



The Olympus Academy Trust Safeguarding and Child Protection Policy

Document Summary

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On Trust Website?	Yes
On School Websites?	Yes

*This policy has initially been created by the document owner and approved as a model by the Board of Trustees. Schools have then adapted relevant sections to reflect their own individual settings and final approval for this has been provided by the School Improvement Committee as the table above.

Amendment History

Version	Amendment Date	Author	Amendment Summary
v1.1	28 th April 2021	Trust SEND, Inclusion and Safeguarding Lead	<ul style="list-style-type: none"> • Policy Review • New Trust document version system implemented • New Sections 21, 22, 23 and 24 added in response to the Ofsted Review of Sexual Violence and Sexual Harassment in Schools.
v1.1	6 th May 2021		<ul style="list-style-type: none"> • Approved by the ARC.
v1.2	27 th May 2021		<ul style="list-style-type: none"> • Approved by the Board of Trustees
v2.0	27 th May 2021		<ul style="list-style-type: none"> • Policy issued.
v2.1	1 st September 2021	Trust SEND, Inclusion and Safeguarding Lead	<ul style="list-style-type: none"> • Annual Policy Review
v2.1	8 th September 2021		<ul style="list-style-type: none"> • Approved by the Board of Trustees
v3.0	8 th September 2021		<ul style="list-style-type: none"> • Policy issued
v4.0	August 2022	Trust SEND, Inclusion and Safeguarding Lead	<ul style="list-style-type: none"> • Annual Policy Review – awaiting approval
v4.0	October 2022		<ul style="list-style-type: none"> • Policy approved by Board of Trustees
v4.0	October 2022	Policy Coordinator	<ul style="list-style-type: none"> • Policy issued to schools to update with their relevant details and add to their websites.
v5.0	July 2023	Trust SEND, Inclusion and Safeguarding Lead	<ul style="list-style-type: none"> • Policy updated to reflect changes to legislation
6.0	July 24	Trust SEND, Inclusion and Safeguarding Lead	<ul style="list-style-type: none"> • Policy updated to reflect changes to legislation (see tracked changes)
6.1	August 24	Policy coordinator	<ul style="list-style-type: none"> • Policy approved by Board of Trustees and sent to schools
7.0	August 25	Trust Director for SEND, Inclusion and Safeguarding	<ul style="list-style-type: none"> • Policy updated to reflect changes in legislation (see tracked changes in version 7.0)

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Important contacts

ROLE/ORGANISATION	NAME	CONTACT DETAILS
Designated safeguarding lead (DSL)	Catherine Walbridge	Catherine.walbridge@olympustrust.co.uk
Deputy DSL (s)	Kevin Sibley	Kevin.sibley@olympustrust.co.uk
Local authority designated officer (LADO)	John Goddard	lado@southglos.gov.uk
Chair of Trustees	Sarah Williams	Sarah.williams@olympustrust.co.uk
Trustee for Safeguarding	Ross Newman	Ross.newman@olympustrust.co.uk
Trust Director for Safeguarding, SEND and Inclusion	Susie Beresford-Wylie	Susie.beresfordwylie@olympustrust.co.uk

1. Aims

The school aims to ensure that:

- › Appropriate action is taken in a timely manner to safeguard and promote children’s welfare
- › All staff are aware of their statutory responsibilities with respect to safeguarding
- › Staff are properly trained in recognising and reporting safeguarding issues

Patchway Community School is committed to creating and embedding a culture of vigilance which:

- › ensures we maintain an attitude of “It could happen here”;
- › ensures that our learners are safe and protected and their welfare is promoted;
- › ensures that our learners know who to talk to if they have concerns;
- › ensures that our learners are supported, protected and informed;
- › ensures that our learners are safe from discrimination, and bullying and other forms of peer on peer abuse;
- › ensures that our learners recognise when they are at risk and know how to get help when they need it;
- › ensures that our learners understand about how to keep themselves safe both online and offline as part of a broad and balanced PSHE and online safety curriculum;
- › focuses on preventative work in relation to adverse childhood experiences (ACEs) and takes an ACE-aware approach.

2. Legislation and statutory guidance

This policy is based on the Department for Education’s statutory guidance [Keeping Children Safe in Education \(2025\)](#) and [Working Together to Safeguard Children \(2023\)](#), and the [Academy Trust Governance Guide](#). We comply with this guidance and the arrangements agreed and published by our three local safeguarding partners.

This policy aligns with the following legislation:

- › Part 3 of the schedule to the [Education \(Independent School Standards\) Regulations 2014](#), which places a duty on academies and independent schools to safeguard and promote the welfare of learners at the school
- › Part 1 of the schedule to the [Non-Maintained Special Schools \(England\) Regulations 2015](#), which places a duty on non-maintained special schools to safeguard and promote the welfare of learners at the school
- › [The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children
- › 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
- › [Statutory guidance on the Prevent duty](#), which explains schools’ duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism
- › [The Human Rights Act 1998](#), which explains that being subjected to harassment, violence and/or abuse, including that of a sexual nature, may breach any or all of the rights which apply to individuals under the [European Convention on Human Rights](#) (ECHR)
- › [The Equality Act 2010](#), which makes it unlawful to discriminate against people regarding particular protected characteristics (including disability, sex, sexual orientation, gender reassignment and race). This means our Headteacher and Trustees/governors should carefully consider how they are supporting their

learners with regard to these characteristics. The Act allows our school to take positive action to deal with particular disadvantages affecting learners (where we can show it is proportionate). This includes making reasonable adjustments for disabled learners. For example, it could include taking positive action to support girls where there's evidence that they are being disproportionately subjected to sexual violence or harassment.

- › [The Public Sector Equality Duty \(PSED\)](#), which explains that we must have due regard to eliminating unlawful discrimination, harassment and victimisation. The PSED helps us to focus on key issues of concern and how to improve learner outcomes. Some learners may be more at risk of harm from issues such as sexual violence; homophobic, biphobic or transphobic bullying; or racial discrimination
- › The [Childcare \(Disqualification\) and Childcare \(Early Years Provision Free of Charge\) \(Extended Entitlement\) \(Amendment\) Regulations 2018](#) (referred to in this policy as the “2018 Childcare Disqualification Regulations”) and [Childcare Act 2006](#), which set out who is disqualified from working with children
- › This policy also meets requirements relating to safeguarding and welfare in the [statutory framework for the Early Years Foundation Stage](#)

This policy also complies with our funding agreement and articles of association.

This policy also complies with multi-agency procedures put in place by our three safeguarding partners.

3. Definitions

Safeguarding and promoting the welfare of children means:

- › Protecting children from maltreatment
- › Preventing impairment of children's mental and physical health or development
- › Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- › 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.

Sharing of nudes and semi-nudes (also known as sexting or youth produced sexual imagery) is where children share nude or semi-nude images, videos or live streams. This also includes pseudo-images that are computer-generated images that otherwise appear to be a photograph or video.

Children includes everyone under the age of 18.

The following three **safeguarding partners** are identified in *Keeping Children Safe in Education* (and defined in the Children Act 2004, as amended by chapter 2 of the Children and Social Work Act 2017). They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs:

- › The local authority (LA)
- › integrated care boards
- › The chief officer of police for a police area in the LA

Victim is a widely understood and recognised term, but we understand that not everyone who has been subjected to abuse considers themselves a victim, or would want to be described that way. When managing an incident, we will be prepared to use any term that the child involved feels most comfortable with.

Alleged perpetrator(s) and **perpetrator(s)** are widely used and recognised terms. However, we will think carefully about what terminology we use (especially in front of children) as, in some cases, abusive behaviour

can be harmful to the perpetrator too. We will decide what is appropriate and which terms to use on a case-by-case basis.

4. Equality statement

Some children are at an increased risk of abuse both online and offline, 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 children who:

- › Have special educational needs (SEN) or disabilities or health conditions (see section 10)
- › Are young carers
- › May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- › 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 at risk due to either their own or a family member's mental health needs
- › Are looked after or previously looked after (see section 12)
- › Are missing or absent from education for prolonged periods and/or repeat occasions
- › Whose parent/carer has expressed an intention to remove them from school to be home educated

5. Roles and responsibilities

Safeguarding and child protection is **everyone's** responsibility. This policy applies to all staff, volunteers and those responsible for governance in the school and is consistent with the procedures of the three safeguarding partners. Our policy and procedures also apply to extended school and off-site activities.

