



Safeguarding & Child Protection

Policy & Procedures

September 2019

Please also refer to:

Changes to Safeguarding & Child Protection

Policy & Procedures due to COVID-19 pandemic document

April 2020

Cotswold Chine School

Safeguarding & Child Protection Policy and Procedures

Circulation: This policy and procedure is addressed to all Trustees, teaching and non-teaching staff, and a copy will be made available to children, parents, placing authorities and Ofsted on request. It is also published on the School's website.

Policy Statement

1. The safeguarding of children is our highest priority. It is of paramount importance that every child feels safe and is protected from maltreatment including any form of abuse or neglect.
2. This document sets out our policy and procedures for safeguarding and protecting the welfare of all children¹ who attend and/or who live at Cotswold Chine School (the "*School*").
3. This policy applies to all staff (teaching and non-teaching) and volunteers as well as the members of the board of Trustees. The School recognises that everyone who comes into contact with children and their families/carers has a role to play in ensuring that they are effectively safeguarded.
4. It is the intention that this policy will reflect the utmost importance which the School gives to safeguarding and the protection of children's welfare. It takes into account and is intended to reflect the guidance and requirements set out in [Keeping children safe in education \(2019\)](#), [Working Together to Safeguard Children \(July 2018\)](#), [Prevent Duty Guidance: for England and Wales \(July 2015\)](#), [Sexual violence and sexual harassment between children in schools and colleges \(May 2018\)](#), [The Education \(Independent School Standards\) Regulations 2014](#), [The Children's Homes \(England\) Regulations 2015](#) and the accompanying [Guide to the Children's Homes Regulations including the quality standards \(April 2015\)](#).
5. In order to fulfil its responsibilities, the School aims to create a culture of vigilance when it comes to safeguarding matters and to always work in the best interests of those in our care.
6. The School recognises that children and young adults with special educational needs and disabilities are particularly vulnerable to potential maltreatment. In particular, they are at greater risk of: (a) assumptions being made that indicators of possible abuse (e.g. behaviour,

¹ Although the terms 'child' and 'children' refer to all children up to the age of 18, the policy applies equally to those pupils who are aged 18 or above (referred to as 'young adults'). However, different safeguarding procedures apply when dealing with disclosures or allegations involving young adults (see Annex 2).

mood and injury) related to their disability meaning that they are not explored properly; (b) peer group isolation; (c) being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and (d) communication barriers and difficulties in overcoming these barriers.

7. The School will therefore take all reasonable steps to:
 - 7.1. practice safe recruitment by checking the suitability of staff and volunteers (including staff employed by another organisation) to work with children and vulnerable adults;
 - 7.2. carry out all necessary checks on the suitability of people who serve on the School's board of Trustees in accordance with any applicable regulations and guidance;
 - 7.3. ensure that, where the School ceases to use the services of any person (whether employed, self-employed or a volunteer) because that person was considered unsuitable to work with children or vulnerable adults, a prompt and detailed report will be made to the Disclosure & Barring Service (DBS);
 - 7.4. ensure that, where staff from another organisation are working with our children on another site, we have received written assurances that appropriate suitability checks and procedures apply to those staff;
 - 7.5. follow the [Gloucestershire Child Protection Procedures](#) published by the Gloucestershire Safeguarding Children Executive (GSCE);
 - 7.6. protect each child from any form of maltreatment, whether from an adult or another child (further details of the type of maltreatment covered by this policy are set out in Annex 3);
 - 7.7. prevent the impairment of any child's health or development;
 - 7.8. be alert to signs of maltreatment both in the School and from outside;
 - 7.9. deal appropriately with every suspicion or complaint of maltreatment;
 - 7.10. design and operate procedures which promote this policy;
 - 7.11. design and operate procedures which, so far as possible, ensure that teachers and others who are innocent are not prejudiced by false allegations (any allegations against staff will be dealt with in accordance with the GSCE Allegations Management Procedure);

- 7.12. support children who have been maltreated, in accordance with his/her agreed child protection plan;
- 7.13. be alert to the medical needs of children with medical conditions;
- 7.14. operate robust and sensible health & safety procedures;
- 7.15. take all practicable steps to ensure that school premises are as secure as circumstances permit;
- 7.16. ensure that all children receive appropriate tuition and guidance about safeguarding and child protection matters including online safety;
- 7.17. operate clear and supportive policies on drugs, alcohol and substance misuse;
- 7.18. consider and develop procedures to deal with any other safeguarding issues which may be specific to individual children;
- 7.19. have regard to guidance issued by the Department for Education in accordance with section 175 Education Act 2002 and associated regulations.

Early Help

8. Early help means providing support as soon as a problem emerges, at any point in a child's life. The School recognises that providing early help is more effective in promoting the welfare of children than reacting later. Early help can be particularly useful to address non-violent harmful sexual behaviour and may prevent escalation of sexual violence. Staff members should be particularly alert to the potential need for early help for a child who:-
 - 8.1. is disabled and has specific additional need;
 - 8.2. has special educational needs (whether or not they have a EHCP);
 - 8.3. is a young carer;
 - 8.4. is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
 - 8.5. is frequently missing/goes missing from care or from home;
 - 8.6. is at risk of modern slavery, trafficking or exploitation;

- 8.7. is at risk of being radicalised or exploited;
 - 8.8. is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse;
 - 8.9. is misusing drugs or alcohol themselves;
 - 8.10. has returned home to their family from care;
 - 8.11. is a privately fostered child.
9. Any member of staff who believes that there may be an emerging problem which means that a child might benefit from early help should notify the Designated Safeguarding Lead who will carry out an assessment to identify whether they might benefit from the provision of early help services. If it is identified that early help services might be beneficial the Designated Safeguarding Lead will support the staff member in liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff members may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead professional. Any such cases will be kept under constant review and consideration will be given to a referral to children's social care for assessment for statutory services if the child's situation does not appear to be improving or is getting worse.

Safeguarding Procedures

10. Every complaint, suspicion, allegation or disclosure of maltreatment from within or outside the School will be taken seriously and, where appropriate, will be referred to an external agency such as the Gloucestershire Safeguarding Children Executive (GSCE), the police or the NSPCC in accordance with the procedures published by the GSCE. Different procedures apply depending on whether the matter involves a suspicion or allegation against a member of staff (referred to below as an "*allegation*") or whether it involves a suspicion, complaint or disclosure of maltreatment occurring outside the School (referred to below as a "*disclosure*").
11. A flowchart showing a summary of the procedure for reporting disclosures and allegations of maltreatment involving a child under 18 is set out at Annex 1. If the disclosure or allegation involves a young adult aged 18 or over, the matter will be dealt with in accordance with the School's Post-18 Safeguarding Procedure (see Annex 2).
12. *Designated Safeguarding Leads and Deputy Safeguarding Officers*. All matters relating to

safeguarding and welfare which arise within the education setting will be the responsibility of Tim Makaruk ("*Designated Safeguarding Lead for Education*"). All matters relating to safeguarding and welfare which arise within the residential care setting will be the responsibility of Kelly Lawson ("*Designated Safeguarding Lead for Residential Care*"). If the relevant Designated Safeguarding Lead is unavailable, their duties will be carried out by Caroline Tebay, Carolyn Cornwall, Daniel Blackwell (the "*Deputy Safeguarding Officers*"). In the unlikely event that neither the relevant Designated Safeguarding Lead nor any of the Deputy Safeguarding Officers are available, their duties will be carried out by Jake Lukas (Chief Executive). The contact details of all relevant individuals are set out at the end of this policy.

