in 'Keeping Children Safe in Education (DfE) as 'Designated Safeguarding Lead'(DSL) should have responsibility for co-ordinating action within the school and liaising with other agencies. At least one Deputy Designated Safeguarding Lead (DDSL) will work alongside the DSL

- When considering sharing information with other professional agencies in order to safeguard a child it is important to ensure that the Data Protection Act 2018 is considered. Any information shared must be proportionate to the need and level of risk; relevant to the purpose; adequate to ensure it can be understood and acted on; accurate with facts clearly stated and relevant

opinion identified as such; timely – in order to reduce risk of harm. Information should be shared securely and a record kept.

- The designated safeguarding lead and deputies should undergo updated child protection training at regular intervals but at least bi-annually.

## 3. THE DESIGNATED SAFEGUARDING LEAD

The Designated Safeguarding Leads for Child Protection are:

Jamie Wordsworth (The Castle School)
Sarah Westwood (Court Fields School)
Carly Wilkins (Wellesley Park School)
Richard Healey (Isambard Kingdom Brunel School)

A Deputy Safeguarding Lead should be appointed to act in his/her absence/unavailability.

The Deputy Designated Leads are:

Jim Thomson, Sarah Sherring and Annette Horsley (The Castle School)
Victoria McCarthy, Mike Smith and Sophie Heggadon (Court Fields School)
Louise Froud, Emmie Hartley-Criddle and Tracy Sumner (Wellesley Park Pre-School)
Nicola Fahy (Isambard Kingdom Brunel School)

It is the role of the Designated Safeguarding Lead (and DDSLs) to:

- Ensure that he/she receives refresher training biannually to keep his or her knowledge and skills up to date.
- Ensure that the headteacher and all staff members receive appropriate child protection training which is regularly updated, at least annually. Act as a source of support, advice and expertise to staff on matters of safeguarding.
- Ensure staff are aware of how to identify children who may benefit from early help, how they may have a role in it and how they may support the assessment process.
- Ensure that new staff receive a safeguarding children induction within 5 working days of commencement of their contract.
- Ensure that all visitors and temporary staff are informed of the school's safeguarding procedures in writing on arrival and that a briefing is delivered within 3 days.
- Ensure that the school operates within the legislative framework and recommended guidance.
- Ensure that the appropriate Head Teacher is kept fully informed of any concerns, especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- Develop effective working relationships with other agencies and services.

- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an Early Help Assessment via the Professional Choices Website **www.professionalchoices.org.uk/eha** or refer to Children, Schools and Families social care.
- Liaise and work with Children's Services: Safeguarding and Specialist Services over suspected cases of child abuse.
- Manage referrals to Children's Social Care and where appropriate, the Disclosure and Barring Service and the Police.
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed on securely should the child transfer to a new provision.
- Submit reports to and ensure the school's attendance at child protection conferences; contribute to decision making at said conferences and deliver relevant actions planned to safeguard the child.
- Ensure that the school effectively monitors children about whom there are concerns, phoning rather than texting for first day absence, home visits on the second day of absence and notifying Children's Services: Safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan.
- Ensure that the school is aware of and meeting the specific needs of children in need, looked after children, those with special educational needs and young carers.
- Provide guidance to parents, children and staff about obtaining suitable support.
- Ensure that information related to Safeguarding is available to parents on the website and that parents are made aware of the schools' procedures.
- Undergo Prevent Awareness training in order to provide support and advice to staff on protecting children from the risk of radicalisation and extremist views.
- Be aware of the greater risk of harm for children who need a social worker, and use information about these children to ensure decisions can be made in the best interests of the child's safety, welfare and educational outcomes.

## 4. THE GOVERNING BODY

The Board fully recognises its responsibilities with regard to safeguarding and promoting the welfare and safety of children and will ensure it complies with the duties set out in legislation (Keeping Children Safe in Education Sept 2020 – statutory guidance).

The nominated governors for child protection are:

NAMES: Dr Michael Yardley and Mrs Trish Rendell – The Castle School
Mr David Taylor and Mrs D Hembrow – Court Fields School
Mrs Polly Matthews and Mrs Hannah Gibson-Patel– Wellesley Park School
Mark Richmond as Chair of Governors, to be reviewed once school governing body is formed, – Isambard Kingdom Brunel School

They will:

- Designate a governor for Safeguarding who will oversee the Trust's Safeguarding procedures and processes.
- Appoint a Designated Safeguarding Lead (DSL) who must be a member of the School Leadership Team (SLT) and a minimum of one Deputy Designated Safeguarding Leads (DDSL).
- Ensure that the school contributes to inter-agency working in line with Working Together to Safeguard Children 2018.
- Ensure that safeguarding arrangements are in accordance with Somerset Local Safeguarding Children Board (SSCB).
- Appoint designated teachers to promote the educational achievement of Looked After Children (Jamie Wordsworth, Sarah Westwood, Carly Wilkins and Richard Healey).
- Ensure safeguarding is considered when reporting children missing from education.
- Ensure all staff within the Partnership read at least Part 1 of Keeping Children Safe in Education, Statutory Guidance for schools and colleges, September 2020, and sign to acknowledge this, either in writing or electronically.
- Monitor staff training in relationship to Safeguarding: regularly reviewing the training log, overseeing the online RAG rating tool via the Virtual College Section 175 Governor Audit and sampling training.
- Ensure the online RAG rating tool via the Virtual College Section 175 Governor Audit is completed with the DSL.
- Ensure that this Policy is revised and updated annually, along with the Trust Staff Code of Conduct.
- Act on any allegation made against the Headteacher in liaison with the Local Authority (LA).
- Ensure the DSL attends Prevent Awareness training and that staff are aware of their duties in terms of promoting British Values and seeking to prevent radicalisation.
- Ensure children are taught about safeguarding within the curriculum.
- Ensure procedures are in place to handle allegations against staff and volunteers.
- Ensure procedures are in place to handle allegations against other children.
- Ensure a written policy on recruitment is in place which is up to date in terms of requirements.
- Ensure staff are appropriately checked prior to appointment or undertaking a regulated activity (see Safer Recruitment Policy) in order to prevent harm to children.
- Ensure at least one person on the appointment panel at interviews is Safer Recruitment trained.
- Ensure the Single Central Register is correctly maintained.
- Ensure that staff who work with primary children under the age of 8 have been asked to disclose for disqualification purposes.
- Ensure a child's wishes and feelings are considered when determining action and providing services.
- Ensure confidentiality is not agreed by staff and that staff always act in the best interests of the child. The acronym 'TED' can be used as a reminder that the child can

be encouraged to 'Tell', 'Explain' and 'Describe' a concern and staff should record disclosures as verbatim wherever possible.

- Reasonable measures must be taken to ensure site security:
  Access to the site must be monitored;
  Visitors must sign in at Reception and wear a Visitors badge for the duration of their stay.
  Any adult without a badge must be challenged.
  Governors must set the example by wearing their ID badges when in school.

## 5. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

The term 'staff' is used to describe full or part-time employees, temporary employees, professionals working in the school on behalf of another agency or volunteers.

If any member of staff is concerned about a child he or she must inform the Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Lead (DDSL).

In an emergency where the safety of a student(s) is acutely at risk, staff should call 999 immediately. The NPCC – 'When to call the police' - should also help designated safeguarding leads understand when they should consider calling the police and what to expect when they do.
https://www.npcc.police.uk/documents/Children%20and%20Young%20people/When%20to%20call%20the%20police%20guidance%20for%20schools%20and%20colleges.pdf

The welfare of the child is of paramount importance. This takes precedence over sensitivities about relations with parents/carers, the likely reaction of other parents/carers and the community and any wish a child might have for complete confidentiality (which cannot be guaranteed). Members of staff not following the procedures could put themselves at risk of disciplinary action and the child concerned at risk. As long as the procedures are adhered to, members of staff will receive the full support of the Governing Body and the Local Authority (LA).

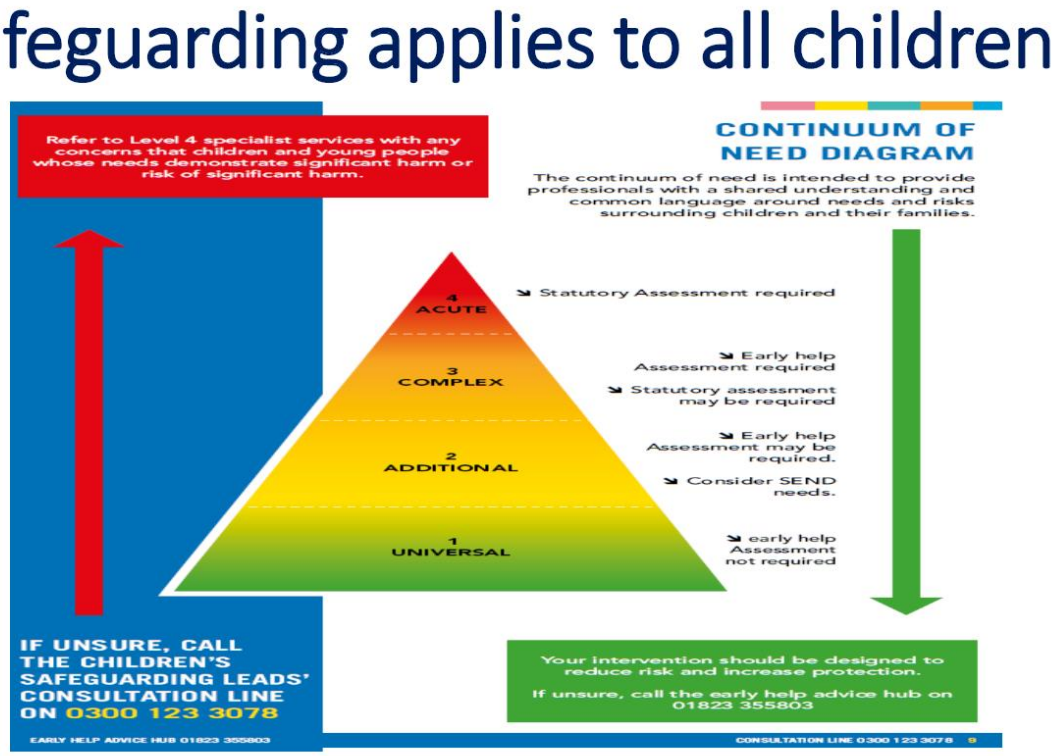
Monitoring attendance is a crucial element of safeguarding as children who go missing from education may be at risk of abuse or neglect.