The school plays a crucial role in preventative education. This is in the context of a whole-school approach to preparing learners for life in modern Britain, and a culture of zero tolerance of sexism, misogyny/misandry, homophobia, biphobia, transphobia and sexual violence/harassment. This will be underpinned by:

- › A planned programme of relationships, sex and health education (RSHE), which is inclusive and delivered regularly, tackling issues such as:
 - Healthy and respectful relationships
 - Boundaries and consent
 - Stereotyping, prejudice and equality
 - Body confidence and self-esteem
 - How to recognise an abusive relationship (including coercive and controlling behaviour)
 - The concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, so-called honour-based violence such as forced marriage and female genital mutilation (FGM) and how to access support
 - What constitutes sexual harassment and sexual violence and why they are always unacceptable

In addition, as part of the ethos of the school, the staff and those responsible for governance are committed to:

- › ensuring the school practises safe recruitment in checking the suitability of staff and volunteers to work with learners;

- › ensuring that all staff and volunteers understand, and adhere to, the school's code of conduct;
- › learner health and safety;
- › providing first aid as and when required;
- › having clear processes regarding intimate care;
- › meeting the needs of our learners with medical conditions;
- › having pastoral systems which support early identification and early help through the early help assessment process;
- › developing inclusive practice which promotes the voice of the child and seeks to reduce the barriers that learners from vulnerable backgrounds may have and which may in turn affect their mental health and well-being, as well as their ability to share information about maltreatment and abuse;
- › establishing and maintaining a safe school environment, where all learners feel secure, can learn and develop, are encouraged to talk and are listened to;
- › including opportunities in the strands of the PSHEE, ICT curriculum and whole school approach to care, guidance and support, for learners to develop the skills they need to recognise, and stay safe from abuse;
- › using the updated guidance on Education in a Connected World to review the learning opportunities for learners in school
- › ensuring all teaching and support staff are aware of signs and symptoms of abuse, know the correct procedure for referring concerns or allegations against staff and receive appropriate training to enable them to carry out these requirements;
- › ensuring all volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated person responsible for child protection;
- › exercising their duty to work in partnership with other agencies and to share information with them, including attendance at child protection conferences; core groups and preparation of reports for conferences;
- › encouraging and supporting parents/carers, working in partnership with them;
- › supporting learners in accordance with their agreed child protection plan;
- › a child-centred approach, making it clear what our staff should do to keep children safe. In doing so, seeking to emphasise that effective safeguarding systems are those where:
 - › the child's needs are paramount, and the needs and wishes of each child should be put first, so that every child receives the support they need before a problem escalates;
 - › all staff who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children;
 - › ensuring learners know they can talk to staff confidentially by reminding them in assemblies, updating the learner safeguarding notice board and signposting them as required;
 - › ensuring that we focus on the importance of considering wider environmental factors in a child's life that may be a threat to their safety and/or welfare and assess the risks and issues in the wider community when considering the well-being and safety of our learners.

5.1 All staff

Staff who work directly with children are expected to read at least part 1 of *Keeping Children Safe in Education 2025 (KCSIE)*. Every staff member will then complete an online test on the National College Platform to ensure they fully understand this information. The Trust keeps records of the completion of this.

KGB cleaning contractor and OCS catering company, both main contractors in our schools, are expected to read Annex A and sign a declaration to state they have read and understood this. All staff from these organisations complete safeguarding and child protection training annually and this is reviewed by the Trust Safeguarding Lead to ensure it meets expectations.

Staff who work directly with children are also expected to read annex B of KCSIE (about specific safeguarding issues).

All staff will therefore:

- › Read and understand part 1 and annex B of the Department for Education's statutory safeguarding guidance, [Keeping Children Safe in Education \(2025\)](#) , and review this guidance at least annually
- › Complete the National College KCSIE module and test, and the *Prevent* annual module
- › Reinforce the importance of online safety when communicating with parents/carers. This includes making parents/carers aware of what we ask children to do online (e.g. sites they need to visit or who they'll be interacting with online).
- › Provide a safe space for learners who are LGBT to speak out and share their concerns

All staff will be aware of:

- › Our systems which support safeguarding, including this child protection and safeguarding policy, the staff code of conduct, the role and identity of the designated safeguarding lead (DSL) and their deputy/deputies, the behaviour policy, the Trust Online Safety Policy, online safety which includes the expectations, applicable roles and responsibilities in relation to filtering and monitoring, and the safeguarding response to children who go missing from education
- › The early help assessment process and their role in it, including identifying emerging problems, liaising with the DSL, and sharing information with other professionals to support early identification and assessment
- › The process for making referrals to local authority children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play
- › What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals
- › The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child-on-child abuse, child sexual exploitation (CSE), child criminal exploitation (CCE), indicators of being at risk from or involved with serious violent crime, FGM, radicalisation and serious violence (including that linked to county lines)
- › The importance of reassuring victims that they are being taken seriously and that they will be supported and kept safe
- › The fact that children can be at risk of harm inside and outside of their home, at school and online
- › The fact that children who are (or who are perceived to be) lesbian, gay, bi or trans (LGBT) can be targeted by other children
- › What to look for to identify children who need help or protection

Section 15 of this policy outlines in more detail how staff are supported to do this.

The school also has a duty to ensure that professional behaviour applies to relationships between staff and young people and that all members of staff are clear about what constitutes appropriate behaviour and professional boundaries. Information on Safer Working practice (April 2022) is included in the Trust Staff Safeguarding Handbook and forms part of all staff induction safeguarding and child protection training.

Staff should be explicitly aware of the dangers inherent in:

- working alone with a young person;
- physical interventions;
- cultural and gender stereotyping;
- dealing with sensitive information;
- giving to and receiving gifts from learners and parents/carers;
- contacting young people through private telephones (including text), email, MSN or social networking sites;
- disclosing personal details inappropriately;
- meeting learners / young people outside school hours or school duties;

- using their personal phones to take pictures of learners which is not permitted under any circumstance.

Physical Contact, restraint and the use of reasonable force

Members of staff may have to make physical interventions with children; this should only be done where:

- It is necessary to protect the child, or another person, from immediate danger, and
- Where the member of staff has received suitable training such as positive handling training
- All schools will draw up individual plans for vulnerable children to reduce risk, such as those with SEN and disabilities
- Use of reasonable force applies to learners with or without SEN

5.2 The designated safeguarding lead (DSL)

The DSL is a member of the senior leadership team. Our DSL is Catherine Walbridge. The DSL takes lead responsibility for child protection and wider safeguarding in the school. This includes online safety, and understanding our filtering and monitoring processes on school devices and school networks to keep learners safe online. During term time, the DSL will be available during school hours for staff to discuss any safeguarding concerns.

The DSL can also be contacted out of school hours if necessary via e-mail:

catherine.walbridge@olympustrust.co.uk

When the DSL is absent, the Deputy DSL, Kevin Sibley, will act as cover.

If the DSL and Deputy DSL are not available, Janie Ashburner, Deputy Headteacher, will act as cover (for example, during out-of-hours/out-of-term activities).

The DSL will be given the time, funding, training, resources and support to:

- › Provide advice and support to other staff on child welfare and child protection matters
- › Take part in strategy discussions and inter-agency meetings and/or support other staff to do so
- › Contribute to the assessment of children
- › Refer suspected cases, as appropriate, to the relevant body (local authority children's social care, Channel programme, Disclosure and Barring Service, and/or police), and support staff who make such referrals directly
- › Have a good understanding of harmful sexual behaviour

The DSL will also:

- › Keep the Headteacher informed of any issues
- › Liaise with local authority case managers and designated officers for child protection concerns, as appropriate
- › Discuss the local response to sexual violence and sexual harassment with police and local authority children's social care colleagues to prepare the school's policies
- › Be confident that they know what local specialist support is available to support all children involved (including victims and alleged perpetrators) in sexual violence and sexual harassment, and be confident as to how to access this support
- › Be aware that children must have an 'appropriate adult' to support and help them in the case of a police investigation or search
- › Understand the assessment process for providing early help and statutory intervention, including local criteria for action and local authority children's social care referral arrangements;
- › Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
- › Ensure each member of staff has access to, and understands, the school's safeguarding and child protection policy and reporting procedures, especially new and part-time staff;

- › Ensure all new staff attend safeguarding induction training and have a copy of the Trust's safeguarding handbook;
- › Ensure that relevant staff have read and understand Annex B and Part 1 KCSIE 2025;
- › Ensure that all staff complete their annual KCSIE online training module and Prevent training and provide a yearly update training session during INSET to all staff as well as ongoing CPD and e-bulletins during the year for staff to support the culture of safeguarding;
- › Are alert to the specific needs of children in need, those with special educational needs, health needs and young carers;
- › Understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the General Data Protection Regulation;
- › Understand the importance of information sharing, within the school, and with the three safeguarding partners, other agencies, organisations and practitioners;
- › Keep detailed, accurate, secure written records of concerns and referrals using CPOMS;
- › Understand and support the school with regards to the requirements of the Prevent duty and provide advice and support to staff on protecting children from the risk of radicalisation;
- › Understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at school (or college);
- › Recognise the additional risks that children with SEN and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support children with SEND to stay safe online;
- › Obtain access to resources and attend any relevant or refresher training courses; and
- › Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them. In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads at the termly Trust Forum and participating in training and Trust reviews, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, and at least annually, to allow them to understand and keep up with any developments relevant to their role;
- › Keep a training plan for the school which shows all training throughout the year, which includes safer recruitment trained staff members;
- › Be vigilant with regard to any learners who attend off-site alternative provision and the additional risk of harm associated with AP (alternative provision) sites.