13. *Contextual safeguarding*. The School recognises that safeguarding and child protection incidents and/or behaviours can be associated with factors outside the School and/or can occur between children outside the School. All members of staff, but especially the Designated Safeguarding Lead (or their deputies) should always consider the context within which such incidents and/or behaviours occur. Assessments of children should always consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. In particular, children's social care assessments should consider such factors so the School will provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse.
14. *Initial action*. A member of staff suspecting or hearing of an allegation or disclosure of maltreatment:
 - 14.1. Must listen carefully to the child and keep an open mind. Staff should not make a decision as to whether or not the maltreatment has taken place. Staff must make an immediate risk assessment and consider the safety of those immediately involved, or others who could be potentially at risk. This may require immediate action such as moving a child or member of staff.
 - 14.2. Must not ask leading questions, that is, a question which suggests its own answer.
 - 14.3. Must reassure the child but not give a guarantee of absolute confidentiality. The member of staff must explain that they need to pass the information to the Designated Safeguarding Lead who will ensure that the correct action is taken.
 - 14.4. Must keep a sufficient written record of the conversation. The record should include the date, time and place of the conversation and the essence of what was said and done by

whom and in whose presence. The record should be signed by the person making it and should use names, not initials. The record must be kept securely and handed to the Designated Safeguarding Lead immediately if it is considered that there is an immediate risk of harm and as soon as possible (and in any event within 12 hours) in the case of all other concerns.

- 14.5. Must ensure that all evidence, (for example, scribbled notes, mobile phones containing text messages, clothing, and computers) is safeguarded and preserved.
15. *Reporting*. All allegations or disclosures of maltreatment (however trivial they may seem) must be reported to the relevant Designated Safeguarding Lead (i.e. to Tim Makaruk if the allegation or disclosure is made in the education setting or to Kelly Lawson if the allegation or disclosure is made in the residential care setting). In the absence of the relevant Designated Safeguarding Lead the matter should be reported to one of the Deputy Safeguarding Officers. The Designated Safeguarding Lead or the Deputy Safeguarding Officer may be contacted at any time (either during or outside normal office hours) on *01453 837 171*. If the allegation involves the Designated Safeguarding Lead, the matter should be reported to the Chief Executive.
16. Whilst it is anticipated that any serious concerns about a child or allegations against staff members will normally be reported to the Designated Safeguarding Lead in the first instance, anyone can report the matter immediately using *Gloucestershire's Children Practitioner Advice Line* as follows:-
 - 16.1. Where a child is at immediate risk of significant harm, *Gloucestershire's Front Door Service* can be contacted on *01452 426 565 (option 1)*.
 - 16.2. In all other situations, a qualified social worker can be contacted for advice on *01452 426 565 (option 3)*;
17. When considering how to report a concern or complaint, ensuring the safety and welfare of the child concerned should be the overriding consideration. If a crime is in the process of being committed, staff can also contact the local police directly themselves.
18. *Action by the Designated Safeguarding Lead*. The action to be taken will take into account:
 - 18.1. The procedures published by the Gloucestershire Safeguarding Children Executive (GSCE);

- 18.2. The nature and seriousness of the allegation or disclosure. A complaint involving a serious criminal offence will always be referred to the particular child's placing authority, Social Services Department, Ofsted and/or the police.
 - 18.3. The wishes of the child who has complained, provided that the child is of sufficient understanding and maturity and is properly informed. However, there may be times when the situation is so serious that decisions may need to be taken, after all appropriate consultation, that override a child's wishes. If a child is over 16 their mental capacity will be taken into account in accordance with the relevant guidance.
 - 18.4. The wishes of the child's parent(s), provided they have no interest which is in conflict with the child's best interests and that they are properly informed. Again, it may be necessary, after all appropriate consultation, to override parental wishes in some circumstances. If the Designated Safeguarding Lead is concerned that disclosing information to parents would put a child at risk, he or she will take further advice from the relevant professionals before making a decision to disclose.
 - 18.5. Duties of confidentiality, so far as applicable.
 - 18.6. The lawful rights and interests of the school community as a whole including its employees and its insurers.
 - 18.7. If there is room for doubt as to whether a referral should be made, the Designated Safeguarding Lead may consult with the Local Authority Designated Officer, Social Services department, or other appropriate professionals on a no-names basis without identifying the family. However, as soon as sufficient concern exists that a child may be at risk of significant harm, a referral will be made without delay.
 - 18.8. The requirement to report to the police any evidence of a child becoming involved in prostitution, or of unauthorised persons picking children up, contacting children in the School, or observed trying to make contact with children outside the School.
19. *Referrals to external agencies.* In the event that the Designated Safeguarding Lead identifies that a referral is appropriate, disclosures in relation to maltreatment by individuals other than members of staff will be referred to the appropriate contact within Social Services. For allegations against staff members, the matter will be referred in the first instance to the Local Authority Designated Officer. Concerns about a staff member's conduct may also be referred

to the DBS where the Trust considers that the DBS should be made aware of the circumstances.

20. If the initial referral is made by telephone, the Designated Safeguarding Lead will confirm the referral in writing as soon as possible and normally within 24 hours. If no response or acknowledgment is received within three working days, the Designated Safeguarding Lead will contact the external agency again.
21. Where appropriate, the Designated Safeguarding Lead will also inform the relevant office of Ofsted without delay in accordance with Regulation 40 Part 5 (Policies, records complaints and notifications) of the Children's Homes (England) Regulations 2015.
22. *Informing parents/carers/social workers.* The Designated Safeguarding Lead will inform the social worker and, where appropriate, the parent(s) or carer(s) of the child(ren) involved about the allegation or disclosure as soon as possible if they do not already know of it. However, where a strategy discussion is required, or police or children's social care services need to be involved, parents or carers will not be informed until the relevant agencies have been consulted and have agreed what information can be disclosed. Whenever a social worker, parent or carer is informed of an allegation or disclosure, they will be reminded of the need to maintain confidentiality whilst the investigation is ongoing. The Designated Safeguarding Lead will also keep the child's social worker and, where appropriate, parent(s) or carer(s) informed about the progress of the case, and told the outcome where there is not a criminal prosecution, including the outcome of any disciplinary process. The deliberations of any disciplinary hearing, and the information taken into account in reaching a decision, will not normally be disclosed, but the social worker and, where appropriate, parents or carers of the child may be informed of the outcome in confidence.
23. In any event, every child and their parent(s) will be informed in writing prior to the child's placement, of their right to make their own complaint or referral to the Social Services department or the Child Protection Unit of the police and will be provided with contact names, addresses and telephone numbers, as appropriate.
24. *Informing staff members.* The staff member who reported the allegation or disclosure along with any other relevant staff members will normally be informed in supervision meetings of the progress and outcome of any referral. However, it may not be appropriate to provide full details if there is a risk that this could compromise an ongoing investigation or any duties of confidentiality owed by the School to the staff member(s) or other individuals who are the

subject of the allegation or disclosure.