Staff must be able to identify children who may be vulnerable to radicalisation in the same way as any other harmful behaviour. They must be aware of potential risks affecting children. Support is available where concerns are made through the Channel Programme, where there are concerns that an individual might be vulnerable to radicalisation. Staff should seek support from the DSL. Appendix 3 explains the referral process.
As a staff when using the internet with children we must ensure that they cannot access terrorist and extremist material. Appropriate filtering will be in place. The Acceptable User Guide will be signed by all children in which they agree not to bypass the filtering system.

The member of staff must record information in writing regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations.

The Designated Safeguarding Lead will decide whether the concerns should be referred to Children's Services: Safeguarding and Specialist Services. If it is decided to make a referral to Children's Services: Safeguarding and Specialist Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

All staff are responsible for monitoring the children in their care and reporting any concerns they may have. In many cases the concerns do not reach the threshold for a Child Protection Referral but that of a Child in Need of an earlier intervention. This is the function of the Early Help Assessment (EHA) and Team Around the Child meeting. This will identify a lead professional who will bring appropriate professionals together to empower the family to address concerns raised. Details of this process are available at: **http://professionalchoices.org.uk/eha/**




Spectrum of all children with increasing levels of intervention and specialist help required. Important to highlight that children will move in both directions.

The emphasis is on early intervention to try and prevent children getting to the point where they are in dangerous and unsafe environments. All help and support for a family up to Child Protection level is on a voluntary basis with the family and the skill is to engage with the family so that the early help can be effective. The Early Help support in Somerset is called 'Get Set' and operates mostly out of children's centres for children of all ages – it also offers outreach support for families that are unable to access Children's Centres. This early help support will involve the completion of the Early Help Assessment **https://professionalchoices.org.uk/eha/** and assessments are made with the use of the Effective Support for Children and Families threshold guidance

**https://sscb.safeguardingsomerset.org.uk/effectivesupport-documents/** with agencies working in a multi-agency way around the child.

**Consent:** Gaining consent from parent(s) to participate in decisions about supporting identified needs and the sharing of information is good practice. This enables a swift and most supportive response in the timely engagement of relevant services / agencies. Gaining consent is best practice at all levels of need.

However, where consent is not obtained, a professional judgement is needed in relation to assessed risk and significant harm, which will inform a decision to make contact with Somerset Direct to discuss a referral. Where concerns relate to potential significant harm or risk to a child's welfare, gaining consent should not be a barrier to discussing those concerns with practitioner's line management and respective agency safeguarding procedures.

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Safeguarding Lead will inform the social worker responsible for the case and transfer the appropriate records to the Designated Safeguarding Lead at the receiving school, in a secure manner, and separate from the child's academic file.

The Designated Safeguarding Lead is responsible for making the School Leadership Team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

As a person who works with children, staff have a duty to refer safeguarding concerns to the designated senior person for child protection. However, if:

- concerns are not taken seriously by an organisation or
- action to safeguard the child is not taken by professionals and
- the child is considered to be at continuing risk of harm

Then Staff should speak to the DSL or DDSL or contact Somerset Children's Services (including out of hours) on **0300 123 2224**

Staff should ensure they attend school safeguarding training and read any updates to information as circulated by the Designated Safeguarding Lead.

All staff must wear identification badges.

## 6. WHEN TO BE CONCERNED

All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 1 for details**.

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- Act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups)
- Display insufficient sense of 'boundaries', lack stranger awareness
- Appear wary of adults and display 'frozen watchfulness'
- Have erratic attendance

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school or college and/or can occur between children outside of these environments. All staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.

## 7. DEALING WITH A DISCLOSURE

**If**

- **A student discloses abuse, or**
- **A member of staff suspects a child may have been abused, or**
- **A third party expresses concern, or**
- **A staff member witnesses an abusive situation involving another staff member.**

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Do not tell them they should have told you sooner
- Do not promise confidentiality – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services

- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify. The acronym 'TED' can be used as a reminder that the child can be encouraged to 'Tell', 'Explain' and 'Describe' a concern. **Do not interrogate or enter into detailed investigations:** phrases such as "Tell me what happened", "Explain what you mean ……" are acceptable. Phrases such as "Did he hit you?" are not.
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Safeguarding Lead or Deputy without delay
- Record on the school's online logging system (CPOMs or MyConcern) the conversation as soon as possible in the child's own words. Stick to the facts and do not put your own judgement on it. The record must include dates and times to ensure there is an accurate record

Members of staff **MUST NOT:**

- Investigate suspected/alleged abuse themselves
- Evaluate the grounds for concern
- Seek or wait for proof

If you become aware of an allegation against a member of staff, you MUST report this to the Headteacher as a matter of urgency. If the allegation is against the Headteacher, you should report this to the Chair of Governors.

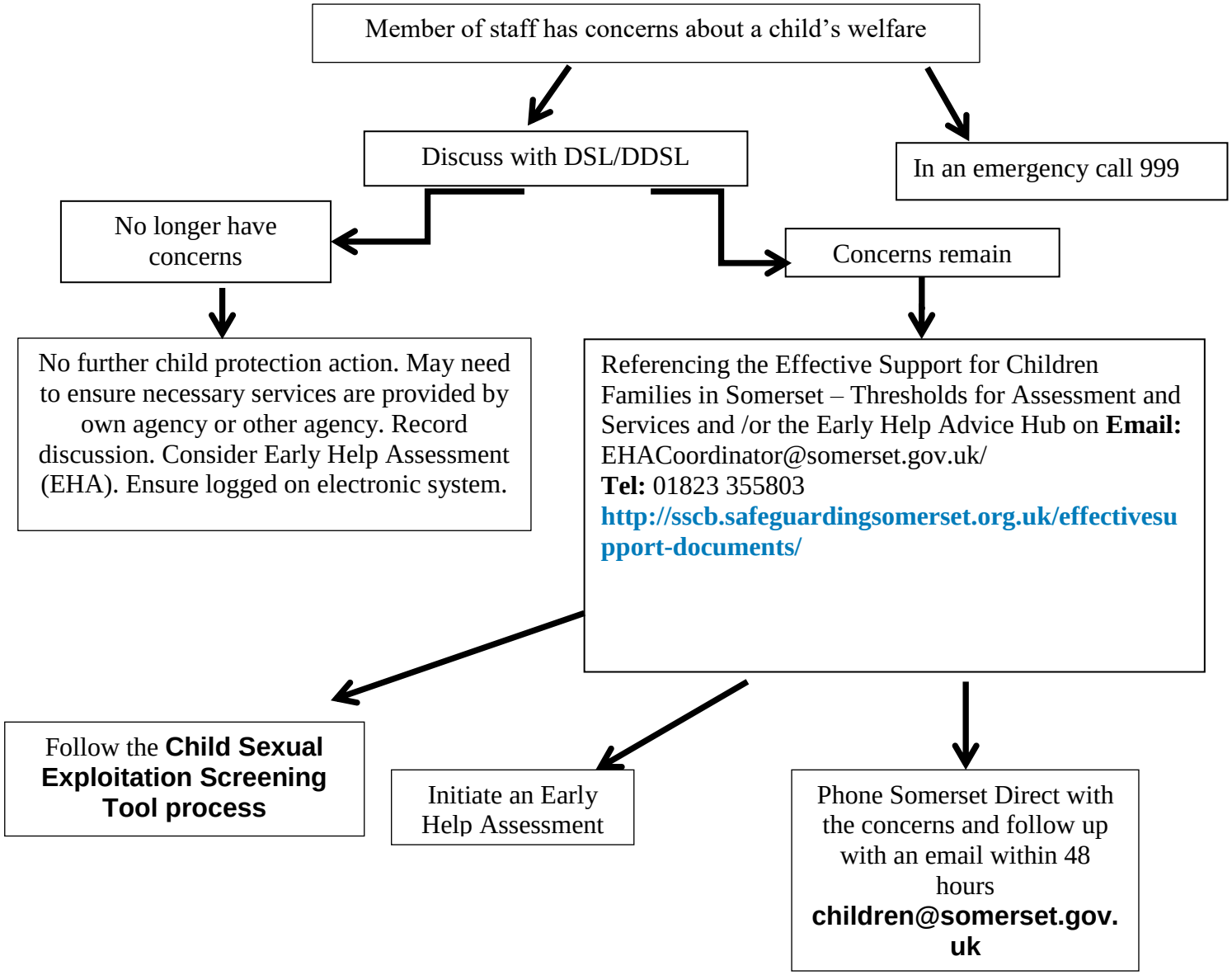
The Children's Social Care Department and CAIT (Children Abuse and Investigation Team - Police) are the only agencies that can investigate allegations of abuse. **https://nsod.n-somerset.gov.uk/kb5/northsomerset/directory/service.page?id=oeb_BqvDrCo**

**Support/ Supervision**

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguard Lead. **Anybody can make a referral.**
If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately

The Trust ensures all safeguarding teams have supervision once a half term, and that safeguarding is held accountable through twice yearly reviews: one full length review and one light touch review. Should any concerns be raised then the reviews may increase to one per term until issues are resolved. The reviewing team will be the DSL from another school in the Trust and the school's own Safeguarding Governor(s).