5.3 The Trust Board and School Improvement Committee

The Board of Trustees will:

- › Appoint a Trustee for Safeguarding to monitor the effectiveness of this policy in conjunction with the School Improvement Committee
- › The school Improvement Committee will:
 - › Facilitate a whole-school approach to safeguarding, ensuring that safeguarding and child protection are at the forefront of, and underpin, all relevant aspects of process and policy development
 - › Evaluate and approve this policy at each review, ensuring it complies with the law, and hold the Headteacher to account for its implementation
 - › Be aware of its obligations under the Human Rights Act 1998, the Equality Act 2010 (including the Public Sector Equality Duty), and our school's local multi-agency safeguarding arrangements
 - › Appoint a safeguarding link governor to monitor the effectiveness of this policy in conjunction with the full School Improvement Committee. This is always a different person from the DSL.
 - › Ensure all staff undergo safeguarding and child protection training, including online safety, and that such training is regularly updated and is in line with advice from the safeguarding partners

- › Ensure that the school has appropriate filtering and monitoring systems in place, and review their effectiveness. This includes:
 - Making sure that the leadership team and staff are aware of the provisions in place, and that they understand their expectations, roles and responsibilities around filtering and monitoring as part of safeguarding training
 - Reviewing the [DfE's filtering and monitoring standards](#), and discussing with IT staff and service providers what needs to be done to support the school in meeting these standards
- › Make sure:
 - The DSL has the appropriate status and authority to carry out their job, including additional time, funding, training, resources and support
 - Online safety is a running and interrelated theme within the whole-school approach to safeguarding and related policies
 - The DSL has lead authority for safeguarding, including online safety and understanding the filtering and monitoring systems and processes in place
 - The school has procedures to manage any safeguarding concerns (no matter how small) or allegations that do not meet the harm threshold (low-level concerns) about staff members (including supply staff, volunteers and contractors). Appendix 3 of this policy covers this procedure.
 - That this policy reflects that children with SEND, or certain medical or physical health conditions, can face additional barriers to any abuse or neglect being recognised
- › Where another body is providing services or activities (regardless of whether or not the children who attend these services/activities are children on the school roll):
 - Seek assurance that the other body has appropriate safeguarding and child protection policies/procedures in place, and inspect them if needed
 - Ensure there are arrangements for the body to liaise with the school about safeguarding arrangements, where appropriate
 - Ensure that safeguarding requirements are a condition of using the school premises, and that any agreement to use the premises would be terminated if the other body fails to comply

All School Improvement Committee members will read *Keeping Children Safe in Education 2025* in its entirety.

Section 15 of this policy has information on how governors are supported to fulfil their role.

5.4 The Headteacher

The Headteacher is responsible for the implementation of this policy, including:

- › Ensuring that staff (including temporary staff) and volunteers:
 - Are informed of our systems which support safeguarding, including this policy, as part of their induction
 - Understand and follow the procedures included in this policy, particularly those concerning referrals of cases of suspected abuse and neglect
- › Communicating this policy to parents/carers when their child joins the school and via the school website
- › Ensuring that the DSL has appropriate time, funding, training and resources, and that there is always adequate cover if the DSL is absent
- › Ensuring that all staff undertake appropriate safeguarding and child protection training, including online safety filtering and monitoring and updating the content of the training regularly
- › Acting as the 'case manager' in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate

- › Making decisions regarding all low-level concerns, though they may wish to collaborate with the DSL on this.

5.5 Virtual school Heads

Virtual school Heads have a non-statutory responsibility for the strategic oversight of the educational attendance, attainment and progress of learners with a social worker.

They should also identify and engage with key professionals, e.g. DSLs, SENCOs, social workers, mental health leads and others.

6. Confidentiality

The Trust has a Data Protection policy.

In relation to sharing safeguarding and child protection information the following applies:

- › Timely information sharing is essential to effective safeguarding
- › Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children
- › The Data Protection Act (DPA) 2018 and UK GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe
- › If staff need to share 'special category personal data', the DPA 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information without consent if: 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
- › Staff should never promise a child that they will not tell anyone about a report of abuse, as this may not be in the child's best interests
- › If a victim asks the school not to tell anyone about the sexual violence or sexual harassment:
 - There's no definitive answer, because even if a victim doesn't consent to sharing information, staff may still lawfully share it if there's another legal basis under the UK GDPR that applies
 - The DSL will have to balance the victim's wishes against their duty to protect the victim and other children
 - The DSL should consider that:
 - Parents or carers should normally be informed (unless this would put the victim at greater risk)
 - The basic safeguarding principle is: if a child is at risk of harm, is in immediate danger, or has been harmed, a referral should be made to local authority children's social care
 - Rape, assault by penetration and sexual assault are crimes. Where a report of rape, assault by penetration or sexual assault is made, this should be referred to the police. While the age of criminal responsibility is 10, if the alleged perpetrator is under 10, the starting principle of referring to the police remains.
- › Regarding anonymity, all staff will:
 - Be aware of anonymity, witness support and the criminal process in general where an allegation of sexual violence or sexual harassment is progressing through the criminal justice system
 - Do all they reasonably can to protect the anonymity of any children involved in any report of sexual violence or sexual harassment, for example, carefully considering which staff should know about the report, and any support for children involved
 - Consider the potential impact of social media in facilitating the spreading of rumours and exposing victims' identities
- › The Government's [information sharing advice for safeguarding practitioners](#) includes 7 'golden rules' for sharing information, and will support staff who have to make decisions about sharing information

- › If staff are in any doubt about sharing information, they should speak to the DSL (or deputy)
- › Confidentiality is also addressed in this policy with respect to record-keeping in section 14, and allegations of abuse against staff in appendix 3

7. Recognising abuse and taking action

All staff are expected to be able to identify and recognise all forms of abuse, neglect and exploitation and shall be alert to the potential need for early help for a child who:

- › Is disabled
- › Has special educational needs (whether or not they have a statutory education health and care (EHC) plan)
- › Is a young carer
- › Is bereaved
- › Is showing signs of being drawn into anti-social or criminal behaviour, including being affected by gangs and county lines and organised crime groups and/or serious violence, including knife crime
- › Is frequently missing/goes missing from education, care or home
- › Is at risk of modern slavery, trafficking, sexual and/or criminal exploitation
- › Is at risk of being radicalised or exploited
- › Is viewing problematic and/or inappropriate online content (for example, linked to violence), or developing inappropriate relationships online
- › Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- › Is misusing drugs or alcohol
- › Is suffering from mental ill health
- › Has returned home to their family from care
- › Is at risk of so-called 'honour'-based abuse such as female genital mutilation (FGM) or forced marriage
- › Is a privately fostered child
- › Has a parent or carer in custody or is affected by parental offending
- › Is missing education, or persistently absent from school, or not in receipt of full-time education
- › Has experienced multiple suspensions and is at risk of, or has been permanently excluded

Staff, volunteers and governors must follow the procedures set out in Appendix E in the event of a safeguarding issue.

Please note – in this and subsequent sections, you should take any references to the DSL to mean “the DSL (or deputy DSL)”.

7.1 If a child is suffering or likely to suffer harm, or in immediate danger

Make a referral to children’s social care and/or the police **immediately** if you believe a child is suffering or likely to suffer from harm, or is in immediate danger. **Anyone can make a referral.**

Tell the DSL (see section 5.2) as soon as possible if you make a referral directly.

Referrals for safeguarding and child protection should be made to the Access and Response Team (ART) - [Access and Response Team \(ART\) | South Gloucestershire \(southglos.gov.uk\)](https://www.southglos.gov.uk)

7.2 If a child makes a disclosure to you

If a child discloses a safeguarding issue to you, you should:

- › Listen to and believe them. Allow them time to talk freely and do not ask leading questions
- › Stay calm and do not show that you are shocked or upset
- › Tell the child they have done the right thing in telling you. Do not tell them they should have told you sooner
- › Explain what will happen next and that you will have to pass this information on. Do not promise to keep it a secret.
- › Write up your conversation as soon as possible in the child's own words. Stick to the facts, and do not put your own judgement on it.
- › Sign and date the write-up and pass it on to the DSL. Alternatively, if appropriate, make a referral to children's social care and/or the police directly (see 7.1), and tell the DSL as soon as possible that you have done so. Aside from these people, do not disclose the information to anyone else unless told to do so by a relevant authority involved in the safeguarding process.

Bear in mind that some children may:

- › Not feel ready, or know how to tell someone that they are being abused, exploited or neglected
- › Not recognise their experiences as harmful
- › Feel embarrassed, humiliated or threatened. This could be due to their vulnerability, disability, sexual orientation and/or language barriers.

None of this should stop you from having a 'professional curiosity' and speaking to the DSL if you have concerns about a child.

7.3 If you discover that FGM has taken place or a learner is at risk of FGM

Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs".

FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.

Possible indicators that a learner has already been subjected to FGM, and factors that suggest a learner may be at risk, are set out in appendix 4 of this policy.

Any teacher who either:

- Is informed by a girl under 18 that an act of FGM has been carried out on her; or
- Observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth

Must immediately report this to the police, personally. This is a mandatory statutory duty, and teachers will face disciplinary sanctions for failing to meet it.

Unless they have been specifically told not to disclose, they should also discuss the case with the DSL and involve children's social care as appropriate.

Any other member of staff who discovers that an act of FGM appears to have been carried out on a **learner under 18** must speak to the DSL and follow our local safeguarding procedures.

The duty for teachers mentioned above does not apply in cases where a learner is *at risk* of FGM or FGM is suspected but is not known to have been carried out. Staff should not examine learners.

Any member of staff who suspects a learner is *at risk* of FGM or suspects that FGM has been carried out or discovers that a learner **aged 18 or over** appears to have been a victim of FGM should speak to the DSL and follow our local safeguarding procedures.

7.4 If you have concerns about a child (as opposed to believing a child is suffering or likely to suffer from harm, or is in immediate danger)

Figure 1 below, before section 7.7, illustrates the procedure to follow if you have any concerns about a child's welfare.

Where possible, speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Speak to a member of the senior leadership team and/or take advice from local authority children's social care. You can also seek advice at any time from the NSPCC helpline on 0808 800 5000. Share details of any actions you take with the DSL as soon as practically possible.

Make a referral to local authority children's social care directly, if appropriate (see 'Referral' below). Share any action taken with the DSL as soon as possible.

Early help assessment

If an early help assessment is appropriate, the DSL will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead practitioner.

We will discuss and agree, with statutory safeguarding partners, levels for the different types of assessment, as part of local arrangements.

The DSL will keep the case under constant review and the school will consider a referral to local authority children's social care if the situation does not seem to be improving. Timelines of interventions will be monitored and reviewed.

We will work with our partners in Compass where necessary.