Particular safeguarding issues

Allegations against staff members

25. The School has procedures for dealing with allegations against staff (including any volunteers who work with children) that aim to strike a balance between the need to protect children from maltreatment and the need to protect staff and volunteers from false or unfounded allegations. These procedures follow the guidance in Part 4 of [Keeping children safe in education \(2019\)](#) and the [Allegations Management Procedure](#) published by the GSCE.
26. The Allegations Management Procedure will be invoked if a complaint or allegation is made or a concern is raised that a member of staff or volunteer has:
 - 26.1. behaved inappropriately in a way that has harmed or may have harmed a child; or
 - 26.2. possibly committed a criminal offence against or related to a child; or
 - 26.3. behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.
27. Suspension will not be an automatic response to an allegation. Full consideration will be given to all the options, subject to the need to ensure the safety and welfare of the child or children concerned and the need for a full and fair investigation.
28. Where an allegation is made against the Designated Safeguarding Lead, the matter should be reported immediately to the Chief Executive.
29. The School recognises that being the subject of an allegation can be a stressful experience for the member of staff concerned and seek to take appropriate steps to minimise the stress inherent in the allegations process. Any staff member who is the subject of an allegation will be provided with the name and contact details of a senior member of staff (other than the Designated Safeguarding Lead) who will keep them informed of progress and to provide such support as may be appropriate. If the staff member is suspended whilst the allegation is investigated, they will generally not be prevented from maintaining social contact with colleagues unless there is evidence to suggest that such contact is likely to be prejudicial to the gathering and presentation of evidence.

30. Detailed guidance is given to staff to ensure that their behaviour and actions do not place children or themselves at risk of harm or of allegations of harm to a child. The School's policy on physical restraint is included in the Behaviour Support and Physical Intervention Policy.
31. If a member of staff has concerns that another member of staff has or is likely to behave in a way set out in paragraph 26 above, they should report the matter immediately to the Designated Safeguarding Lead. If a member of staff has concerns about the Designated Safeguarding Lead, the matter should be reported immediately to the Chief Executive. Any concerns about the Chief Executive should be removed immediately to the Chair of Trustees.
32. If the School ceases to use the services of a member of staff (or a trustee or volunteer) in circumstances where it is believed that they may be unsuitable to work with children or vulnerable adults, a prompt and detailed report will be made to the Disclosure and Barring Service. A settlement agreement will not be entered into which prevents the making of any such report. Any such incidents will be followed by a review of the safeguarding procedures within the School, with a report being presented to the Trustees without delay.

Peer on Peer abuse

33. The School recognises that children are capable of abusing their peers. Whilst peer on peer abuse is often gender natured (i.e. it is more likely that girls will be victims and boys perpetrators) the School is clear that all peer on peer abuse is unacceptable and will be taken seriously. Peer on peer abuse should never be tolerated or passed off as 'banter', 'just having a laugh' or 'part of growing up'.
34. Peer on peer abuse can take several different forms, including:
 - 34.1. Bullying (including cyberbullying);
 - 34.2. Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
 - 34.3. Sexual violence and sexual harassment;
 - 34.4. Sexting (also known as youth produced sexual imagery);
 - 34.5. Initiation/hazing type violence and rituals; and
 - 34.6. Up-skirting which typically involves taking a picture under a person's clothing without

them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.

35. A member of staff who suspects or hears about an allegation of peer on peer abuse should take the action set out in paragraph 14 above and then report the matter to the Designated Safeguarding Lead as set out in paragraph 15 above. The Designated Safeguarding Lead will deal with any such allegation in accordance with the procedure set out in paragraphs 18 to 24 above.
36. *Sexting*. Any allegation of sexting will be dealt with in accordance with the guidance issued by the UK Council for Child Internet Safety (UKCCIS) – [Sexting in schools and colleges: Responding to incidents and safeguarding young people](#)
37. In particular, staff members should:
 - 37.1. Never view, download or share the imagery themselves, or ask a child to share or download it. If a member of staff has already viewed the imagery by accident (e.g. if a child has showed it to them before they could be asked not to), this should be reported to the Designated Safeguarding Lead.
 - 37.2. Not delete the imagery or ask the young person to delete it.
 - 37.3. Not ask the child(ren) who are involved in the incident to disclose information regarding the imagery – this is the responsibility of the Designated Safeguarding Lead.
 - 37.4. Not share information about the incident to other members of staff, the child(ren) it involves or their, or other, parents and/or carers.
 - 37.5. Not say or do anything to blame or shame any children involved.
 - 37.6. Explain to the child(ren) involved that it needs to be reported and reassure them that they will receive support and help from the Designated Safeguarding Lead.
38. *Sexual violence and sexual harassment between children*. It is essential that all victims of alleged sexual violence/harassment are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence/harassment nor should they ever be made to feel ashamed for making a report. Any staff member who suspects or hears about an allegation of sexual violence/harassment should take the initial action set out in paragraph 14

above and then report the matter to the Designated Safeguarding Lead as soon as possible as set out in paragraph 15 above. The Designated Safeguarding Lead will deal with any such reports in accordance with the advice and guidance set out in Department for Education advice in [Sexual violence and sexual harassment between children in schools and colleges \(May 2018\)](#).

39. *Support for those affected by peer on peer abuse.* The School will take all reasonable and necessary steps to support any child who is the alleged victim, perpetrator of or has been otherwise affected by peer on peer abuse. In particular:
 - 39.1. The Designated Safeguarding Lead will be responsible for reviewing and implementing whatever action is necessary and appropriate in order to ensure that the alleged victim(s), perpetrator(s) or anyone else who is affected is provided with the necessary support whilst the allegation is investigated. The appropriate action will depend on the circumstances of each individual case.
 - 39.2. It may be appropriate to exclude the individual against whom the allegation has been made whilst the matter is investigated, in which case the School's policy on behaviour, discipline and sanctions will apply.
 - 39.3. If it is necessary for a child (whether the alleged victim or perpetrator) to be interviewed by the police in relation to an allegation, the School will ensure that, subject to the advice from any relevant external agency, parents/carers are informed as soon as possible and that the child is supported during the interview by an appropriate adult.
40. If the external agency or agencies to whom an allegation is reported decide not to take any further action, the School will carry out its own investigation and will take all appropriate action to ensure the safety and welfare of all children involved including the child(ren) against whom the allegation is made.

Serious Violence

41. All staff should be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or

gangs. All staff should be aware of the associated risks and understand the measures in place to manage these. Further guidance is provided in [Preventing youth violence and gang involvement: Practical advice for schools and colleges](#) and [Criminal Exploitation of children and vulnerable adults: County Lines guidance](#).