## What to do if you are worried a child is being abused




**Useful Information and contacts:**

- Somerset Direct: 0300 123 2224 **children@somerset.gov.uk**
- Somerset Safeguarding Children Partnership **http://sscb.safeguardingsomerset.org.uk/**
- **'What to do if you are worried a child is being abused'** – government document
- **'Key messages in Child Protection'** – Somerset Safeguarding Children Partnership (SSCP)

## 8. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).

- No adult must ever guarantee confidentiality to any student. Staff should make students aware that if they disclose information that may be harmful to themselves or others, then certain actions will need to be taken.

- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

Understanding that 'safeguarding of children and individuals at risk' is a processing condition that allows practitioners to share special category personal data. This includes allowing practitioners to share information without consent where there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner but it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.

## 9. RECORD KEEPING

When a child has made a disclosure, the member of staff/volunteer should:

- Record the date and time and any information given to you; always use the words said to you; never interpret what was said and put it in your own words (this information could be used as evidence).
- Make factual notes of any injuries you have seen or been shown; this is very important as bruises, cuts, marks, etc. tend to heal and this could be used as evidence.
- Record what you did next and with whom you shared the information Sign and date everything that you record and then get support for yourself. It can be distressing dealing with disclosure.

All records need to be given to the Safeguarding Team promptly. No copies should be retained by the member of staff or volunteer. All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded on CPOMs or My Concern. Staff can choose to upload a hand-written record if required. If staff or volunteers are in any doubt about whether to record something, they must discuss it with the designated safeguarding lead. Non-confidential records will be easily accessible and available. Confidential information and records will be held securely and only available to those who have a right or professional need to see them.

Safeguarding Records should be kept until the student is 25 years of age, then disposed of securely.

The Trust will share (and withhold) information with (from) other agencies and when this is appropriate, in line with local safeguarding procedures. On occasions there may be the need for 'safeguarding of children and individuals at risk' which is a processing condition that allows the designated safeguarding lead to share special category personal data e.g. without consent where there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner but it is not possible to gain consent, it cannot be reasonably expected that a designated safeguarding lead gains consent, or if to gain consent would place a child at risk.

## 10. SUPPORTING STUDENTS AT RISK

The Castle Partnership Trust recognises that children who are abused or who witness violence, may find it difficult to develop a sense of self-worth and to view the world in a positive way. This school may be the only stable, secure and predictable element in the lives of children at risk. Whilst at school, their behaviour may still be challenging and defiant. It is also recognised that some children who have experienced abuse may in turn abuse others. This requires a considered, sensitive approach in order that the child can receive appropriate help and support.

The Castle Partnership Trust will endeavour to support students through:

- The curriculum, to encourage self-esteem and self-motivation.
- The school ethos, which promotes a positive, supportive, safe and secure environment and which gives all students and adults a sense of being respected and valued. Children's views should be listened to in cases of safeguarding.
- The implementation of school behaviour management policies.
- A consistent approach, which recognises and separates the cause of behaviour from that which the child displays. This is vital to ensure that all children are supported within the school setting.
- Regular liaison with other professionals and agencies that support the students and their families.
- A commitment to develop productive and supportive relationships with parents and carers.
- The development and support of a responsive and knowledgeable staff group trained to respond appropriately in Safeguarding situation.

All students at The Castle School have access to a drop-in clinic which is staffed by the school nurse and members of the local services team. All students at Court Fields School have access to the School Nurse. Students may discuss personal, emotional and health issues. The staff may offer confidential advice and information other than if a child is at risk from any form of harm. In this circumstance they will report concerns to the designated lead teacher.

Children who have medical conditions must have their mental and physical health needs met. This will be addressed in their Healthcare Plan.

Student Health and Safety must be promoted both in and outside the school.

## 11. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS/SUPPLY TEACHERS

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook, school code of conduct and Government document '*Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*'.
https://www.saferrecruitmentconsortium.org/GSWP%20Sept%202019.pdf

Never let allegations by a child or young person go unrecorded or unreported, including any made against staff within the trust. In all instances, the Headteacher must be informed. If the concern involves the Headteacher, then the Chair of the Trust must be informed. In all situations, the school County HR contact and the Local Authority Designated Officer for Allegations Management must be informed (see appendices for contact details).

It is important that all staff are familiar with the Whistleblowing Policy. Section 3 of the Whistleblowing Policy explains how to raise a concern.

In the event of any dismissal for safeguarding concerns, the Disclosure and Barring Service (DBS) must be informed.

If staff receive a disclosure it is important to reassure the child that what he/she says will be taken very seriously and everything possible done to help.

If staff are in the room when a student begins to disclose concerns to another person, you should stay unobtrusively in the background. Staff may be able to support/witness what has been said if required.

If the concerns are about the Head Teacher, then the Chair of the Trust should be contacted. The Chair of the Trust is:

| NAME: | CONTACT NUMBER: |
|---|---|
| Mr Mark Richmond | 01823 274073 |

In the absence of the Chair, the Vice Chair should be contacted. The Vice Chair at this Trust is:

| NAME: | CONTACT NUMBER: |
|---|---|
| Mrs Michelle Fox | 01823 274073 |

The Designated Officer

| NAME: | CONTACT NUMBER |
|---|---|
| Anthony Goble | 0300 123 2224 |
| Public Concern at work | 020 7404 6609 |

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

Allegations will be handled according to the Staff Disciplinary and Appeals policy. Safeguarding concerns will be discussed with the Local Authority.

## 12. MENTAL HEALTH AND WELLBEING

Within the Trust, we aim to promote positive mental health and wellbeing for our whole community (students, staff, parents and carers), and recognise how important mental health and emotional wellbeing is to our lives, in just the same way as physical health. We recognise that children and young people's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All children and young people move up and down the mental health continuum during their school career. However, some face significant life events which can seriously impact their emotional wellbeing and can include mental illness.

The Department for Education (DfE) recognises that: "Schools have a role to play in supporting the mental health and wellbeing of children" (Mental Health and Behaviour in School, 2018). Schools can be a place for all students to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. Schools are also a place of respite from difficult home lives and offers, positive role models and relationships, which are critical in promoting the wellbeing of all young people.

The role of the Trust is to ensure that students are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. The Trust also has a role to ensure that students learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support.

The aim is to help develop the protective factors which build resilience to mental health difficulties and to be a Trust where:
• All students are valued
• Students have a sense of belonging and feel safe
• Students feel able to talk openly about their problems without feeling stigma or discrimination
• Positive mental health is promoted and valued
• Bullying is not tolerated

Mental health and wellbeing is not just the absence of mental health problems. We want all our students to:
• Feel confident in themselves
• Be able to express a range of emotions appropriately
• Be able to make and maintain positive relationships with others
• Cope with the stresses of everyday life
• Manage times of stress and be able to deal with change
• Learn and achieve

The Trust will ensure that:
• All schools will be proactive in identifying and supporting a child or young person with mental health difficulties, ensuring the pupil is at the centre of all decisions and take into account their feelings, wishes and views.
• Schools will work closely with the local authority, external agencies and charitable organisations to ensure appropriate care is accessed to support the student.
• All schools have procedures and professionals in place to enable them to fulfil their duties and to drive a caring and positive wellbeing centred ethos and vision.

Support for our Schools
The Trust uses a regional model of support whereby the schools are supported by an SEMH lead (Sarah Sherring), an SEND lead (Clair Owen) and Safeguarding lead (Lorraine Clark), who provide guidance and support to members of staff within the Trust.

Approach to Positive Mental Health
All schools have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some pupils will require additional help and staff will have the skills to look out for any early warning signs of mental health problems and ensure that pupils with mental health needs get early intervention and appropriate support. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.

Protective Factors and Risk Factors: (Adapted from Mental Health and Behaviour in Schools, November 2018)

| | Risk Factors | Protective Factors |
|---|---|---|
| In the Child | • Genetic influences<br>• Specific development delay<br>• Communication difficulties<br>• Physical illness<br>• Academic failure<br>• Low self-esteem<br>• SEND | • Secure attachment experience<br>• Outgoing temperament as an infant<br>• Good communication skills, sociability<br>• Being a planner and having a belief in control<br>• Humour<br>• Problem solving skills and a positive attitude<br>• Experiences of success and achievement<br>• Faith or spirituality<br>• Capacity to reflect |
| In the Family | • Overt parental conflict including domestic violence<br>• Family breakdown (including where children are taken into care or adopted)<br>• Inconsistent or unclear discipline<br>• Hostile and rejecting relationships<br>• Failure to adapt to a child's changing needs<br>• Physical, sexual, emotional abuse or neglect<br>• Parental psychiatric illness<br>• Parental criminality, alcoholism or personality disorder<br>• Death and loss – including loss of friendship | • At least one good parent-child relationship (or one supportive adult)<br>• Affection<br>• Clear, consistent discipline<br>• Support for education<br>• Supportive long-term relationship or the absence of severe discord |
| In School | • Bullying<br>• Discrimination<br>• Breakdown in or lack of positive friendships<br>• Negative peer influences<br>• Peer pressure<br>• Inconsistent implementation of the behaviour policy<br>• Poor relationships with staff | • Clear policies on behaviour and bullying<br>• 'Open door' policy for children to raise problems<br>• A whole-school approach to promoting good mental health<br>• Positive relationships between pupils and staff |

The Trust recognises that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some students will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to students with mental health needs and their families.