Referral

If it is appropriate to refer the case to local authority children's social care or the police, the DSL will make the referral or support you to do so.

If you make a referral directly (see section 7.1), you must tell the DSL as soon as possible.

The local authority will make a decision within 1 working day of a referral about what course of action to take and will let the person who made the referral know the outcome. The DSL or person who made the referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.

South Glos. Access and Response (Student's home postcodes: BS34 & 35)

Telephone number 01454 866000

Bristol Children's Services (Student's home postcodes: BS7-10)

Telephone number 0117 9038700

If the child's situation does not seem to be improving after the referral, the DSL or person who made the referral must follow local escalation procedures to ensure their concerns have been addressed and that the child's situation improves.

The Local authority escalation procedures can be found here: [Resolution-of-Profesisonal-Differences-Policy-Oct-2020-FINAL.pdf \(southglos.gov.uk\)](#)

7.5 If you have concerns about extremism

If a child is not suffering or likely to suffer from harm, or in immediate danger, where possible speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Speak to a member of the senior leadership team and/or seek advice from local authority children's social care. Make a referral to local authority children's social care directly, if appropriate (see 'Referral' above). Inform the DSL or deputy as soon as practically possible after the referral.

Where there is a concern, the DSL will consider the level of risk and decide which agency to make a referral to. This could include [Channel](#), the government's programme for identifying and supporting individuals at risk of being drawn into terrorism, or the local authority children's social care team.

The Department for Education also has a dedicated telephone helpline, 020 7340 7264, which school staff and governors can call to raise concerns about extremism with respect to a learner. You can also email counter.extremism@education.gov.uk. Note that this is not for use in emergency situations.

In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you:

- › Think someone is in immediate danger
- › Think someone may be planning to travel to join an extremist group
- › See or hear something that may be terrorist-related

7.6 Mental health concerns

At our school, we aim to promote positive mental health for every member of our staff and learner body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable learners.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. We aim not to diagnose but instead be pre-emptive and proactive in supporting young people. Working together with other agencies and early help assessment are key parts of our approach. KCSIE 2025 recognises that early help processes for learners and young people with mental health needs is required.

Any member of staff who is concerned about the mental health or wellbeing of a learner should ensure that this information is shared with the DSL. The DSL and safeguarding team will then triage and refer it on to the key Mental Health First Aiders/DMHL in the school for investigation and support. Decisions about appropriate support will be made on a case-by-case basis by the DSL, DMHL and MHFA.

If there is a fear that the learner is in danger of immediate harm, then the normal **child protection procedures should be followed with an immediate referral to the DSL as detailed in the school child protection and safeguarding policy.**

If the learner presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the **first aid staff** and contacting the emergency services if necessary.

Any first aid treatment should also be recorded in Arbor by the staff administering treatment. This should be done within 24 hours.

Where a referral to CAMHS is appropriate, this will be led and managed by the DMHL working closely with the DSL, Head of Year/Class teacher and SENCO.

Tracking learners with Mental Health concerns

The **Mental Health First Aiders (MHFA) and DMHL** will use CPOMS to record

- Details of concerns
- The Interventions and support given in the school (detailed SEMH interventions within EDUKEY)
- The role the school can play
- Outcomes being sought through intervention
- Referrals to outside agencies
- Liaison with GP or other external organisations

A termly review with the DSL should take place to formally case discuss each learner logged with a mental health concern.

Signposting

We will ensure that staff, learners and parents are aware of sources of support within school and in the local community.

For learners we will raise awareness through:

- posters in classrooms, toilets and corridors
- presentations in assemblies
- discussions with tutors/class teachers
- PSHE

Crisis support lines will be visible and referred to, such as Anna Freud's crisis line.

Individual healthcare plans (IHPs), EHAP and Integrated Learner Support Plans (ILSP)

Where mental health issues are on-going and are affecting attendance at school, lesson attendance and ability to manage the environment, we will coordinate support through either an IHP, an EHAP (if other agencies are working with the child and family) or through an ILSP

Plans are written in collaboration with the learner (if appropriate), their parent/carer, and any other relevant professionals.

The plan is likely to contain some of the following details:

- The mental health issue (and its triggers, signs, symptoms and treatments)
- The learner's needs resulting from the condition
- Specific support for the learner's educational, social and emotional needs
- The level of support needed
- Who will provide the support
- Who in our school needs to be aware of the child's condition
- What to do in an emergency

Making external referrals

If a learner's needs cannot be met by the internal offer our school provides, our school will make, or encourage parents/carers to make, a referral for external support. Appendix H provides information on referring to CAMHS

A learner could be referred to:

- Their GP or a paediatrician
- CAMHS
- Mental health charities (e.g. [Samaritans](#), [Mind](#), [Young Minds](#), [Kooth](#))
- Local counselling services

Where the DSL/DMHL feel it is necessary, they will assess risk regarding being able to manage the learner on site if the mental issues are acute. The DSL/DMH may ask for a consultation with the Primary Mental Health school link, or the GP, following consent from the parent or carer.

There will be a written risk assessment when required, which the parent and learner (where appropriate) will contribute to (Appendix D)

Section 19 of the Education Act 1996 states that each local authority must make arrangements for

- the provision of suitable education at school
- for those children of compulsory school age who by reason of illness, exclusion from school or otherwise may not for any period receive suitable education unless arrangements are made for them.

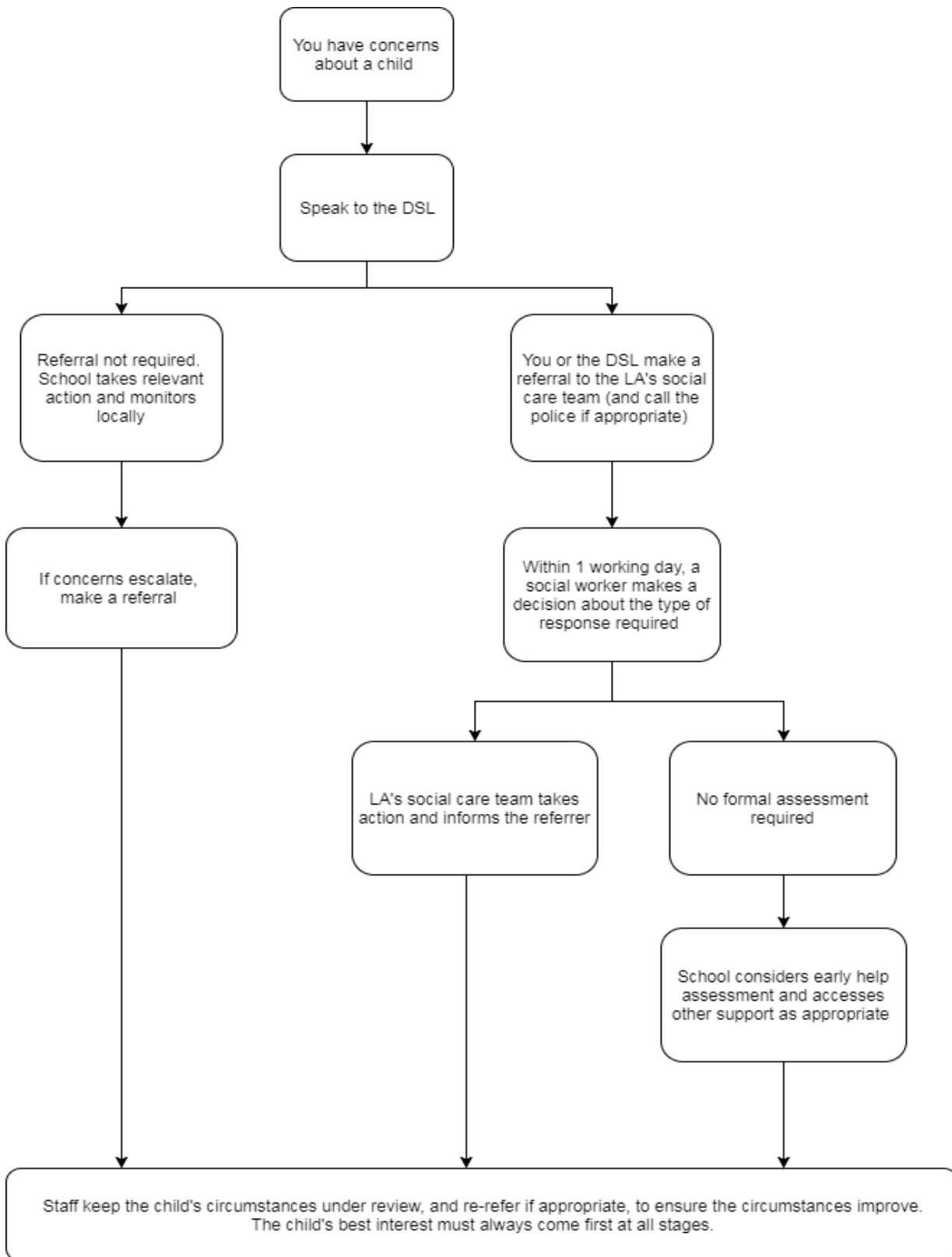
This includes where a learner will be absent from school for over 15 days due to their mental health.

The DSL/DMHL will notify the LA named officer where is believes that, despite adjustments in provision, they are not able to manage the learner's health needs in school at that time.

The Trust *Supporting Learners with Health Needs Who Cannot Attend School* Policy should be read for full details.

Figure 1: procedure if you have concerns about a child’s welfare (as opposed to believing a child is suffering or likely to suffer from harm, or in immediate danger)

(Note – if the DSL is unavailable, this should not delay action. See section 7.4 for what to do.)