Missing Child Procedures

42. All staff are informed of the separate procedure to be used for searching for, and if necessary, reporting, any child missing from school (see the Missing Child Policy). The procedure includes the requirement to record any incident, the action taken and the reasons given by the child for being missing.
43. Any instances of children failing to attend school without prior authorisation will be dealt with in accordance with the procedure set out in the School's Attendance Policy.

Online Safety

44. The prior agreement of the child's parent(s) and/or carers and/or social worker will be obtained if a child is to have access to their own mobile phone or other internet-enabled device. Children are required to be able to demonstrate a level of understanding of online safety, including the importance of maintaining a safe level of privacy and the need to only access age appropriate social media, internet pages and apps.
45. All children who are authorised to use internet enabled devices are required to enter into a contractual agreement between themselves and the School. This agreement forms part of their individual risk assessment. Children are expected to use the schools Wi-Fi network which is protected using the Smoothwall firewall.
46. Where children have access to 3G and 4G facilities on their phones, they are expected to use this within the framework of the law and to ensure that their behaviours and actions do not place themselves or other peers at risk of harm. Any breaches of these safety arrangements will be dealt with proportionately and will involve their wider professional and family networks. This may involve the child not having use of their phone or other device temporarily until matters are investigated further and safe future use can be guaranteed. All children know that if a concern around safeguarding or child protection occurs in relation to their use of technology, the matter may result in the police or an internal professional taking the phone or device into their possession for a period of time.

47. All staff who support children directly in school and in the homes have completed regular online safety training and are expected to talk with children about online safety informally, as well as formally through teacher directed PSHE personal safety education and awareness sessions.
48. Any staff member who is concerned about a child's use of the internet or technology should report the matter to the Designated Safeguarding Lead.

Responsibilities for Safeguarding

The Designated Safeguarding Lead

49. The Designated Safeguarding Lead for Education and the Designated Safeguarding Lead for Residential Care are both members of the Senior Leadership Team. They have the lead responsibility for safeguarding and child protection (including online safety) in the School and home settings respectively. The Deputy Safeguarding Officers are trained to the same standard as the Designated Safeguarding Leads and their role is explicit in their job descriptions. Whilst the activities of the Designated Safeguarding Leads are on occasion delegated to appropriately trained deputies, the ultimate lead responsibility for child protection remains with the Designated Safeguarding Leads.
50. Each Designated Safeguarding Lead will:
 - 50.1. refer cases of suspected abuse to the local authority children's social care as required;
 - 50.2. support staff who make referrals to local authority children's social care;
 - 50.3. refer cases to the Channel programme where there is a concern about radicalization as required;
 - 50.4. support staff who make referrals to the Channel programme;
 - 50.5. refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required; and
 - 50.6. refer cases where a crime may have been committed to the Police as required.
51. Each Designated Safeguarding Lead is also responsible for:
 - 51.1. acting as a point of contact with the three safeguarding partners;

- 51.2. liaising with the Joint Principals to inform them of any issues, especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations;
 - 51.3. as required, liaising with the "case manager" and the designated officer(s) at the local authority for child protection concerns in cases which concern a staff member;
 - 51.4. liaising with staff (especially pastoral support staff, school nurses, IT Technicians, and SENCOs or the named person with oversight for SEN) on matters of safety and safeguarding (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies; and
 - 51.5. acting as a source of support, advice and expertise for all staff.
52. The Designated Safeguarding Leads and the Deputy Safeguarding Officers will undergo training to provide them with the knowledge and skills required to carry out their roles. The Designated Safeguarding Leads will also ensure that other staff members receive regular training and updates to ensure that they are kept up to date with local and national safeguarding concerns and learning from incidents that have taken place in the School or home.
53. The Chief Executive will monitor that the Designated Safeguarding Leads are fulfilling their responsibilities and that the policies, procedures and training in the School are effective and comply with the law at all times. The Chief Executive will be responsible for keeping the board of Trustees updated on all relevant matters.

Duties of Employees, Trustees and Volunteers

54. Every employee and Trustee of the School as well as every volunteer who assists the School is under a general legal duty to:
- 54.1. protect children from harm;
 - 54.2. read, understand and follow at all times: (a) Part 1 of [Keeping children safe in education \(2019\)](#); (b) the General Staff Rules and Conduct set out in the Staff Handbook; and (c) the provisions of this policy and procedure;
 - 54.3. know how to access and implement the procedures, independently if necessary;
 - 54.4. keep a sufficient record of any significant complaint, conversation or event;

- 54.5. report any matters of concern to the relevant Designated Safeguarding Lead.
55. All staff are required to report to the relevant Designated Safeguarding Lead or the Deputy Safeguarding Officer (or if the concern or allegation involves the Designated Safeguarding Lead to the Chief Executive), any concern, disclosure or allegations about school practices or the behaviour of colleagues which are likely to put children at risk of abuse or other serious harm.
56. Any staff member who has reason to believe or is concerned that this policy has not been properly followed should raise the matter in accordance with the Procedure for Reporting a Wrongdoing set out in the Staff Handbook.
57. All staff members should also receive appropriate child protection training which is regularly updated at least annually.

Confidentiality and Information Sharing

58. The School will keep all child protection records confidential, allowing disclosure only to those who need the information in order to safeguard and promote the welfare of children. The School will co-operate with police and Social Services to ensure that all relevant information is shared for the purposes of child protection investigations under section 47 of the Children Act 1989 in accordance with the requirements of [Working Together to Safeguard Children \(July 2018\)](#).

Monitoring

59. The Designated Safeguarding Leads will monitor the day-to-day operation of this policy.
60. The Chief Executive will regularly review that the action taken by the Designated Safeguarding Leads has been in accordance with the requirements of this policy.
61. The Independent Visitor appointed by the Trust pursuant to regulation 44 of the Children's Homes (England) Regulations 2015 will also review and report on a monthly basis on whether the action taken by the Designated Safeguarding Leads in relation to any safeguarding concerns arising within the care environment has been in accordance with the requirements of this policy.
62. A report will be made on any safeguarding matters and the operation of this policy to the members of the Board of Trustees in advance of its quarterly Board meetings so that they are

able to monitor the operation of this policy and procedure.

63. Any deficiencies or weaknesses in regard to safeguarding arrangements that are identified through the above monitoring arrangements will be remedied without delay.