All schools will make reasonable adjustments for children and young people experiencing emotional distress and mental health difficulties to support recovery.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, by speaking to the designated safeguarding lead.

## 13. COVID-19

Throughout the coronavirus outbreak the Trust has continued to follow the DfE non-statutory interim guidance on safeguarding in schools, colleges and other providers and all school within the Trust have adapted to any changes or amendments made. This guidance has supported the Trust designated safeguarding leads to continue to have appropriate regard to KCSIE and keep their children safe.

Individual school risk assessments and policy addendums/ appendices relating to adaptations of policies can be found on the individual school websites under 'Policies'.

Where children are being asked to learn online at home due to the coronavirus outbreak the Trust are following the advice from the DfE to ensure this is done safely: **https://www.gov.uk/government/publications/covid-19-safeguarding-in-schools-colleges-and-other-providers/coronavirus-covid-19-safeguarding-in-schools-colleges-and-other-providers**

## 14. OFF-SITE PROVISION

*When placing students with other Education Providers, The Castle Partnership Trust is responsible for checking that the provider has complied with required recruitment procedures and that individuals working with students are DBS checked. Within the provider contract, the manager of the provision should provide assurances, and sign the agreement that this requirement has been adhered to.*

Schools within the Trust will ensure that they communicate regularly with any off-site provision, maintaining a link with regard to safeguarding of the child as well as reviewing their progress and impact of the provision.

Extended work experience placements provided for students will only be in work places on the Somerset Approved List. Students are briefed on safeguarding themselves in advance of the placement. Suitability of the placement for the student and those involved is paramount.

## APPENDIX 1 - INDICATORS OF HARM

***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
- Petechae 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 injury even in young children.

**Fabricated or Induced Illness (FII)**

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.

**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 water that is too hot of his or her own accord will struggle to get out but and there will be splash marks

**Scars**

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

**Emotional/behavioural presentation**

Refusal to discuss injuries
Admission of punishment which appears excessive
Fear of parents being contacted and fear of returning home
Withdrawal from physical contact
Arms and legs kept covered in hot weather
Fear of medical help
Aggression towards others
Frequently absent from school
An explanation which is inconsistent with an injury
Several different explanations provided for an injury

**Indicators in the parent**

May have injuries themselves that suggest domestic violence
Not seeking medical help/unexplained delay in seeking treatment
Reluctant to give information or mention previous injuries
Absent without good reason when their child is presented for treatment
Disinterested or undisturbed by accident or injury
Aggressive towards child or others

Unauthorised attempts to administer medication
Tries to draw the child into their own illness.
Past history of childhood abuse, self injury, 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.

***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 injury, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

***NEGLECT***
***Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.***

***Once a child is born, neglect may involve a parent or carer failing to:***

- ***provide adequate food, clothing and shelter (including exclusion from home or abandonment);***
- ***protect a child from physical and emotional harm or danger;***
- ***ensure adequate supervision (including the use of inadequate care-givers); or***
- ***ensure access to appropriate medical care or treatment.***

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

**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 injuring 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, and 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 injury, 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

***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 injury, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Family member is a sex offender.

APPENDIX 2

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example NSPCC offers information for schools and colleges on the TES website and also on its own website www.nspcc.org.uk Schools and colleges can also access broad government guidance on the issues listed below via the GOV.UK website. A brief description of each follows.

**Child missing from education**

Any processes should reflect government and locally agreed inter-agency procedures. (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/550416/Children_Missing_Education_-_statutory_guidance.pdf/ **https://www.proceduresonline.com/swcpp/somerset/files/ch_miss_ed_pol.pdf**)

A child going missing from education is a potential indicator of abuse or neglect. The school's procedures for dealing with children that go missing from education, particularly on repeat occasions, help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in future. Schools should put in place appropriate safeguarding policies, procedures and responses for children who go missing from education, particularly on repeat occasions in line with government and local guidelines. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, FGM and forced marriage.

**Child missing from home or care**

Since April 2013 police forces have been rolling out new definitions of 'missing' and 'absent' in relation to children and adults reported as missing to the police. These are:

- *missing*: anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime or at risk of harm to themselves or another; and
- *absent*: a person not at a place where they are expected or required to be.

**Child sexual exploitation (CSE)**

'Child sexual exploitation is a form of child abuse. It occurs where anyone under the age of 18 is persuaded, coerced or forced into sexual activity in exchange for, amongst other things, money, drugs/alcohol, gifts, affection or status. Consent is irrelevant, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and may occur online.' **Statutory definition of child sexual exploitation Feb 17**

A type of sexual abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Some children and young people are trafficked into or

within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

**Child criminal exploitation (CCE)**

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology. CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country (county lines – see further down), forced to shoplift or pickpocket, or to threaten other young people.

**Bullying including cyberbullying**

Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally. Bullying that happens online, using social networks and mobile phones, is often called cyberbullying. A child can feel like there's no escape because it can happen wherever they are, at any time of day or night.

**Domestic violence and abuse**

Domestic violence and abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes any emotional, physical, sexual, financial or psychological abuse. It can happen in any relationship, and even after the relationship has ended. Both men and women can be abused or abusers. All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships. Domestic abuse can seriously harm children and young people. Refuge runs the National Domestic Abuse Helpline, which can be called free of charge and in confidence, 24 hours a day on 0808 2000 247. Its website provides guidance and support for potential victims, as well as those who are worried about friends and loved ones. It also has a form through which a safe time from the team for a call can be booked.

**Drugs**

Children may be at risk of being drawn into a drug culture; there are issues of safeguarding for children whose parents may have an addiction; drugs also refer to alcohol and legal highs.

**Fabricated or induced illness**

The fabrication or induction of illness in children is a relatively rare form of child abuse. The fabrication or induction of illness in children by a carer has been referred to by a number of different terms, most commonly Munchausen Syndrome by Proxy. The following list is of behaviours exhibited by carers which can be associated with fabricating or inducing illness in a child. This list is not exhaustive and should be interpreted with an awareness of cultural behaviours and practices which can be mistakenly construed as abnormal behaviours:

- Deliberately inducing symptoms in children by administering medication or other substances, by means of intentional transient airways obstruction or by interfering with the child's body so as to cause physical signs.

- Interfering with treatments by over dosing with medication, not administering them or interfering with medical equipment such as infusion lines;

- Claiming the child has symptoms which are unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits. These claims result in unnecessary investigations and treatments which may cause secondary physical problems;
- Exaggerating symptoms which are unverifiable unless observed directly, causing professionals to undertake investigations and treatments which may be invasive, are unnecessary and therefore are harmful and possibly dangerous;
- • obtaining specialist treatments or equipment for children who do not require them;

- alleging psychological illness in a child.

**Faith abuse**

This includes: belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or multi-murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation. This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune, such as telephoning a wrong number which is believed by some to allow malevolent spirits to enter the home.

**Honour based abuse (HBA)**

So-called 'honour-based' abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the

motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA.

**Female Genital Mutilation (FGM)**

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or sunna. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse and is often referred to as so-called 'honour-based' abuse. It is dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health. From October 2015 it is a mandatory duty to report any cases where it appears FGM has been carried out on a child. Failure to report is a disciplinary offence.

**Please go to the Mandatory Reporting of Female Genital Mutilation – procedural information for further guidance:**

**https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf**

**Breast binding/ironing**

The act of flattening breasts using constrictive materials, often used by transgender males; these can have significant health risks if the binding is cloth strip or tape.

**Forced marriage**

Another example of so called 'honour based' abuse. The Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry This includes:

- Taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)

**Gangs and youth violence**

Schools should be aware of the prevalence of gangs both within school and in the community; programmes aimed at dealing with violent behaviour should be in place and there should be clear codes of conduct in school; there are significant mental health risks for those caught up in gangs

**Gender-based violence/violence against women and girls (VAWG)**

Any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or

arbitrary deprivation of liberty, whether occurring in public or in private life (Unesco 1999 p.53)

**Mental health**

This may refer to supporting children and ensuring their safety if parents have mental health issues or if they have mental health issues

**Private fostering**

A private fostering arrangement is essentially one that is made privately (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more. Private foster carers may be from the extended family, such as a cousin or great aunt. However, a person who is a relative under the Children Act 1989 i.e. a grandparent, brother, sister, uncle or aunt (whether of the full or half blood or by marriage) or step-parent will not be a private foster carer. A private foster carer may be a friend of the family, the parent of a friend of the child, or someone previously unknown to the child's family who is willing to privately foster a child. The period for which the child is cared for and accommodated by the private foster carer should be continuous, but that continuity is not broken by the occasional short break.

**Radicalisation, Extremism and Terrorism**

Radicalisation - This refers to the process by which a person comes to support terrorism and forms of extremism associated with terrorist groups.

Extremism - Is the vocal or active opposition to our fundamental British values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

Terrorism - Is an action that endangers or causes serious violence to a person/ people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection.