7.7 Concerns about a staff member, supply teacher, volunteer or contractor

If you have concerns about a member of staff (including a supply teacher, volunteer or contractor), or an allegation is made about a member of staff (including a supply teacher, volunteer or contractor) posing a risk of harm to children, speak to the Headteacher as soon as possible. If the concerns/allegations are about the Headteacher, speak to a member of the Trust's Executive Leadership Team.

The allegation will be dealt with in accordance with national guidance and agreements, as implemented locally by the South Gloucestershire Children's Partnership.

Part 4 of KCSIE 2025 sets out the responsibility of schools in relation to managing allegations against staff and these are set out fully in the Trust's *Managing Allegations against Staff* policy. This guidance will be followed where it is alleged that anyone working in the school that provides education for children under 18 years of age, including supply teachers and volunteers has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child;
- behaved towards a child or children in a way that indicates that he or she would pose a risk of harm to children;
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

Allegations against a member of staff should be brought to the attention of the Headteacher and/or DSL in the first instance, unless the Headteacher is the subject of the allegation; in this situation the allegation should be referred to the Trust's Executive Leadership Team. If contacted with regard to an allegation against the Headteacher or a member of the Trust's Executive Leadership Team, the Chair of Trustees will need to be informed and will follow the LA *'Guidance for Chairs of Governors Dealing with Child Protection Allegations Against the Headteacher'* and will contact the Local Authority Designated Officer (LADO) without delay.

Where you believe there is a conflict of interest in reporting a concern or allegation about a member of staff (including a supply teacher, volunteer or contractor) to the Headteacher, report it directly to the local authority designated officer (LADO). Information about contacting the LADO is on page 3.

An allegation must not be discussed with the alleged perpetrators or other members of staff / governors, unless advised to do so by a LADO. All concerns against a member of staff must be reported without delay.

If we receive an allegation relating to an incident where an individual or organisation was using the school premises for running an activity for children, we will follow our school safeguarding policies and procedures, informing the LADO, as we would with any safeguarding allegation.

These procedures are also included in staff training.

Low Level Concerns

Concerns may be graded low-level if the concern does not meet the criteria for an allegation; and the person* has acted in a way that is inconsistent with the Olympus staff Code of Conduct, including inappropriate conduct outside of work. Example behaviours include, but are not limited to:

- being over-friendly with children;
- having favourite learners;
- taking photographs of children on their mobile phone;
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door; or
- using inappropriate humiliating, intimidating or offensive language.

If the concern has been raised via a third party, the Headteacher/DSL should collect as much evidence as possible by speaking:

- directly to the person who raised the concern, unless it has been raised anonymously;
- to the individual involved and any witnesses.

Reports about supply staff and contractors will be notified to their employers, so any potential patterns of inappropriate behaviour can be identified.

Staff are encouraged to self-refer, where, for example, they have found themselves in a situation which could be misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standards.

Low-level concerns will be recorded in writing, including:

- name* of individual sharing their concerns;
- details of the concern;
- context in which the concern arose;
- action taken.

Staff are able to share low-level concerns confidentially.

Records will be kept confidential, held securely and comply with the Data Protection Act 2018. Information on individual will be kept at least until the individual leaves our employment.

Records will be reviewed so that potential patterns of concerning, problematic or inappropriate behaviour can be identified.

Reviews will take place as part of the Leadership Meeting agendas throughout the year which have low-level concerns and emotional health and wellbeing of staff as an agenda item.

If a concerning pattern of behaviour is identified and has then met the criteria for an allegation, then the matter will be referred to the LADO.

Further information about low level concerns is contained within the Trust *Managing Allegations* Policy and within the Trust *Staff Code of Conduct*.

7.8 Allegations of abuse made against other learners

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”, as this can lead to a culture of unacceptable behaviours and an unsafe environment for learners.

We also recognise the gendered nature of child-on-child abuse. However, all child-on-child abuse is unacceptable and will be taken seriously.

Most cases of learners hurting other learners will be dealt with under our school's behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- › Is serious, and potentially a criminal offence
- › Could put learners in the school at risk
- › Is violent
- › Involves learners being forced to use drugs or alcohol
- › Involves sexual exploitation, sexual abuse or sexual harassment, such as indecent exposure, sexual assault, up-skirting or sexually inappropriate pictures or videos (including the sharing of nudes and semi-nudes)

See appendix B for more information about child-on-child abuse.

Procedures for dealing with allegations of child-on-child abuse

If a learner makes an allegation of abuse against another learner:

- › You must record the allegation and tell the DSL, but do not investigate it
- › The DSL will contact the local authority children's social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence
- › The DSL will put a risk assessment and support plan into place for all children involved (including the victim(s), the child(ren) against whom the allegation has been made and any others affected) with a named person they can talk to if needed. This will include considering school transport as a potentially vulnerable place for a victim or alleged perpetrator(s)
- › The DSL will contact the children and adolescent mental health services (CAMHS), if appropriate

If the incident is a criminal offence and there are delays in the criminal process, the DSL will work closely with the police (and other agencies as required) while protecting children and/or taking any disciplinary measures against the alleged perpetrator. We will ask the police if we have any questions about the investigation.

We will support all children – victims, alleged perpetrators and children involved as part of a friendship or wider group.

Creating a supportive environment in school and minimising the risk of child-on-child abuse

We recognise the importance of taking proactive action to minimise the risk of child-on-child abuse, and of creating a supportive environment where victims feel confident in reporting incidents.

To achieve this, we will:

- › Challenge any form of derogatory or sexualised language or inappropriate behaviour between peers, including requesting or sending sexual images
- › Be vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards female learners, and initiation or hazing type violence with respect to boys
- › Ensure our curriculum helps to educate learners about appropriate behaviour and consent
- › Ensure learners are able to easily and confidently report abuse using our reporting systems (as described in section 7.10 below)
- › Ensure staff reassure victims that they are being taken seriously
- › Be alert to reports of sexual violence and/or harassment that may point to environmental or systemic problems that could be addressed by updating policies, processes and the curriculum, or could reflect wider issues in the local area that should be shared with safeguarding partners
- › Support children who have witnessed sexual violence, especially rape or assault by penetration. We will do all we can to make sure the victim, alleged perpetrator(s) and any witnesses are not bullied or harassed
- › Consider intra-familial harms and any necessary support for siblings following a report of sexual violence and/or harassment
- › Ensure staff are trained to understand:
 - How to recognise the indicators and signs of child-on-child abuse, and know how to identify it and respond to reports
 - That even if there are no reports of child-on-child abuse in school, it does not mean it is not happening – staff should maintain an attitude of “it could happen here”
 - That if they have any concerns about a child’s welfare, they should act on them immediately rather than wait to be told, and that victims may not always make a direct report. For example:
 - Children can show signs or act in ways they hope adults will notice and react to
 - A friend may make a report
 - A member of staff may overhear a conversation
 - A child’s behaviour might indicate that something is wrong
 - That certain children may face additional barriers to telling someone because of their vulnerability, disability, gender, ethnicity and/or sexual orientation
 - That a learner harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy
 - The important role they have to play in preventing child-on-child abuse and responding where they believe a child may be at risk from it
 - That they should speak to the DSL if they have any concerns
 - That social media is likely to play a role in the fall-out from any incident or alleged incident, including for potential contact between the victim, alleged perpetrator(s) and friends from either side

The DSL will take the lead role in any disciplining of the alleged perpetrator(s). We will provide support at the same time as taking any disciplinary action.

Disciplinary action can be taken while other investigations are going on, e.g. by the police. The fact that another body is investigating or has investigated an incident does not (in itself) prevent our school from coming to its own conclusion about what happened and imposing a penalty accordingly. We will consider these matters on a case-by-case basis, taking into account whether:

- › Taking action would prejudice an investigation and/or subsequent prosecution – we will liaise with the police and/or LA children’s social care to determine this
- › There are circumstances that make it unreasonable or irrational for us to reach our own view about what happened while an independent investigation is ongoing

7.9 Sharing of nudes and semi-nudes (‘sexting’)

This is a suggested approach based on [guidance from the UK Council for Internet Safety](#) for all staff and for DSLs and senior leaders.

Your responsibilities when responding to an incident

If you are made aware of an incident involving the consensual or non-consensual sharing of nude or semi-nude images/videos, including pseudo-images, which are computer-generated images that otherwise appear to be a photograph or video (also known as ‘sexting’ or ‘youth produced sexual imagery’), you must report it to the DSL immediately

You must **not**:

- › View, copy, print, share, store or save the imagery yourself, or ask a learner to share or download it (if you have already viewed the imagery by accident, you must report this to the DSL)
- › Delete the imagery or ask the learner to delete it
- › Ask the learner(s) who are involved in the incident to disclose information regarding the imagery (this is the DSL’s responsibility)
- › Share information about the incident with other members of staff, the learner(s) it involves or their, or other, parents and/or carers
- › Say or do anything to blame or shame any young people involved

You should explain that you need to report the incident, and reassure the learner(s) that they will receive support and help from the DSL.