Relevant Contacts

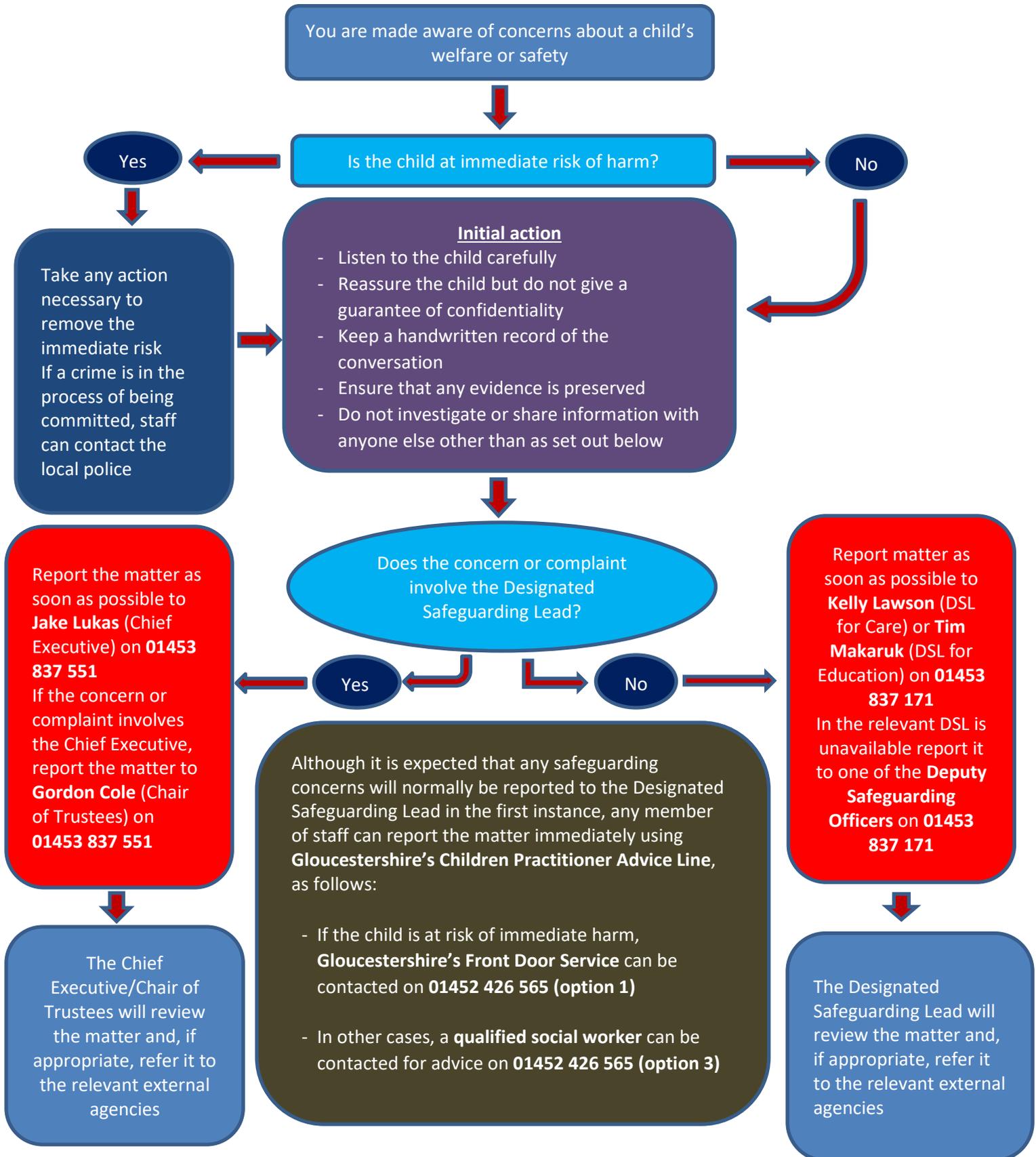
<i>Role</i>	<i>Name</i>	<i>Contact details</i>
Designated Safeguarding Lead for Education	Tim Makaruk	01453 837 171
Designated Safeguarding Lead for Residential Care	Kelly Lawson	01453 837 171
Deputy Safeguarding Officers	Carolyn Cornwall Caroline Tebay Daniel Blackwell	01453 837 171
Chief Executive / Responsible Person RSW	Jake Lukas	01453 837 551
Trustee with responsibility for Safeguarding	Gordon Cole	01453 837 551
Gloucestershire Children Practitioner Advice Line	Social worker advice (option 3) Front Door Service (option 1)	01452 426 565
Local Authority Designated Officer	Nigel Hatten	01452 426 994

Review

This policy will be reviewed by the Designated Safeguarding Leads on at least an annual basis and updated as appropriate. The next review will be carried out in or before August 2020.

Annex 1

Safeguarding Procedure Flowchart



Annex 2

Post-18 Safeguarding Procedure

1. Although the School's policy in relation to safeguarding and protecting the welfare of those aged 18 or over (referred to as 'young adults') is the same as it is in relation to children, the procedure that will be followed is different. In particular, the School will follow the guidance and reporting procedures set out in the [Gloucestershire Adult Safeguarding Policy and Procedures](#).
2. One of the key differences when dealing with the safeguarding of young adults is that it is essential to consider whether they are capable of giving informed consent. If they are able, their consent will be sought. This may be in relation to whether they give consent to:
 - 2.1. Any activity that may be considered abusive. However, if consent to abuse or neglect was given under duress (e.g. as a result of exploitation, pressure, fear or intimidation), this apparent consent should be disregarded;
 - 2.2. An adult safeguarding enquiry going ahead in response to a concern that has been raised. The individual must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.
 - 2.3. The recommendations of an individual safeguarding plan being put in place.
 - 2.4. A medical examination.
 - 2.5. An interview.
 - 2.6. Certain decisions and actions taken during the adult safeguarding process with the person or with people who know about their abuse and its impact on the young adult.
1. **Initial action.** A member of staff suspecting or hearing of an allegation or disclosure of maltreatment of a young adult should take the same initial action as that set out in paragraph 14 of the School's Safeguarding Procedure. Further guidance can be found in the guidance published by GSAB - [Adult Safeguarding Concerns: Responding & Reporting](#)
3. **Reporting.** All allegations or disclosures of maltreatment (however trivial they may seem) must be reported to the relevant Designated Safeguarding Lead (i.e. to Tim Makaruk if the allegation

or disclosure is made in the education setting or to Kelly Lawson if the allegation or disclosure is made in the care setting). In the absence of the relevant Designated Safeguarding Lead the matter should be reported to one of the Deputy Safeguarding Officers. The Designated Safeguarding Lead or the Deputy Safeguarding Officer may be contacted at any time (either during or outside normal office hours) on *01453 837 171*. If the allegation involves the Designated Safeguarding Lead, the matter should be reported to the Chief Executive

4. Whilst it is anticipated that any serious concerns about a young adult or allegations against staff members will normally be reported to the Designated Safeguarding Lead in the first instance, anyone can report the matter direct to external agencies as follows:
 - 4.1. *Gloucestershire's Adult Social Care Help Desk* on *01452 426 868*
 - 4.2. *Emergency Duty Team (out of hours)* on *01452 614 194*
 - 4.3. *The Care Quality Commission* on *03000 616 161*
 - 4.4. If a criminal offence has occurred or may occur, *Gloucestershire Police* can be contacted on *101*
 - 4.5. If a crime is in progress or life is at risk, contact the *Emergency Services* on *999*.
5. *Action by the Designated Safeguarding Lead*. The action to be taken will take into account:
 - 5.1. The procedures published by the Gloucestershire Safeguarding Adults Board (GSAB).
 - 5.2. The views and wishes of the young adult involved. However, there may be times when the situation is so serious that decisions may need to be taken, after all appropriate consultation, that override a young adult's wishes. If the young adult is assessed to have mental capacity to reach a decision on the matter, their views will be respected unless this would be contrary to the public interest (e.g. because it would put others at risk) or because there is a duty of care on a particular agency to intervene (e.g. the police if a crime has been committed). In the event that a capacity assessment indicates that the young adult does not have mental capacity to make a decision on how the matter should be handled, the Designated Safeguarding Lead will carry out a further assessment in accordance with the Mental Capacity Act 2005 in order to determine what is in their best interests.
 - 5.3. The nature and seriousness of the incident, allegation, disclosure or suspicion. If there

is room for doubt as to whether a referral should be made, the Designated Safeguarding Lead may consult with the Adult Help Desk on a no-names basis without identifying the young adult.