School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

Schools must ensure that children are safe from terrorist and extremist material when accessing the internet in schools. Keeping Children Safe in Education (DfE 2020) requires schools to "ensure appropriate filters and appropriate monitoring systems are in place." There is additional guidance how to teach pupils to be safe online on the DfE guidance. We ensure that suitable age appropriate and differentiated filtering is in place. We also teach pupils about online safety more generally.

We recognise that no filter can be guaranteed to be 100% effective. The headteacher of each school will check that the school is satisfied that the appropriate monitoring and filtering system is in place to manage threats.

**Trafficking**

Human trafficking is the movement, abuse and exploitation of women, men and children for gain. It involves the movement of individuals across international borders as well as within internal borders, by force, coercion or deception (except in the case of children) with a view to exploiting them.

Unaccompanied asylum seeking children and child victims of human trafficking are some of the most vulnerable children in the country. Unaccompanied children are alone, in an unfamiliar country and are likely to be surrounded by people unable to speak their first language. Trafficked children can be at risk of returning to their traffickers and of further exploitation for sex, forced labour, domestic servitude or criminal activities. Both groups may have experienced emotional trauma in their country of birth, in their journey to the UK or through their treatment by adults in the UK. They are likely to be uncertain or unaware of who to trust and of their rights. They may be unaware of their right to have a childhood.

**Hate Crimes**

Crimes committed against someone because of their disability, gender-identity, race, religion or belief, or sexual orientation are hate crimes and should be reported to the police.
Hate crimes can include: threatening behaviour/assault/robbery/damage to property/inciting others to commit hate crimes/harassment.

To report hate crimes online go to: **http://report-it.org.uk/your_police_force**

**Peer on Peer Abuse**

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to) bullying (including cyberbullying); sexual violence and harassment; physical abuse such as hitting, kicking,

shaking, biting, hair pulling or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

When considering whether behaviour is abusive, it is important to consider whether there is a large difference in power (eg age, size, development) between the young people concerned or whether the perpetrator has repeatedly tried to harm one or more other children, or where there are concerns about the intention of the alleged perpetrator.

Peer on peer abuse can manifest itself in many ways and different gender issues can be prevalent. Staff are aware that it is more likely that girls will be victims and boys perpetrators but understand that all peer on peer abuse is unacceptable and will be taken seriously.

Severe harm may be caused to children by abusive and bullying behaviour of other children which may be physical, sexual or emotional and can include gender based violence/sexual assaults, sexting, teenage relationship abuse, peer on peer exploitation, serious youth violence, sexual bullying or harmful sexual behaviour.

Somerset County Council recommends that education settings use The Sexual Behaviours Traffic Light Tool by the Brook Advisory Services to help professionals, assess and respond appropriately to sexualised behaviour. The traffic light took can be found at www.brook.org.uk/our-work/the-sexual-behaviors -traffic-light-tool.

In order to minimise the risk of peer on peer abuse, we will:

- Provide a developmentally appropriate PSHE curriculum which develops students' understanding of acceptable behaviour and keeping themselves safe.
- Have systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued.
- Develop robust risk assessments where appropriate.

Any allegations of peer on peer abuse will be recorded, investigated and dealt with in line with our Behaviour and Safeguarding policies.

We will ensure individualised support will be put in place to support any child affected by peer on peer abuse.

Regular staff updates on safeguarding will also include peer on peer abuse and the different forms it may take.

**Sexting**

Sexting is the exchange of sexual messages or images and creating, sharing and forwarding sexually suggestive nude or nearly nude images through mobile phones and the internet. Sending nude images of any person under the age of 18 counts is illegal. Schools in the Trust will follow the UK Council for Child Internet Safety Guidance (UKCCIS)

in the event of a sexting incident:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/759007/6_2939_SP_NCA_Sexting_In_Schools_FINAL_Update_Jan17.pdf

**Upskirting**

The Voyeurism (Offences) Act, which is commonly known as the Upskirting Act, came into force on 12 April 2019. 'Upskirting' is where someone takes a picture under a persons clothing (not necessarily a skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any gender, can be a victim.

**Teenage relationship abuse**

Abuse in teenage relationships does happen. Research shows that experience of rape and sexual assault among teenagers is widespread, both between 'partners' and within peer groups. Too often sexual violence prevention with young people is either de gendered or directed at changing the behaviours of girls and young women. The way young people understand sexual consent is heavily influenced by both gender stereotypes and compulsory heterosexuality. This means girls and boys experience pressure in different ways, with young men often using sex with young women as a way to prove themselves as men to other men.

**Sexual Violence and Sexual Harassment between Children**
(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/707653/Sexual_Harassment_and_Sexual_Violence_Advice.pdf)

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

2. Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physically and verbally) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support.

3. Reports of sexual violence and sexual harassment are extremely complex to manage. It is essential that victims are protected, offered appropriate support and every effort is made to ensure their education is not disrupted. It is also important that other children, adult students and school and college staff are supported and protected as appropriate

**County Lines**

County Lines is a serious issue where criminal gangs set up a drug dealing operation in a place outside their usual operating area. Gangs will move their drug dealing from cities to

smaller towns in order to make more money. This can have a big effect on the community who live there and bring with it serious criminal behaviour. There are county lines operating in the Avon and Somerset area

**Crimes Associated with County Lines**

**Drugs**: County lines commonly involves the illegal distribution and dealing of seriously dangerous drugs from one city/town to another. The most common drugs involved are heroin and cocaine (crack and powder), MDMA, cannabis, amphetamines and spice.

**Violence**: Gangs sometimes use violence to threaten children and young people when recruiting them. Gangs also violently assault children and young people working for them if they find their drugs or money to be missing. Weapons such as firearms, knives, bats, acid are sometimes used to make violent threats.

**Exploitation Gangs**: recruit and use children and young people to move drugs and money for them. Children as young as 12 years old and up to 17 years old are recruited, often using social media. They are exploited and forced to carry drugs between locations, usually on trains or coaches. They are also forced to sell drugs to local users.

**Sexual Exploitation**: Young girls are often groomed and forced into relationships with gang members and are made to perform sexual acts.

Signs to look out for….

Here are some signs to look out for that can suggest that someone you know might be involved in county lines activity.

- Are they always going missing from school or their home?
- Are they travelling alone to places far away from home?
- Do they suddenly have lots of money/lots of new clothes/new mobile phones?
- Are they receiving much more calls or texts than usual?
- Are they carrying or selling drugs?
- Are they carrying weapons or know people that have access to weapons?
- Are they in a relationship with or hanging out with someone/people that are older and controlling?
- Seen in unknown cars
- Do they have unexplained injuries?
- Do they seem very reserved or seem like they have something to hide?
- Do they seem scared?
- Are they self-harming?

Useful organisations: If you or anyone you know is affected by the issues mention on this page, here are some useful links you can explore for more information and support. When reporting concerns follow The SSCP Effective Support for Families and Children document and local crime reporting procedures:

- Childline
- Catch-22
- Gangsline

Here are some words/terms that are commonly used when describing county lines activity.

**Cuckooing:** This is when drug dealers take over the home of a vulnerable individual and use it as their base for selling/manufacturing drugs. Commonly, drug users are targeted and are offered "free" drugs in exchange.

**Going County:** This is the most popular term that describes county lines activity. It can also mean the act of travelling to another city/town to deliver drugs or money.it can also be referred to as OT

**Trapping:** The act of selling drugs. Trapping can refer to the act of moving drugs from one town to another or the act of selling drugs in one.

**Trap House:** A building used as a base from where drugs are sold (or sometimes manufactured). These houses usually are occupied by someone (usually adult drug users but sometimes young people are forced to stay in trap houses) location.

**Trap Line:** This refers to when someone owns a mobile phone specifically for the purpose of running and selling of drug.

**APPENDIX 3**
**WHAT THE PREVENT DUTY MEANS FOR THE CASTLE SCHOOL PARTNERSHIP**

'In addition to your safeguarding responsibilities, your school should also help pupils build resilience against extremism and radicalisation by fostering a strong ethos and values-based education, as well as by providing a safe space for them to debate controversial issues and develop the critical thinking skills and knowledge they need to be able to challenge extremist arguments.'

- Staff must be able to identify children who may be vulnerable to radicalisation as part of their normal safeguarding duties
- Such concerns must be reported to the DSL or direct to the Channel Programme, 020 734 07264, Children's Social Care 0300 123 2224 or to the police through 101. Concerns can also be raised by email to **counter.extremism@education.gsi.gov.uk**
- Where a child is at immediate risk dial 999
- Staff within The Trust will promote British Values. Any extremist view will be challenged – healthy debate is encouraged in lessons and social time. Assemblies will also contribute to promoting British Values.

Risk assessment

- Staff must understand the risks affecting children in our local area, particularly in terms of internet use
- There is no single way of identifying susceptible individuals but staff and students should be alert to changes in behaviour which could indicate a need for help and protection
- Children at risk of radicalisation may seek to hide their views
- Staff should understand when a referral to the Channel Programme is appropriate

Working in Partnership

- The Partnership will work in collaboration with the LSCB
- We will build and maintain strong relationships with families

Staff Training

- DSL to undertake Prevent Awareness Training
- All staff will be trained in basic safeguarding, which includes awareness of Prevent

IT Policies

- The Partnership will ensure appropriate filtering systems are in place
- Teaching about internet safety will include radicalisation

**Far-right graffiti and stickers**

Following a rise in Islamist terrorist attacks in Europe we have seen a rise in Extreme Right Wing ideology. There are numerous groups and their views vary but may be anti-Muslim, anti-Semitic, neo-Nazi, ultra-nationalist, or white supremacist. Often they will

label Jews as ‘capitalist’ or dishonest; Muslims as paedophiles or terrorists or accuse refugees of stealing jobs, houses etc.