Initial review meeting

Following a report of an incident, the DSL will hold an initial review meeting with appropriate school staff – this may include the staff member who reported the incident and the safeguarding or leadership team that deals with safeguarding concerns. This meeting will consider the initial evidence and aim to determine:

- › Whether there is an immediate risk to learner(s)
- › If a referral needs to be made to the police and/or children’s social care
- › If it is necessary to view the image(s) in order to safeguard the young person (in most cases, images or videos should not be viewed)
- › What further information is required to decide on the best response
- › Whether the image(s) has been shared widely and via what services and/or platforms (this may be unknown)
- › Whether immediate action should be taken to delete or remove images or videos from devices or online services
- › Any relevant facts about the learners involved which would influence risk assessment
- › If there is a need to contact another school, college, setting or individual
- › Whether to contact parents or carers of the learners involved (in most cases parents/carers should be involved)

The DSL will make an immediate referral to police and/or children’s social care if:

- › The incident involves an adult
- › There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example, owing to special educational needs)
- › What the DSL knows about the images or videos suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
- › The imagery involves sexual acts and any learner in the images or videos is under 13
- › The DSL has reason to believe a learner is at immediate risk of harm owing to the sharing of nudes and semi-nudes (for example, the young person is presenting as suicidal or self-harming)

If none of the above apply then the DSL, in consultation with the Headteacher and other members of staff as appropriate, may decide to respond to the incident without involving the police or children's social care. The decision will be made and recorded in line with the procedures set out in this policy.

Further review by the DSL

If at the initial review stage a decision has been made not to refer to police and/or children's social care, the DSL will conduct a further review to establish the facts and assess the risks.

They will hold interviews with the learners involved (if appropriate).

If at any point in the process there is a concern that a learner has been harmed or is at risk of harm, a referral will be made to children's social care and/or the police immediately.

Informing parents/carers

The DSL will inform parents/carers at an early stage and keep them involved in the process, unless there is a good reason to believe that involving them would put the learner at risk of harm.

Referring to the police

If it is necessary to refer an incident to the police, this will be done dialling 101.

Recording incidents

All incidents of sharing of nudes and semi-nudes, and the decisions made in responding to them, will be recorded. The record-keeping arrangements set out in section 14 of this policy also apply to recording these incidents.

Curriculum coverage:

Learners are taught about the issues surrounding the sharing of nudes and semi-nudes as part of our relationships education/relationships and sex education and during safeguarding tutorials and computing programmes. Teaching covers the following in relation to the sharing of nudes and semi-nudes:

- › What it is
- › How it is most likely to be encountered
- › The consequences of requesting, forwarding or providing such images, including when it is and is not abusive and when it may be deemed as online sexual harassment
- › Issues of legality
- › The risk of damage to people's feelings and reputation

Learners also learn the strategies and skills needed to manage:

- › Specific requests or pressure to provide (or forward) such images
- › The receipt of such images

This policy on the sharing of nudes and semi-nudes is also shared with learners so they are aware of the processes the school will follow in the event of an incident.

- Putting safeguarding first
- Approaching from the perspective of the child
- Promoting dialogue and understanding
- Empowering and enabling children and young people

- › Never frightening or scare-mongering

Challenging victim-blaming attitudes

7.10 Reporting systems for our learners

Where there is a safeguarding concern, we will take the child's wishes and feelings into account when determining what action to take and what services to provide.

We recognise the importance of ensuring learners feel safe and comfortable to come forward and report any concerns and/or allegations.

To achieve this, we will:

- › Put systems in place for learners to confidently report abuse
- › Ensure our reporting systems are well promoted, easily understood and easily accessible for learners
- › Make it clear to learners that their concerns will be taken seriously, and that they can safely express their views and give feedback

If students have any concerns that need to be reported, they can report this via our website, speak to a trusted adult in school, or speak to a parent/carer and they are able to make contact with us directly. Students are aware of which members of staff are part of the safeguarding team, but all staff members are part of the extended safeguarding team. Students are able to speak with their Year Leader or with a member of the Safeguarding Team directly if they need to.

Students are made aware of who they speak to through assemblies, safeguarding tutorials or by speaking with members of staff who are able to signpost them to an appropriate adult. All of our safeguarding team wear bright pink lanyards, so that they are easily identifiable.

At Patchway Community School we have a safe to speak policy, which is promoted during assemblies and safeguarding tutorials and students talk about this openly with each other. Once a disclosure has been made, support is offered to the student for as long as necessary.

8. Online safety and the use of mobile technology

We recognise the importance of safeguarding children from potentially harmful and inappropriate online material, and we understand that technology is a significant component in many safeguarding and well-being issues.

To address this, our school aims to:

- › Have robust processes (including filtering and monitoring systems) in place to ensure the online safety of learners, staff, volunteers and governors
- › Protect and educate the whole school community in its safe and responsible use of technology, including mobile and smart technology (which we refer to as 'mobile phones')
- › Set clear guidelines for the use of mobile phones for the whole school community
- › Establish clear mechanisms to identify, intervene in and escalate any incidents or concerns, where appropriate

Our online safety policy can be found [here](#):

The 4 key categories of risk

Our approach to online safety is based on addressing the following categories of risk:

- › **Content** – being exposed to illegal, inappropriate or harmful content, such as pornography, racism, misogyny, self-harm, suicide, antisemitism, radicalisation, extremism, misinformation, disinformation (including fake news) and conspiracy theories
- › **Contact** – being subjected to harmful online interaction with other users, such as peer-to-peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes

- › **Conduct** – personal online behaviour that increases the likelihood of, or causes, harm, such as making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography), sharing other explicit images and online bullying; and
- › **Commerce** – risks such as online gambling, inappropriate advertising, phishing and/or financial scams

To meet our aims and address the risks above we will:

- › Educate learners about online safety as part of our curriculum. For example:
 - The safe use of social media, the internet and technology
 - Keeping personal information private
 - How to recognise unacceptable behaviour online
 - How to report any incidents of cyber-bullying, ensuring learners are encouraged to do so, including where they are a witness rather than a victim
- › Train staff, as part of their induction, on safe internet use, filtering and monitoring and online safeguarding issues including cyber-bullying and the risks of online radicalisation. All staff members will receive refresher training at least once each academic year
- › Educate parents/carers about online safety via our website, communications sent directly to them and during parents' evenings. We will also share clear procedures with them so they know how to raise concerns about online safety.
- › Make sure staff are aware of any restrictions placed on them with regards to the use of their mobile phone and cameras, for example that:
 - Staff are allowed to bring their personal phones to school for their own use, but will limit such use to non-contact time when learners are not present
 - Staff will not take pictures or recordings of learners on their personal phones or cameras
- › Make all learners, parents/carers, staff, volunteers and governors aware that they are expected to sign an agreement regarding the acceptable use of the internet in school, use of the school's ICT systems and use of their mobile and smart technology
- › Explain the sanctions we will use if a learner is in breach of our policies on the acceptable use of the internet and mobile phones
- › Make sure all staff, learners and parents/carers are aware that staff have the power to search learners' phones, as set out in the [DfE's guidance on searching, screening and confiscation](#)
- › Put in place robust filtering and monitoring systems to limit children's exposure to the 4 key categories of risk (described above) from the school's IT systems
- › Carry out an annual review of our approach to online safety, supported by an annual risk assessment that considers and reflects the risks faced by our school community

This section summarises our approach to online safety and mobile phone use. For comprehensive details about our school's policy on online safety and the use of mobile phones and devices, please refer to our Trust *IT Acceptable Use Policy*, which includes social media use.

8.11 Artificial intelligence (AI)

Generative artificial intelligence (AI) tools are now widespread and easy to access. Staff, learners and parents/carers may be familiar with generative chatbots such as ChatGPT and Google Gemini

Patchway Community School recognises that AI has many uses, including enhancing teaching and learning, and in helping to protect and safeguard pupils. However, AI may also have the potential to facilitate abuse (e.g. bullying and grooming) and/or expose learners to harmful content. For example, in the form of 'deepfakes', where AI is used to create images, audio or video hoaxes that look real.

Patchway Community School will treat any use of AI to access harmful content or bully learners in line with this policy, our anti-bullying/behaviour policy and Artificial Intelligence Policy

Staff should be aware of the risks of using AI tools whilst they are still being developed and should carry out risk assessments for any new AI tool being used by the school. Our school's requirements for filtering and monitoring also apply to the use of AI, in line with Keeping Children Safe in Education.

9. Notifying parents or carers

Where appropriate, we will discuss any concerns about a child with the child's parents or carers. The DSL will normally do this in the event of a suspicion or disclosure.

Other staff will only talk to parents or carers about any such concerns following consultation with the DSL.

If we believe that notifying the parents or carers would increase the risk to the child, we will discuss this with the local authority children's social care team before doing so.

In the case of allegations of abuse made against other children, we will normally notify the parents or carers of all the children involved. We will think carefully about what information we provide about the other child involved, and when. We will work with the police and/or local authority children's social care to make sure our approach to information sharing is consistent.

The DSL will, along with any relevant agencies (this will be decided on a case-by-case basis):

- › Meet with the victim's parents or carers, with the victim, to discuss what's being put in place to safeguard them, and understand their wishes in terms of what support they may need and how the report will be progressed
- › Meet with the alleged perpetrator's parents or carers to discuss support for them, and what's being put in place that will impact them, e.g. moving them out of classes with the victim, and the reason(s) behind any decision(s)

10. Learners with special educational needs, disabilities or health issues

We recognise that pupils with SEND or certain health conditions can face additional safeguarding challenges. Children with disabilities are more likely to be abused than their peers. Additional barriers can exist when recognising abuse, exploitation and neglect in this group, including:

- › Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration
- › Learners being more prone to peer group isolation or bullying (including prejudice-based bullying) than other learners
- › The potential for learners with SEN, disabilities or certain health conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- › Communication barriers and difficulties in managing or reporting these challenges
- › Cognitive understanding- being unable to understand the difference between fact and fiction in online content and then repeating the content/behaviours in schools or colleges or the consequences of doing so

We offer extra pastoral support for these learners. This includes:

Interventions with the SEND Team/SEMH Hub Lead/Year Leader or Safeguarding Team.