6. *Referrals to external agencies.* Where a safeguarding concern is reported, the Designated Safeguarding Lead will carry out a risk assessment to ensure the safety of the individuals concerned and will liaise with the appropriate agencies in order to implement strategies, assist enquiries and contribute to any additional safeguarding measures. In the event that a criminal offence is suspected both the Police and the Adult Social Care Help Desk will be contacted.

Annex 3

Types and Signs of Maltreatment

1. Maltreatment can take many different forms including physical abuse, emotional abuse, sexual abuse, neglect, child sexual exploitation, female genital mutilation, trafficking, sexting, gender based violence and faith abuse. Further information on the various types of maltreatment can be found in [Working Together to Safeguard Children \(July 2018\)](#). The following includes a summary of the types and signs of some of the most common types of maltreatment.

Abuse

2. Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children. There are three main forms of abuse: physical, emotional and sexual.

Physical abuse

What does it involve?	Possible indicators of abuse
<p>A form of abuse which may involve the following:</p> <ul style="list-style-type: none">- hitting- shaking- throwing- poisoning- burning- scalding- drowning- suffocating- otherwise causing physical harm to a child. <p>Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.</p>	<ul style="list-style-type: none">- unexplained injuries or burns- refusal to discuss injuries- improbable and inconsistent explanations of injuries- untreated injuries or lingering illness- admission of punishment which appears excessive- withdrawal from physical contact- fear of returning home or parents being contacted- fear of undressing- fear of medical help- aggression / bullying- over compliant behaviour- running away- significant changes in behaviour- deterioration in work- an unexplained pattern of absences.

Emotional abuse

What does it involve?	Possible indicators of abuse
<p>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, include or feature:</p> <ul style="list-style-type: none"> - conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. - not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. - age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. - seeing or hearing the ill-treatment of another. - serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</p>	<ul style="list-style-type: none"> - continual self-deprecation - fear of new situations - inappropriate emotional responses to painful situations - self-harm or mutilation - compulsive stealing / scrounging; - drug / solvent abuse - 'neurotic' behaviour (obsessive rocking, thumb sucking - 'air of detachment, don't care attitude' - social isolation - attention-seeking behaviour - eating problems; - depression or withdrawal.

Sexual abuse

What does it involve?	Possible indicators of abuse
<p>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 or include:</p> <ul style="list-style-type: none"> - physical contact, including assault by penetration (for example, rape or oral sex) 	<ul style="list-style-type: none"> - bruises, scratches, burns or bite marks - scratches, abrasions or persistent infection in the anal or genital regions - pregnancy - sexually transmitted diseases - dislike of physical contact - lack of personal boundaries - inappropriate flirtatious talk to others

<ul style="list-style-type: none"> - non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. - 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. <p>Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>	<ul style="list-style-type: none"> - sexual awareness inappropriate to the child's age - frequent public masturbation - attempts to teach other children about sexual activity - refusing to stay with certain people or go to certain places - aggressiveness, anger, anxiety, tearfulness - withdrawal from friends.
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Neglect

3. 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: (a) provide adequate food, clothing and shelter (including exclusion from home or abandonment); (b) protect a child from physical and emotional harm or danger; (c) ensure adequate supervision (including the use of inadequate care-givers); (d) ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
4. *Signs of neglect.* Possible signs of neglect include (but are not limited to):
 - the child says s/he has been neglected or says something which gives rise to that inference;
 - the child's development is delayed;
 - the child loses or gains weight; constant hunger;
 - the child appears neglected, e.g. dirty, hungry, inadequately clothed;
 - the child is reluctant to go home, or has been openly rejected by his/her parents or carers;

- the child regularly goes missing from school, home or care;
- the child suffers from poor mental health or engages in or talks about self-harming;
- there is no reasonable or consistent explanation for a child's injury; the injury is unusual in kind or location; there have been a number of injuries; there is a pattern to the injuries;
- the child's behaviour stands out from the group as either being extreme model behaviour or extremely challenging behaviour; or there is a sudden change in the child's behaviour.

Child Sexual Exploitation (CSE)

5. Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.
6. *Signs of Child Sexual Exploitation.* Possible signs of CSE include (but are not limited to):
 - going missing from school, home or care for periods of time or regularly returning late;
 - skipping school or being disruptive in class;
 - appearing with unexplained gifts or possessions that can't be accounted for;
 - experiencing health problems that may indicate a sexually transmitted infection;
 - having mood swings and changes in temperament;
 - using drugs and alcohol;
 - displaying inappropriate sexualised behaviours, such as over familiarity with strangers, dressing in a sexualised manner or sending sexualised images by mobile phone ('sexting');

- showing signs of unexplained physical harm such as bruising and cigarette marks.
7. Further guidance on child sexual exploitation can be found in guidance published by the Department for Education.

Female Genital Mutilation (FGM)

8. FGM includes procedures that intentionally alter or injure the female genital organs for non-medical reasons. FGM is sometimes known as 'female genital cutting' or female circumcision. Communities tend to use local names for this practice, including 'sunna'.
9. Religion is sometimes given as a justification for FGM. For example, some people from Muslim communities argue that the Sunna (traditions or practices undertaken or approved by the prophet Mohammed) recommends that women undergo FGM. However, senior Muslim clerics have pronounced that FGM is not Islamic, and the London Central Mosque has spoken out against FGM on the grounds that it constitutes doing harm to oneself or to others, which is forbidden by Islam.
10. UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean, as well as non-African communities including Yemeni, Afghani, Kurdish, Indonesian and Pakistani. This is obviously not to say that all families from these communities practice FGM, and many parents will refuse to have their daughters subjected to this procedure. However, in some communities a great deal of pressure can be put on parents to follow what is seen as a cultural or religious practice.
11. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, at marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk. It is believed that FGM happens to British girls in the UK as well as overseas (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies.
12. FGM is often carried out without any form of sedation and without sterile conditions. The girl or young woman is held down while the procedure of cutting takes place and survivors describe

extreme pain, fear and feelings of abandonment. FGM is extremely harmful and is often described as brutal because of the way it is carried out, and its short and long term effects on physical and psychological health.