How do they operate? - Online – using social media, chat forums and populist messages (eg. gangs of Asian men targeting white girls for sex in Rotherham or Daesh/ISIS terror attacks as a reason to hate or target Muslims) and to recruit like minded members.

Marking territory – posting stickers on bus stops, lamp-posts etc or using graffiti to spread their messages and show that they should be taken seriously.

Far Right groups and their symbols - National Action, NS131 and Scottish Dawn are all proscribed terrorist groups. Membership, funding or support for these groups is a criminal offence. If you see anything linked to these groups please call the police on 101.

**How should I respond?**

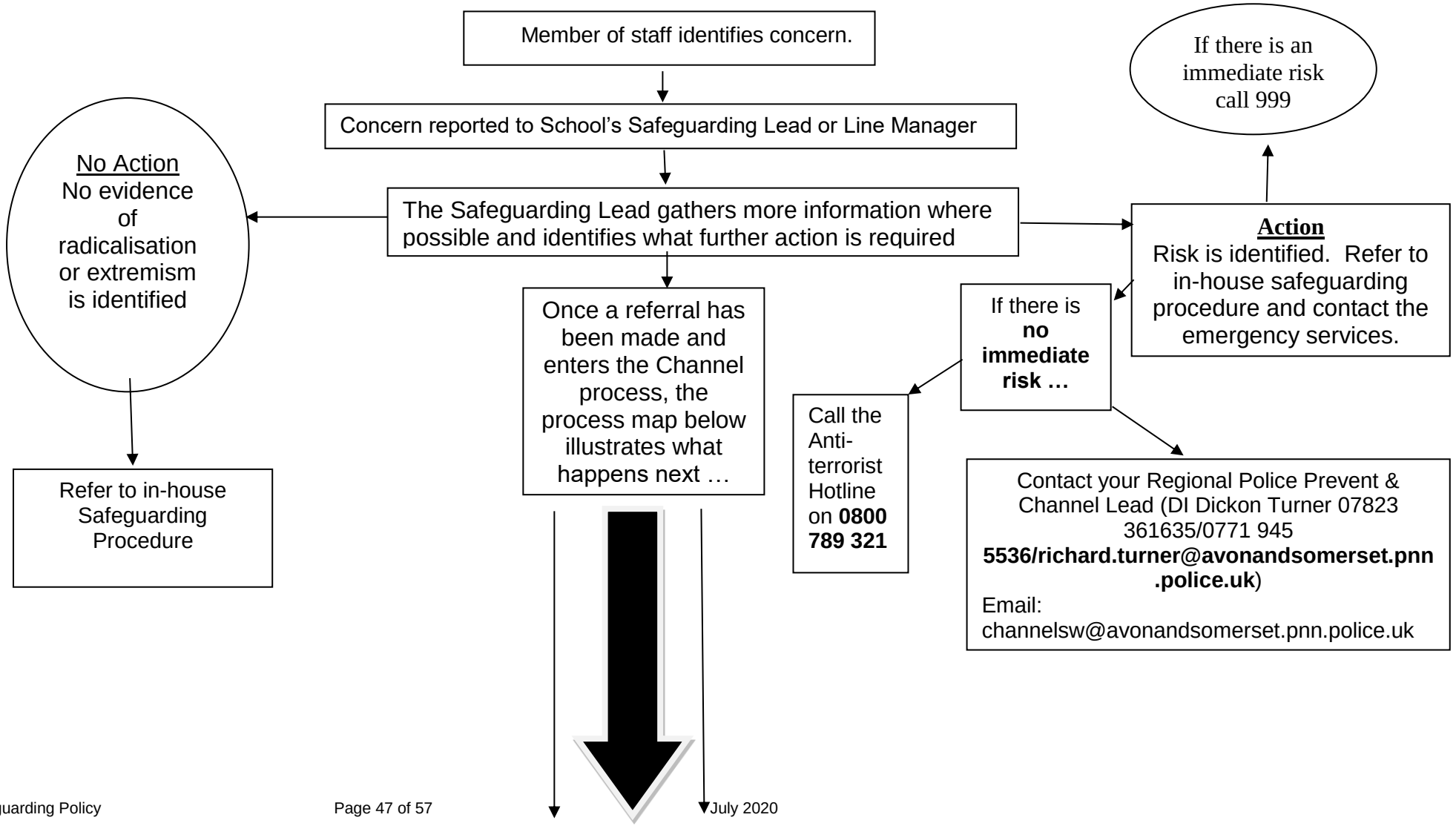
If the stickers or graffiti relate to **National Action, NS131 or Scottish Dawn** (or if you think they might) a terrorism related crime may have been committed:

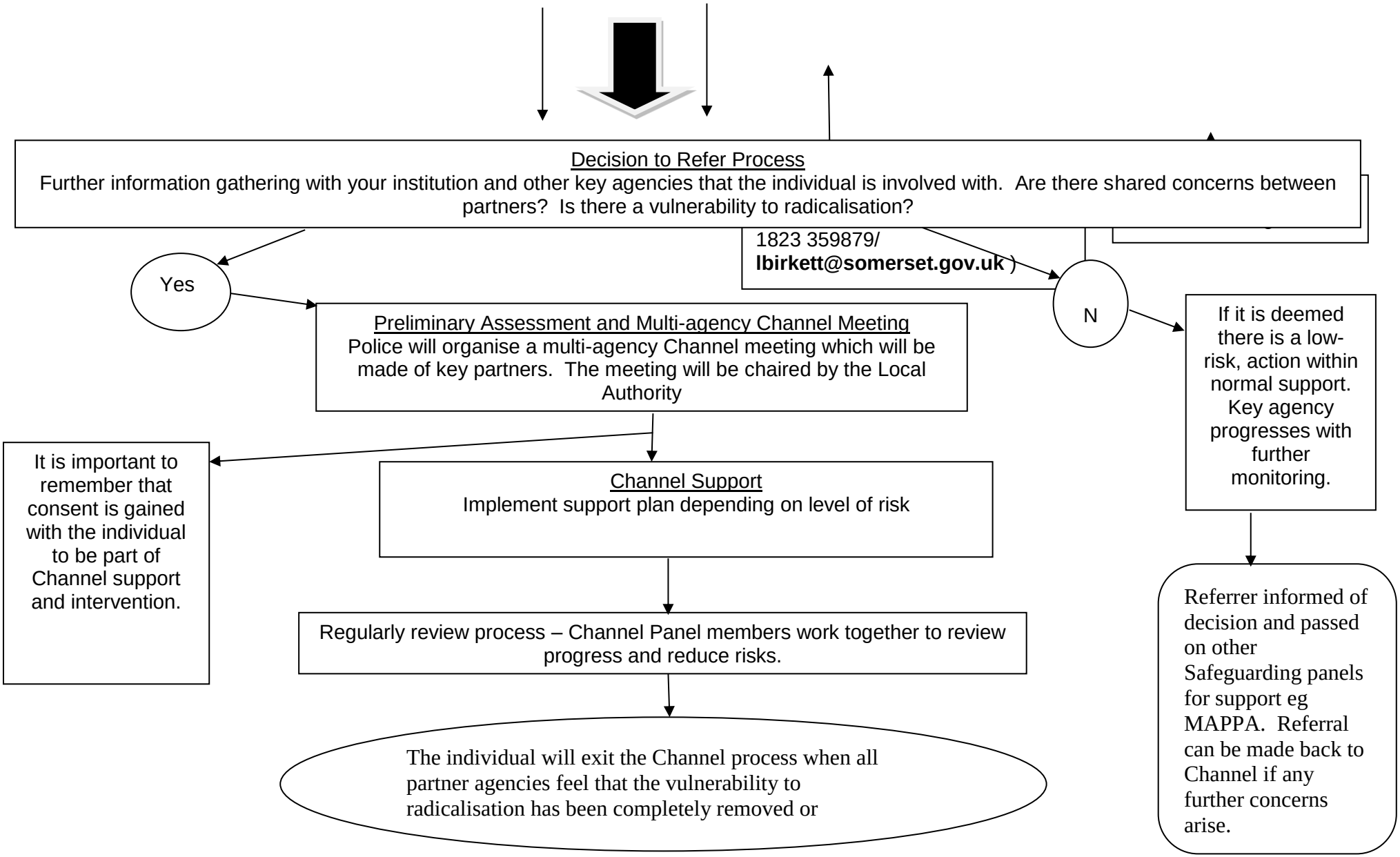
- Please call the police on 101. (they will want to know exactly where it is, and if you know when it was put there, a description or name of any suspects, are there any witnesses, if there is any equipment used to produce the picture/writing or poster nearby)
- Don’t remove the display until police have agreed.
- Photograph it in situ
- If you are aware of CCTV covering the area please preserve it
- If there are paste brushes, buckets, glue, spray cans, stencils, pens etc nearby please preserve these)

If they relate to **another far-right group** please contact police on 101 as a hate crime may still need investigating or useful intelligence gathered about support for extremist groups and community tension. Please also consider the list above.