1:1 support from Year Leader/Safeguarding Team.

Referrals to external agencies for additional support, if required (School Health Nurse, Education Mental Health Support Team, Police).

Any abuse involving learners with SEND will require close liaison with the DSL (or deputy) and the SENCO.

11. Learners with a social worker

Learners may need a social worker due to safeguarding or welfare needs. We recognise that a child's experiences of adversity and trauma can leave them vulnerable to further harm as well as potentially creating barriers to attendance, learning, behaviour and mental health.

The DSL and all members of staff will work with and support social workers to help protect vulnerable children.

Where we are aware that a learner has a social worker, the DSL will always consider this fact to ensure any decisions are made in the best interests of the learner's safety, welfare and educational outcomes. For example, it will inform decisions about:

- › Responding to unauthorised absence or missing education where there are known safeguarding risks
- › The provision of pastoral and/or academic support
- › Responses to behaviour

12. Looked-after and previously looked-after children

We will ensure that staff have the skills, knowledge and understanding to keep looked-after children and previously looked-after children safe. In particular, we will ensure that:

- › Appropriate staff have relevant information about children's looked after legal status, contact arrangements with birth parents or those with parental responsibility, and care arrangements
- › The DSL has details of children's social workers and relevant virtual school heads

We have appointed a designated teacher, Gemma Mills, who is responsible for promoting the educational achievement of looked-after children and previously looked-after children in line with [statutory guidance](#).

The designated teacher is appropriately trained and has the relevant qualifications and experience to perform the role.

As part of their role, the designated teacher will:

- › Work closely with the DSL to ensure that any safeguarding concerns regarding looked-after and previously looked-after children are quickly and effectively responded to
- › Work with virtual school Heads to promote the educational achievement of looked-after and previously looked-after children, including discussing how Pupil Premium plus funding can be best used to support looked-after children and meet the needs identified in their personal education plans

13. Learners who are lesbian, gay, bisexual or gender questioning

The section of KCSIE 2025 on gender questioning children remains under review, pending the publication of revised guidance.

We recognise that learners who are (or who are perceived to be) lesbian, gay, bisexual or gender questioning (LGBTQ+) can be targeted by other children. See our behaviour policy for more detail on how we prevent bullying based on gender or sexuality.

We also recognise that LGBTQ+ children are more likely to experience poor mental health. Any concerns should be reported to the DSL.

When families/carers are making decisions about support for gender questioning pupils, they should be encouraged to seek clinical help and advice. This should be done as early as possible when supporting pre-pubertal children.

When supporting a gender questioning learner, we will take a cautious approach as there are still unknowns around the impact of social transition, and a learner may have wider vulnerability, such as complex mental health and psychosocial needs, and in some cases, autism and/or attention deficit hyperactivity disorder (ADHD).

We will also consider the broad range of their individual needs, in partnership with their parents/carers (other than in rare circumstances where involving parents/carers would constitute a significant risk of harm to the learner). We will also include any clinical advice that is available and consider how to address wider vulnerabilities such as the risk of bullying.

Risks can be compounded where children lack trusted adults with whom they can be open. We therefore aim to reduce the additional barriers faced and create a culture where learners can speak out or share their concerns with members of staff.

14. Complaints and concerns about school safeguarding policies

14.1 Complaints against staff

Complaints against staff that are likely to require a child protection investigation will be handled in accordance with our policy for dealing with *Allegations of Abuse Made Against Staff* which can be found [here](#).

14.2 Other complaints

For all other complaints about safeguarding, which relate to learners and premises, these will be handled through the Trust *Complaints Policy*, which can be found [here](#).

Our *Early Years Policy* can be found [here](#).

14.3 Whistle-blowing

We have a separate *Whistle-blowing* policy, which can be found [here](#): This policy applies to all employees, Trustees of the Trust and other workers who may be involved in the running of the Trust at any time. Other individuals performing functions in relation to the Trust, such as agency workers consultants and contractors, are encouraged to use it.

A whistleblowing disclosure must be about something that affects the general public such as:

- a criminal offence has been committed, is being committed or is likely to be committed;
- a legal obligation has been breached;
- there has been a miscarriage of justice;
- the health or safety of an individual has been endangered;
- the environment has been damaged;
- information about any of the above has been concealed.

The NSPCC runs a whistleblowing helpline on behalf of the government, the number is 0800 028 0285 or you can contact them by emailing them directly using help@nspcc.org.uk

15. Record-keeping

We will hold records in line with our records retention schedule.

All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded in writing. If you are in any doubt about whether to record something, discuss it with the DSL.

Records will include:

- › A clear and comprehensive summary of the concern
- › Details of how the concern was followed up and resolved
- › A note of any action taken, decisions reached and the outcome

Concerns and referrals will be stored securely on the CPOMS system.

Any non-confidential records will be readily 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. There is limited access to this confidential information.

Safeguarding records relating to individual children will be retained for a reasonable period of time after they have left the school.

If a child for whom the school has, or has had, safeguarding concerns moves to another school, the DSL will ensure that their child protection file is forwarded as soon as possible, securely, and separately from the main learner file.

To allow the new school/college to have support in place when the child arrives, this should be within:

- › **5 days** for an in-year transfer, or within
- › **The first 5 days** of the start of a new term

In addition, if the concerns are significant or complex, and/or social services are involved, the DSL will speak to the DSL of the receiving school and provide information to enable them to have time to make any necessary preparations to ensure the safety of the child.

We will share information with other agencies when this is appropriate, in line with our local safeguarding procedures. [Information Sharing | Safeguarding South Gloucestershire \(southglos.gov.uk\)](https://www.southglos.gov.uk/information-sharing-safeguarding)

16. Training

16.1 All staff

All staff members will undertake safeguarding and child protection training at induction, including on whistle-blowing procedures and online safety, to ensure they understand the school's safeguarding systems and their responsibilities, and can identify signs of possible abuse or neglect.

This training will be regularly updated and will:

- › Be integrated, aligned and considered as part of the whole-school safeguarding approach and wider staff training, and curriculum planning
- › Be in line with advice from the 3 safeguarding partners
- › Include online safety, including an understanding of the expectations, roles and responsibilities for staff around filtering and monitoring
- › Have regard to the Teachers' Standards to support the expectation that all teachers:
 - Manage behaviour effectively to ensure a good and safe environment
 - Have a clear understanding of the needs of all learners

All staff will have training on the Government's anti-radicalisation strategy, Prevent, to enable them to identify children at risk of being drawn into terrorism and to challenge extremist ideas.

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding and child protection training to enable them to keep learners safe.

Staff will also receive regular safeguarding and child protection updates, including on online safety, as required but at least annually (for example, through e-mails, e-bulletins and staff meetings).

All staff attend a safeguarding update during INSET in Term 1.

Volunteers will receive appropriate training, as applicable.

Approved contractors receive information on arrival regarding our expectations to share information with the DSL if they see or hear anything of concern whilst they are in our building.

16.2 The DSL and deputy/deputies

The DSL and deputy/deputies will undertake child protection and safeguarding training at least every 2 years.

In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins, meeting other DSLs, attending the Trust safeguarding forum or taking time to read and digest safeguarding developments).

They will also undertake Prevent awareness training each year.

16.3 Governors and Trustees

All governors and trustees receive training about safeguarding and child protection (including online safety) at induction, which is regularly updated. This is to make sure that they:

- › Have the knowledge and information needed to perform their functions and understand their responsibilities, such as providing strategic challenge

- › Can be assured that safeguarding policies and procedures are effective and support the school to deliver a robust whole-school approach to safeguarding

16.4 Recruitment – interview panels

At least one person conducting any interview for any post at the school will have undertaken safer recruitment training. This will cover, as a minimum, the contents of *Keeping Children Safe in Education*, and will be in line with local safeguarding procedures.

16.5 Staff who have contact with learners and families

All staff who have contact with children and families will have supervision, which will provide them with support, coaching and training, promoting the interests of children and allowing for confidential discussions of sensitive issues.

17. Monitoring arrangements

This policy will be reviewed **annually** by Susie Beresford-Wylie, Trust Director for SEND, Safeguarding and Inclusion. At every review, it will be approved by the Trust Board.

18. Links with other policies

This policy links to the following policies and procedures:

- › Behaviour and exclusions
- › Staff Code of conduct
- › Complaints
- › Health and safety
- › Attendance
- › Online safety
- › Equality and Diversity
- › Relationships and sex education
- › First aid
- › Curriculum
- › Whistle-blowing
- › Anti-bullying
- › EYFS
- › Allegations of abuse against adults, including low-level concerns
- › Recruitment policy
- › Lettings policy
- › Privacy notices
- › Secondary supporting students with mental health and wellbeing
- › Intimate Care Guidance
- › Artificial Intelligence Policy

Appendix A: types of abuse KCSIE 25

Abuse, including neglect, and safeguarding issues are rarely standalone events that can be covered by 1 definition or label. In most cases, multiple issues will overlap.

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

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Emotional abuse may involve:

- › 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

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
- › Non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet)

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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

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

- › Provide adequate food, clothing 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)
- › Ensure access to appropriate medical care or treatment

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

Appendix I provides assessment information for schools from South Gloucestershire on Neglect

Appendix B : specific safeguarding issues from KCSIE 24

Annex B contains important additional information about specific forms of abuse and safeguarding issues. School and college leaders and those staff who work directly with children should read this Annex

Please follow this link to read Annex B from KCSIE [Keeping children safe in education 2024](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/671429/Keeping-children-safe-in-education-2024.pdf) (publishing.service.gov.uk)

Sexual Activity and the under 18s

A précis of the Law regarding Sexual Activity and U18s

The age of consent for all sex is 16, whether straight, gay, Trans or bi-sexual. The Sexual Offences Act 2003 makes it easier to prosecute people who pressure or force others into sexual activity.