13. *Risk factors of FGM*. There are a number of factors in addition to a girl's community or country of origin that could increase the risk that she will be subjected to FGM:

- the position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM;
- any girl born to a woman who has been subjected to FGM must be considered to be at risk of FGM, as must other female children in the extended family;
- any girl who has a sister who has already undergone FGM must be considered to be at risk of FGM, as must other female children in the extended family;
- any girl withdrawn from Personal, Social and Health Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.
- There can also be clearer signs when FGM is imminent:
- it may be possible that families will practice FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin;
- a professional may hear reference to FGM in conversation, for example a girl may tell other children about it;
- a girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman';
- a girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk;
- parents state that they or a relative will take the child out of the country for a prolonged period;
- a girl may talk about a long holiday to her country of origin or another country where the practice is prevalent;

- parents seeking to withdraw their children from learning about FGM.

14. *Signs of FGM*. There are a number of indications that a girl has already been subjected to FGM:

- she may have difficulty walking, sitting or standing;
- she may spend longer than normal in the bathroom or toilet due to difficulties urinating;
- she may spend long periods of time away from a classroom during the day with bladder or menstrual problems;
- she may have frequent urinary or menstrual problems;
- there may be prolonged or repeated absences from school;
- a prolonged absence from school with noticeable behaviour change (e.g. withdrawal or depression) on the girl's return could be an indication that she has recently undergone FGM;
- she may be particularly reluctant to undergo normal medical examinations;
- she may confide in a professional; and/or
- she may ask for help, but may not be explicit about the problem due to embarrassment or fear.

15. Members of teaching staff are under a legal duty personally to report to the police cases where they are informed by a girl under 18 that an act of FGM has been carried out on her or they observe physical signs which appear to show that an act of FGM has been carried out. Unless the teacher has a good reason not to, they should also report the matter to the Designated Safeguarding Lead for Education who will involve children's social care as appropriate. This duty does not apply in relation to 'at risk' or 'suspected' cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. However, in these cases, teachers should still report the matter to the Designated Safeguarding Lead for Education in accordance with the procedures set out in this policy.

16. Further information about FGM can be found in the [Multi-Agency Statutory Guidance on female genital mutilation](#)

Bullying

17. Bullying can be defined as using deliberately hurtful behaviour, usually over a period of time, where it is difficult for those bullied to defend themselves. The three main types of bullying are: physical bullying; verbal bullying (including cyber bullying); and emotional bullying.
18. All incidents of bullying should be dealt with by the class teacher or carer in the first instance, followed by the procedures in the Anti-Bullying Policy. All members of staff should be fully aware of and observe the provisions of the Anti-Bullying Policy.

Racist, Disability and Homophobic, Biphobic or Transphobic Abuse

19. The School challenges all incidents of racist, disability and homophobic, biphobic or transphobic abuse. The School recognises that hate crime is any criminal offence committed against a person or property that is motivated by hostility towards someone based on their: race, colour, ethnic origin, nationality or national origins; religion; gender or gender identity; sexual orientation; or disability.
20. All incidents of racist, disability and homophobic, biphobic or transphobic abuse should be dealt with by the class teacher or carer in the first instance and the procedures in the Anti-Discrimination Procedures should be followed. All members of staff should be fully aware of and observe the provisions of the School's Anti-Discriminatory Practice Policy.

Radicalisation

21. The Prevent Strategy and associated Prevent Duty requires schools and care homes to train staff to recognise all forms of radicalisation in their respective communities. Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that are fundamentally opposed to British values, namely democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs; and/or calls for the death of members of our armed forces, whether in this country or overseas.
22. There is no place for extremist views of any kind at the School, whether from internal sources (i.e. children, staff or Trustees) or external sources (e.g. the school community, external agencies or other individuals). Children should see the School as a safe place where they can explore controversial issues safely and where the teachers encourage and facilitate this – we have a duty to ensure this happens.

23. As a School we recognise that extremism and exposure to extremist materials and influences can lead to poor outcomes for children and so should be addressed as a safeguarding concern in accordance with this policy. We also recognise that if we fail to challenge extremist views, we are failing to protect our children.
24. The School recognises that radicalisation takes a wide range of forms and is not limited to the ISIL movement. It can include extremist views and action on animal rights, Neo-Nazism and Satanism to name but a few.
25. Extremists of all persuasions aim to develop destructive relationships between different communities by promoting division, fear and mistrust of others based on ignorance or prejudice and thereby limiting the life chances of children. Education is a powerful tool against this; equipping children with the knowledge, skills and critical thinking, to challenge and debate in an informed way. We therefore will provide a broad and balanced curriculum, delivered by skilled professionals, so that our children are enriched, understand and become tolerant of difference and diversity and also to ensure that they thrive, feel valued and not marginalized.
26. We are also aware that children can be exposed to extremist influences or prejudiced views from an early age which emanate from a variety of sources and media, including via the internet, and at times children may themselves reflect or display views that may be discriminatory, prejudiced or extremist, including using derogatory language. Any prejudice, discrimination or extremist views, including derogatory language, displayed by children will always be challenged and where appropriate dealt with in line with our Behavioural Support Policy. The expression of any such views or language by staff is contrary to the Staff Rules and Conduct contained in the Staff Handbook and will accordingly be dealt with under the Trust's disciplinary procedure.
27. As part of our wider safeguarding responsibilities staff should be alert to:
 - disclosures by children of their exposure to the extremist actions, views or materials of others outside of school, such as in their homes or community groups, especially where children have not actively sought these out;
 - graffiti symbols, writing or art work promoting extremist messages or images;
 - children accessing extremist material online, including through social networking sites;
 - parental reports of changes in behaviour, friendship or actions and requests for

assistance;

- partner schools, local authority services, and police reports of issues affecting children in other schools or settings;
- children voicing opinions drawn from extremist ideologies and narratives;
- use of extremist or 'hate' terms to exclude others or incite violence;
- intolerance of difference, whether secular or religious, or views based on characteristics such as gender, disability, sexual orientation, race, ethnicity or culture which are not in line with the School's equalities policy;
- attempts to impose extremist views or practices on others;
- anti-Western or anti-British views.

28. The School will closely follow any locally agreed procedure as set out by the Local Authority and/or the Safeguarding Children Board's agreed processes and criteria for safeguarding individuals vulnerable to extremism and radicalisation. In the event of concerns about a person becoming radicalised consideration will be given to using the Prevent Team based in Gloucestershire Constabulary. The Channel Panel is a bespoke panel which meets to address issues of individuals who have been identified as being at risk of radicalisation but have not committed any terrorism offence. The Panel meets when a referral has been made and referrals can be made by anyone.

Gender-Based Violence / Domestic Abuse

29. Gender-based or domestic abuse is a range of abusive behaviours which can happen in an intimate relationship such as marriage, dating, family, or living together. The person on the receiving end of gender-based violence or domestic abuse can be male or female but, where there is an adult intimate relationship, many more women than men are the victims. It can also happen in gay or lesbian relationships. Violence against women has profound implications for health but is often ignored. The World Health Organisation's World Report on Violence and Health notes that "one of the most common forms of violence against women is that performed by a husband or male partner." This type of violence is frequently invisible since it happens behind closed doors and legal systems and cultural norms may not treat it as a crime, but rather as a "private" family matter, or a normal part of life.