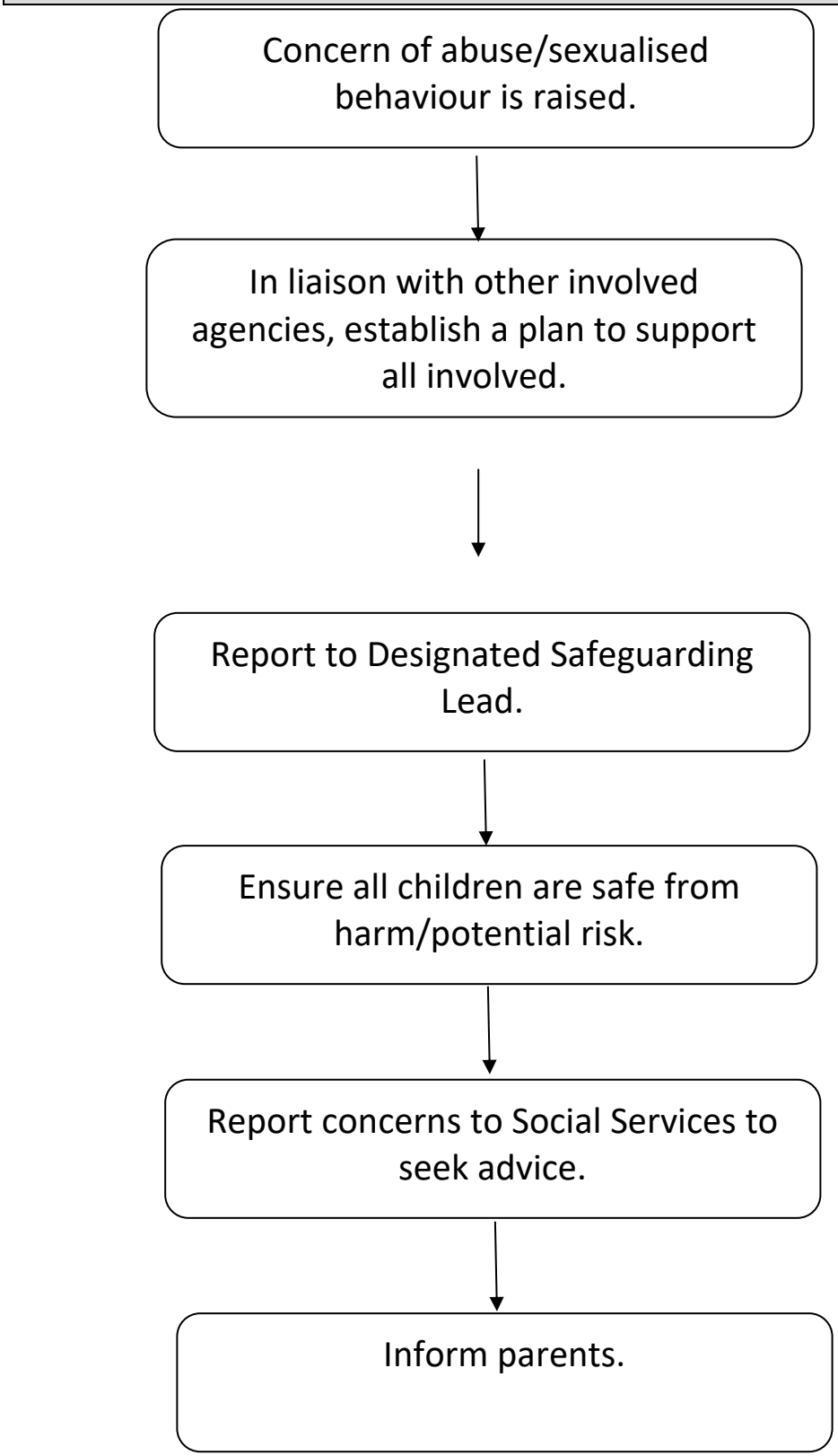
Process map for school staff reporting a concern of a vulnerable individual

It is important for you as a member of staff to know where to go if you have a concern that someone may be on the route to radicalisation. Below is a flow chart which aims to show the process as to which you can follow:




Decision to Refer Process
Further information gathering with your institution and other key agencies that the individual is involved with. Are there shared concerns between partners? Is there a vulnerability to radicalisation?
1823 359879/
lbirkett@somerset.gov.uk )
Yes
N
Preliminary Assessment and Multi-agency Channel Meeting
Police will organise a multi-agency Channel meeting which will be made of key partners. The meeting will be chaired by the Local Authority
If it is deemed there is a low-risk, action within normal support. Key agency progresses with further monitoring.
It is important to remember that consent is gained with the individual to be part of Channel support and intervention.
Channel Support
Implement support plan depending on level of risk
Regularly review process – Channel Panel members work together to review progress and reduce risks.
The individual will exit the Channel process when all partner agencies feel that the vulnerability to radicalisation has been completely removed or
Referrer informed of decision and passed on other Safeguarding panels for support eg MAPPA. Referral can be made back to Channel if any further concerns arise.

**APPENDIX 4**
**WHAT TO DO IF THERE IS A SAFEGUARDING CONCERN WITH A STUDENT AS THE PERPETRATOR**



**APPENDIX 5 -** Resolving Professional Differences Protocol (previously known as Escalation Process)

When working with professionals from other agencies there will at times be differences of opinion with regards to how to respond to an identified concern about a child, young person or family. Disagreements can be a sign of developing thinking, and the value of exchanging ideas from different perspectives should not be under-estimated and is one of many benefits of partnership working.

Transparency, openness and a willingness to understand and respect individual and agency views are core aspects of a safe multi-agency / inter-agency working. Good preparation, open lines of communication and planning by professionals who take responsibility for decision-making will ensure differences of view are kept to a minimum. However, disagreements may disadvantage the child or family involved if they are not resolved constructively and in a timely manner.

Safeguarding and promoting the welfare of children is a responsibility shared by all agencies. If you feel that a professional or an agency is not acting in the best interests of the child, young person or family, you have a responsibility to respectfully challenge the professional or agency.

To ensure a child, young person or family receives the right level of support will involve negotiation concerning the appropriate response to concerns and which agency is best placed to achieve positive outcomes for the child. Local and national evidence shows that effective intervention occurs where agencies co-ordinate their response.

In the majority of cases these issues are resolved by discussion and negotiation between the professionals concerned. It is the responsibility of all agencies to ensure that they have robust arrangements to resolve their own internal disagreements.

This protocol provides a process for resolving such professional differences. The protocol should not be used when there is a complaint about a specific professional. In such situations the relevant organisation's complaints procedure will apply. Any complaint should be made in writing to the professional's line manager and copied to the person with lead responsibility for child protection in their organisation.

(Note: Resolution is the effective use of line management structures and courageous conversations in order that escalation is effective.)

**Differences are most likely to arise in relation to:**

- Criteria for referrals
- Application of the 'Effective Support for Children and Families in Somerset – Thresholds for Assessment and Services' guidance.
- Quality and outcomes of assessments (at all levels)
- Roles and responsibilities of workers
- Service provision
- Timeliness of interventions
- Information sharing and communication
- Decisions about the need for child protection conferences
- Decisions made at child protection conferences

At no time must professional differences detract from ensuring that the child is safeguarded. The child's welfare and safety must remain paramount throughout and professional differences should not impede the progress of case working. This protocol is applicable to all Somerset Safeguarding Children Partnership (SSCP) agencies, including the voluntary, community and faith sectors.

| Step | Action |
|---|---|
| One | **Preventing Dispute (within 24 hours)**<br>• Agency A (Challenger) contacts Agency B (Challenged)<br>• Internal business as usual resolution |
| Two | **Informal Dispute Procedure (within 72 hours)**<br>• Issue not resolved<br>• Agency A (Challenger's Line Manager/or agreed other role) contacts Agency B's Line Manager for discussion and negotiation<br>• Agree a timescale for a response from the Challenger's Line Manager/ or agreed other role |
| Three | **Formal Dispute Procedure (5 working days from receipt)**<br>• Issue not resolved<br>• Agency A (Challenger) completes 'Resolving Professional Differences' form and sends to Agency B (Challenged)<br>• Copying in SSCB (**SSCB@somerset.gcsx.gov.uk**) and relevant agency listed on form.<br>• The form should contain full details of all discussions and actions undertaken and the outcome of the process once differences have been resolved.<br>• See Appendix One for 'Resolving Professional Differences' form |
| Four | **Where Dispute Remains**<br>• Issue not resolved<br>• Agency B (Challenged) completes and responds to form received.<br>• The form should contain full details of all discussions and actions undertaken and the outcome of the process once differences have been resolved.<br>• Copying in SSCB (**SSCB@somerset.gcsx.gov.uk**) and relevant agency listed on form.<br>• SSCB Audit Officer reviews outcomes and learning and includes in report to SSCB Quality and Performance Sub Group |
| Five | **Dispute Cannot Be Resolved**<br>• Issue not resolved<br>• Refer to the Chief Executive or agency senior lead to seek a resolution with their counterpart. |
| **If still not resolved, referral to the SSCP Independent Chair (last resort)** | |

**APPENDIX 6 –** Code of Conduct for Staff and Code of Ethical Practice for Governors/Directors

**Staff Code of Conduct**

**Contents**

1. Aims, scope and principles ..... 2
2. Legislation and guidance ..... 2
3. General obligations ..... 2
4. Safeguarding ..... 3
5. Staff/pupil relationships ..... 3
6. Physical contact ..... 4
7. Transporting pupils ..... 4
8. Communication and social media ..... 4
9. Acceptable use of technology ..... 5
10. Confidentiality ..... 5
11. Honesty and integrity ..... 5
12. Dress code ..... 5
13. Conduct outside of work ..... 5
14. Monitoring arrangements ..... 5
15. Links with other policies ..... 5

**…….**

**1. Aims, scope and principles**

This policy aims to set and maintain standards of conduct that we expect all staff to follow.
By creating this policy, we aim to ensure our school is an environment where everyone is safe, happy and treated with respect.
School staff have an influential position in the school, and will act as role models for pupils by consistently demonstrating high standards of behaviour.
We expect that all teachers will act in accordance with the personal and professional behaviours set out in the Teachers' Standards.
We expect all support staff, governors and volunteers to also act with personal and professional integrity, respecting the safety and wellbeing of others.
Failure to follow the code of conduct may result in disciplinary action being taken, as set out in our staff disciplinary procedures.
Please note that this code of conduct is not exhaustive. If situations arise that are not covered by this code, staff will use their professional judgement and act in the best interests of the school and its pupils.

## 2. Legislation and guidance

In line with the statutory safeguarding guidance '**Keeping Children Safe in Education**', we should have a staff code of conduct, which should cover acceptable use of technologies, staff/pupil relationships and communications, including the use of social media.
This policy also complies with our funding agreement and articles of association.

## 3. General obligations

Staff set an example to pupils. They will:

- Maintain high standards in their attendance and punctuality
- Be punctual to duties and ensure the safety and wellbeing of students
- Never use inappropriate or offensive language in school
- Treat pupils and others with dignity and respect
- Show tolerance and respect for the rights of others
- Not undermine fundamental British values, including democracy, the rule of law, individual liberty and mutual respect, and tolerance of those with different faiths and beliefs
- Express personal beliefs in a way that will not overly influence pupils, and will not exploit pupils' vulnerability or might lead them to break the law
- Refrain from any action that would bring the Trust into disrepute
- Value themselves and seek appropriate support for any issue that may have an adverse effect on their professional practice
- Understand the statutory frameworks they must act within

## 4. Safeguarding

Staff have a duty to safeguard pupils from harm and to report any concerns they have. This includes physical, emotional and sexual abuse, or neglect, or other contextual safeguarding concerns.
Staff will familiarise themselves with our safeguarding policy and procedures and the Prevent initiative, and ensure they are aware of the processes to follow if they have concerns about a child.
Our safeguarding policy and procedures are available on the school website, in the staff room and from the school office. New staff will also be given copies on induction.

## 5. Staff/pupil relationships

Staff will observe proper boundaries with pupils that are appropriate to their professional position. They will act in a fair and transparent way that would not lead anyone to reasonably assume they are not doing so.
As a result of their knowledge, position and/or the authority invested in their role, all those working with children in a school or education setting are in a position of trust in relation to all pupils on the roll. The relationship between a person working with a child/ren is one in which the adult has a position of power or influence. It is vital for adults to understand this power; that the relationship cannot be one between equals and the responsibility they must exercise as a consequence.
The potential for exploitation and harm of vulnerable pupils means that adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification. This means that staff should not:
▪ use their position to gain access to information for their own advantage and/or a pupil's or family's detriment

▪ use their power to intimidate, threaten, coerce or undermine pupils
▪ use their status and standing to form or promote relationships with pupils which are of a sexual nature, or which may become so.
Staff should always maintain appropriate professional boundaries, avoid behaviour which could be misinterpreted by others and report and record any such incident. If a staff member is concerned at any point that an interaction between themselves and a pupil may be misinterpreted, this should be reported to the Headteacher.
Where a person aged 18 or over is in a position of trust with a child under 18, it is an offence for that person to engage in sexual activity with or in the presence of that child, or to cause or incite that child to engage in or watch sexual activity.
If staff members and pupils must spend time on a one-to-one basis, staff will ensure that:

- This takes place in a public place that others can access
- Others can see in to the room
- A colleague or line manager knows this is taking place

Staff should avoid contact with pupils outside of school hours if possible.
Personal contact details should not be exchanged between staff and pupils. This includes social media profiles.
While we are aware many pupils and their parents may wish to give gifts to staff, for example, at the end of the school year, gifts from staff to pupils are not acceptable.
If a staff member is concerned at any point that an interaction between themselves and a pupil may be misinterpreted, this should be reported to the Headteacher.

**6. Physical contact**

As detailed within the Restrictive Physical Intervention Policy, staff should avoid any physical contact with children, unless failure to do so would result in:

- The student being harmed
- Other students being harmed
- Staff members being harmed.

Staff should always be prepared to explain any actions where there has been physical contact, and accept that all physical contact be open to scrutiny.

**7. Transporting pupils**

In certain situations, staff or volunteers may be required or offer to transport pupils as part of their work. As for any other activity undertaken at work, the employer has a duty to carry out a risk assessment covering the health and safety of their staff and to manage any known risks.
Staff should ensure that their behaviour is safe and that the transport arrangements and the vehicle meet all legal requirements. They should ensure that the vehicle is roadworthy and appropriately insured and that the maximum carrying capacity is not exceeded.
Staff should not offer lifts to pupils unless the need for this has been agreed by a senior member of staff.
Staff should never offer to transport pupils outside of their normal working duties, other than in an emergency or where not doing so would mean the child may be at risk.

**8. Communication and social media**

School staff's social media profiles should not be available to pupils. If they have a personal profile on social media sites, they should not use their full name, as pupils may be able to find them. Staff should consider using a first and middle name instead, and set public profiles to private.
Staff should not attempt to contact pupils or their parents via social media, or any other means outside school, in order to develop any sort of relationship. They will not make any efforts to find pupils' or parents' social media profiles.
Staff will ensure that they do not post any images online that identify children who are pupils at the school without their consent.
Staff should only communicate with students, parents & carers using official school email addresses and not private email addresses. Staff should communicate using school phone numbers and devices.
Where staff have links with families out of school through friendships or other relationships and are linked on social media, staff should act in a professional manner and ensure that any communication does not have an adverse impact on their professional practice.
When working online with students or remotely, staff must ensure that all guidance is followed and adhered to.
Staff should be aware of the school's online safety policy.

**9. Acceptable use of technology**

Staff will not use technology in school to view material that is illegal, inappropriate or likely to be deemed offensive. This includes, but is not limited to, sending obscene emails, gambling and viewing pornography or other inappropriate content.
Staff will not use personal mobile phones and laptops, or school equipment for personal use, in school hours or in front of pupils. They will also not use personal mobile phones or cameras to take pictures of pupils.
We have the right to monitor emails and internet use on the school IT system.

**10. Confidentiality**

In the course of their role, members of staff are often privy to sensitive and confidential information about the school, staff, pupils and their parents.
This information will never be:

- Disclosed to anyone without the relevant authority
- Used to humiliate, embarrass or blackmail others
- Used for a purpose other than what it was collected and intended for

This does not overrule staff's duty to report child protection concerns to the appropriate channel where staff believe a child is at risk of harm.

**11. Honesty and integrity**

Staff should maintain high standards of honesty and integrity in their role. This includes when dealing with pupils, handling money, claiming expenses and using school property and facilities.
Staff will not accept bribes. Gifts that are worth more than £25 must be declared and recorded on the gifts and hospitality register.
Staff will ensure that all information given to the school about their qualifications and professional experience is correct.

## 12. Dress code

Staff will dress in a professional, appropriate manner.
Outfits will not be overly revealing, and we ask that tattoos are covered up.
Clothes will not display any offensive or political slogans.
Staff should be aware of the school's dress code policy.

## 13. Conduct outside of work

Staff will not act in a way that would bring the school, or the teaching profession into disrepute. This covers relevant criminal offences, such as violence or sexual misconduct, as well as negative comments about the school on social media.

## 14. Monitoring arrangements

This policy will be reviewed every two years, but can be revised as needed. It will be ratified by the full Trust Directors Board.

## 15. Links with other policies

This policy links with our policies on:

- Staff disciplinary procedures, which will be used if staff breach this code of conduct. It also sets out examples of what we will deem as misconduct and gross misconduct
- Grievance procedures
- Safeguarding
- Restrictive Physical Intervention
- Staff Dress Code
- Gifts and hospitality
- Online safety

CODE OF ETHICAL PRACTICE FOR GOVERNORS/DIRECTORS

All Directors/Governors are expected to set and maintain the highest standards, to work as part of a team and to be an excellent role model for our students.
All Directors/Governors should:

- Place the safety and welfare of students above all other considerations
    - adhere to the principles and procedures contained in the policies in our safeguarding portfolio
    - avoid any physical contact with students unless failure to do so would result in:
        - the student being harmed
        - other students being harmed
        - you being harmed
    - avoid giving lifts to students on own unless failure to do would result in further health and safety risk
    - recognise the power imbalances between students and Directors/Governors and ensure that power and authority are never misused
    - understand that Directors/Governors are in a position of trust and that sexual relationships with a student, even over the age of 16, may be an offence and could lead to prosecution
    - be alert to, and report appropriately, any behaviour that may indicate that a student is at risk of harm
    - never condone inappropriate behaviour by students, staff or Directors/Governors
    - use Trust mobile numbers and Trust e-mail address as appropriate and never share personal contact details with students
    - not take photographs, video or record students without prior permission of the Designated Safeguarding Lead

- Treat all members of the school communities, including students, parents, staff and colleagues with consideration and respect

- Seek to be a positive role-model and act in a professional way
    - encourage all students to reach their full potential
    - take responsibility for their own continuing professional development
    - refrain from any action that would bring the Trust into disrepute
    - value themselves and seek appropriate support for any issue that may have an adverse effect on their professional practice.

Director/Governor's name _____
Signature _____
Date _____