30. The School recognises that witnessing domestic abuse and/or gender based violence is in itself a form of psychological and/or emotional abuse and must be reported through the School's safeguarding procedures.

Sexting and inappropriate use of new technologies

31. The School is committed to supporting children with the use of new technologies in a safe way, providing education around the risks.
32. The Trust has appointed a Child Exploitation Online Protection (CEOP) Ambassador and provides resources and materials to support teaching and care staff in their understanding of the risks surrounding new technologies including emerging 'apps' and the use of social networks.
33. Children complete an internet safety course before being given a web enabled device. Children are taught the dangers of sharing information online and how activities such as 'sexting' have serious implications and consequences. This is achieved through the school curriculum, one-to-one learning opportunities and group discussions.
34. Internet access is limited to a recognised safe list of websites through a robust firewall.
35. There is a monitoring system in place to check e-mails and interactions for inappropriate language or images that may be cause for concern.

Gangs and Youth Violence

36. Following the London riots in August 2011, the Government outlined a commitment to end Gang and Youth Violence through a joined up multi-agency approach.
37. Children in our care are particularly vulnerable to being easily led and it is important to educate our children in both the care home and in formal education of the safety risks attached to being in gangs. Though the School is in a remote rural area and benefits from there being little or no gang activity at any time, we must recognise and respond to all forms of gang activity that children may disclose when they arrive back from a weekend at home, for example.
38. The School can make use of the Avenger Task Force as a new initiative led by police, set to revolutionise the approach to gangs in Gloucester. The multi-agency project, involving representatives from Gloucestershire Constabulary, Gloucestershire City Council and Gloucestershire County Council's Youth Support Team, aims to reduce the number of

youngsters involved in gangs by offering support to those who are or may be vulnerable.

Teenage Relationship Abuse

39. Research has shown that some teenagers have worryingly high levels of acceptance of abuse within relationships and often justify the abuse with the actions of the victim, e.g. because they were unfaithful. Most commonly reported forms of emotional abuse, irrespective of gender, were 'being made fun of' and 'constantly being checked up on by partner'. Girls were more likely than boys to say that the abuse was repeated and that it either remained at the same level of severity, or worsened, especially after the end of the relationship. Younger participants (aged 13 to 15 years old) were as likely as older adolescents (aged 16 and over) to experience some forms of relationship abuse.
40. The School has embraced and implemented the Pink (People in the Know) Curriculum developed in Gloucestershire to educate children on appropriate relationships through a structured daily PSHE curriculum.

Sexual violence

41. Children can, and sometimes do, abuse their peers through sexual violence. For the purpose of the School's policy, sexual violence means sexual offences under the Sexual Offences Act 2003, as follows:
 - *Rape* - a person (A) commits an offence of rape if: (a) he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis; (b) B does not consent to the penetration; and (c) A does not reasonably believe that B consents.
 - *Assault by Penetration* - a person (A) commits an offence if: (a) he or she intentionally penetrates the vagina or anus of another person (B) with a part of her or his body or anything else; (b) the penetration is sexual; (c) B does not consent to the penetration; and (d) A does not reasonably believe that B consents
 - *Sexual Assault* - a person (A) commits an offence of sexual assault if: (a) he or she intentionally touches another person (B); (b) the touching is sexual; (c) B does not consent to the touching; and (d) A does not reasonably believe that B consents.
42. *What is consent?* Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another (e.g. to vaginal but not

anal sex or penetration with conditions, such as wearing a condom). Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if he or she agrees by choice to that penetration and has the freedom and capacity to make that choice. For these purposes:

- a child under the age of 13 can never consent to any sexual activity;
- the age of consent is 16;
- sexual intercourse without consent is rape.

Sexual harassment

43. Sexual harassment refers to 'unwanted conduct of a sexual nature' and can occur online and offline. Sexual harassment is likely to violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

44. Sexual harassment can include (but is not necessarily limited to):

- sexual comments, such as telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- sexual "jokes" or taunting;
- physical behaviour such as deliberately brushing against someone, interfering with someone's clothes (depending on the experience of the victim this could also constitute sexual violence) and displaying pictures, photos or drawings of a sexual nature;
- Up-skirting;
- online sexual harassment (see below).

45. Online sexual harassment may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:

- non-consensual sharing of sexual images and videos;
- sexualised online bullying;
- unwanted sexual comments and messages, including, on social media; and

- sexual exploitation and/or coercion and threats.
46. Sexual harassment creates an atmosphere that, if not challenged, can normalise inappropriate behaviours and provide an environment that may lead to sexual violence.

Harmful sexual behaviour

47. Children's sexual behaviour exists on a wide continuum, from normal and developmentally expected to inappropriate, problematic, abusive and violent. Problematic, abusive and violent sexual behaviour is developmentally inappropriate and may cause developmental damage. A useful umbrella term which has been widely adopted in child protection is "harmful sexual behaviour". Harmful sexual behaviour can occur online and/or offline and can also occur simultaneously between the two.
48. When considering harmful sexual behaviour, ages and the stages of development of the children are critical factors to consider. Sexual behaviour between children can be considered harmful if one of the children is much older, particularly if there is more than two years' difference or if one of the children is pre-pubescent and the other is not. However, a younger child can abuse an older child, particularly if they have power over them, for example, if the older child is disabled or smaller in stature. See [NSPCC: Harmful Sexual Behaviour](#) for more information on what is harmful sexual behaviour.
49. Harmful sexual behaviour can, in some cases, progress on a continuum. Addressing inappropriate behaviour can be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future. Children displaying harmful sexual behaviour have often experienced their own abuse and trauma. It is important that they are offered appropriate support.

Forced Marriage, Honour Based Violence and Faith Abuse

50. There is a need to identify and challenge certain kinds of child abuse linked to faith or belief. This can include belief in witchcraft, spirit possession, demons or the devil, the evil eye or djinns, dakini, kindoki, ritual or multi murders and use of fear of the supernatural to make children comply with being trafficked for domestic slavery or sexual exploitation. The beliefs which are the focus of this abuse are not confined to one faith, nationality or ethnic community.
51. Abuse can take place within cultures or faith contexts in general, for example female genital mutilation or forced marriage. Child abuse is now recognised to have been prevalent in faith

settings, for example, sexual abuse by paedophiles in a religious community.

52. The terms "honour crime" or "honour-based violence" or "izzat" embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or their community. The victim is often punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the "shame" or "dishonour" of the family. It can be distinguished from other forms of abuse, as it is often committed with some degree of approval and/or collusion from family and/ community members. Victims may have multiple perpetrators not only in the UK. Honour based violence can be a precursor to a forced marriage.

Private Fostering

53. 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 (or under 18 if the child is disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more (continuity is not broken by the occasional short break).
54. A private fostering arrangement is only legitimate if the parent has given informed consent and Social Services know about, and agree with, the arrangement.
55. Private fostering is among the least controlled and most open to abuse of all the environments in which children live away from home and staff at the School need to recognise and respond should there be suspicions that this is the case. Any member of staff who suspects that a child may be subject to a private fostering arrangement should notify one of the Designated Safeguarding Leads who will liaise with the relevant local authority.