Under 16s

If under 16 activity is consensual it may be less serious than if the child were under 13, but may nevertheless have serious consequences for the welfare of the young person. Consideration should be given in every case involving a child aged 13-15 as to whether there should be a discussion with other agencies and whether a referral should be made to children's social care.

The younger the child, and the wider the age gap between participants, the greater the concern (even 3 years' age difference may be worrying if one of the children is young and/or vulnerable). Where confidentiality needs to be preserved, a discussion can still take place as long as it does not identify the child (directly or indirectly).

Under 13s

A child under 13 does not, under any circumstances, have the legal capacity to consent to any form of sexual activity. In all cases where the sexually active young person is under the age of 13, there must be a formal recorded consultation with the Children & Young People (Social Care) Dept,

16 & 17 Year Olds

Although sexual activity in itself is no longer an offence over the age of 16, young people under the age of 18 are still offered the protection of Child Protection Procedures under the Children Act 1989. Consideration still needs to be given to issues of sexual exploitation through prostitution, and abuse of power. Although they may be over 16, young people under the age of 18 are not deemed able to give consent if the sexual activity is with an adult in a position of trust/authority, or a family member as defined by the Sexual Offences Act 2003.

Sharing Information with Parents

If a young person is under 16, professionals should encourage the young person, at all points, to share information with their parents wherever safe to do so. However, parental advice is not needed if a young person under 16 can understand the issues and appreciate the consequences. This also applies to those living in care. Decisions to share information with a parent will be taken using professional judgement, and the Child Protection Procedures.

Giving Advice, Contraception &/or Access to Services to Under 16s

Under the Sexual Offences Act 2003, youth support workers **can** help young people under 16 (including under 13s, but see section above) to seek contraception and sexual health advice/services (including giving out condoms), without being seen to facilitate an illegal act.

Any intervention must take place within the Fraser Guidelines and Child in Need/Child Protection Procedures

The Fraser Guidelines require the professional to be satisfied that

- The young person will understand the professional's advice;
- The young person cannot be persuaded to inform their parents;
- The young person is likely to begin, or to continue having, sexual intercourse with or without contraceptive treatment;
- Unless the young person receives contraceptive treatment, their physical or mental health, or both, are likely to suffer;
- The young person's best interests require them to receive contraceptive advice or treatment with or without parental consent.

Child protection concerns

When using Fraser guidelines for issues relating to sexual health, we will always consider any potential child protection concerns:

- Under age sexual activity is a possible indicator of [child sexual exploitation](#) and children who have been [groomed](#) may not realise they are being abused;
- Sexual activity with a child under 13 should always result in a child protection referral;
- If a young person presents repeatedly about sexually transmitted infections or the termination of pregnancy this may be an indicator of [child sexual abuse](#) or [exploitation](#).

We will always consider any previous concerns that may have been raised about the young person and explore whether there are any factors that may present a risk to their safety and wellbeing.

We will always share child protection concerns with the relevant agencies, even if a child or young person asks us not to.



South Gloucestershire Children's Partnership

The right help, in the right way, at the right time

January 2021

Introduction

This guidance is for everyone who works with children, young people and families in South Gloucestershire.

Working Together to Safeguard Children 2018 states that:

The safeguarding partners should publish a threshold document, which sets out the local criteria for action in a way that is transparent, accessible and easily understood.

This should include:

The process for the early help assessment and the type and level of early help services to be provided

The criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:

- section 17 of the Children Act 1989 (children in need)
- section 47 of the Children Act 1989 (reasonable cause to suspect a child is suffering or likely to suffer significant harm)
- section 31 of the Children Act 1989 (care and supervision orders)
- section 20 of the Children Act 1989 (duty to accommodate a child)
- clear procedures and processes for cases relating to:
 - the abuse, neglect and exploitation of children
 - children managed within the youth secure estate
 - disabled children

'The right help in the right way at the right time' is a guide for practitioners and managers in South Gloucestershire from all organisations. It aims to help ensure the needs of children are being met in the best way from those who need low level help to those at risk of significant harm.

This tool aims to help professionals and families to work well together.

Working Together Well

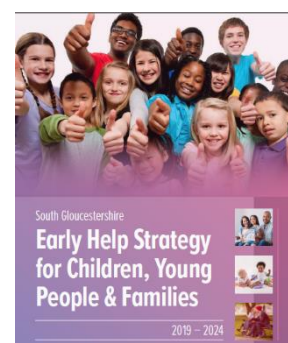
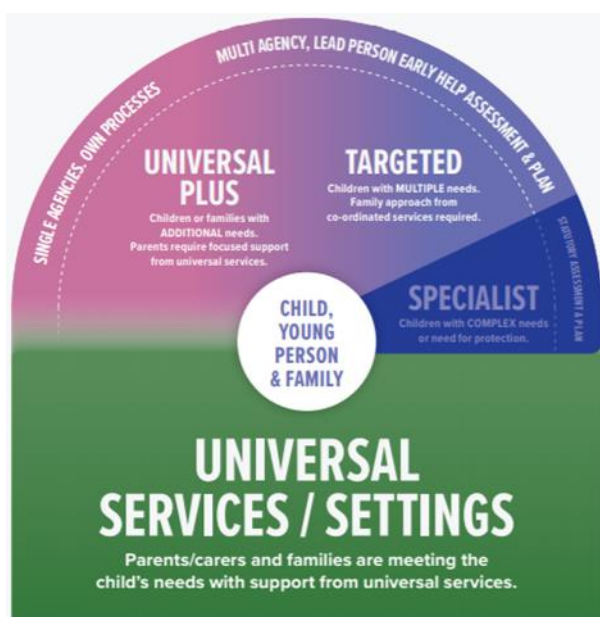
We know that early intervention and prevention is the most effective way of enabling children to reach their full potential and/or protecting children from harm. This includes access to information, advice or help before problems occur or escalate.

For this to work it requires everyone to have a shared responsibility for keeping children safe and to work together effectively. Everyone who works with children, young people and families in South Gloucestershire has an important contribution to make to ensure they do the best they can for the children and families they work with and for linking them to the right level of help and support.

All of us need to ensure children receive the right help at the right time and in the right way.

Early Help Strategy 2019-24

Our partnership Early Help strategy outlines collectively agreed principles, ambitions and priorities for Early Help in South Gloucestershire and can be found [here](#).



The information that follows in this document is based on this strategy, including the graduated tiers of help and support as illustrated here.

Universal Provision

The majority of children and young people in South Gloucestershire enjoy happy, healthy and secure childhoods. They and their families are able to access the opportunities, information, advice or help they need from universal settings and services such as maternity services, health visitors, GPs, early years settings, schools, colleges, youth services and others.

For some children more help is needed, either because of their own additional needs or because of other difficult circumstances that impact on them and/or their families. There are a small number of children who will need extra help to be healthy and safe and to achieve their potential.



Universal Plus

Early Help aims to ensure that families have access to the information, advice, guidance or help they need that is easily available at the right time and in the right way. Mostly this will be through the people and professionals who are in contact with families through universal settings or services. Universal Plus refers to the additional support that may be provided to some children in universal settings such as additional help and support in school, parenting programs and advice, locally developed opportunities to meet identified needs. Early Help isn't a 'service' to refer into, rather a principle to be applied by all those who work and volunteer with children where it is identified that some additional support might be helpful for a child or a family. This means that professionals

should be providing additional support in the first instance and signposting or making direct referrals for help.

South Gloucestershire provides information or services relevant to adults, children and families (including SEND) and this can be found [here](#)

Compass (see below) can also provide information and signposting.

Compass

The Compass team is the 'engine room' for Early Help – it has been established to help families, agencies and settings navigate to the right information and help, at the right time and in the right way. Compass also provides advice, help, guidance and training in relation to the Early Help Assessment and Plan/ Team Around the Family processes. The Early Help Assessment and Plan form is available [here](#).

(More information about these processes will be available very soon, and links will be added to this document)

Targeted Services

Where a number of settings, services or agencies might be needed to help a family the primary setting or agency should use the common processes that have been agreed to ensure there is coherence and common expectations regarding what needs have been identified and how they will be addressed. This includes:

- **Identifying a lead person (LP)**– ideally who is known and trusted by the family
- **A Team Around the Family (TAF)** – those who need to be involved in the plan and actions
- **Early help Assessment and Plan (EHAP)** – working with the child, young person and family to identify strengths, worries and agree actions
- **Information sharing and consent:** Families are actively involved, provide consent and information is shared safely.

Examples of other targeted services include targeted youth services, counselling services, mentoring services, behaviour support.

Preventative Services

Preventative services are targeted services providing help and support for families with children from pre-birth to 18 who need help to overcome significant difficulties that could lead to their children not thriving or, potentially, experiencing harm. The teams are skilled and experienced in working with children, young people and families and include:

- [Families Plus 0-5](#)
- [Families Plus 5-19](#)
- [Young Peoples Support](#) (YPS)
- [Youth Offending Team](#) (YOT)

Typically these teams will work with children or young people:

- ✓ when the family's needs are beyond what universal services have provided within the Early Help offer, and those services need extra help from Preventative Services for advice, or to provide direct support to the family for a period of time (joining or taking the lead within the Team Around the Family);
- ✓ the family need Preventative Services support for an agreed time to continue the improvements in the children's safety and well-being, following statutory involvement from Social Care.
- ✓ when Social Care identifies that Preventative Services expertise would complement and contribute to an existing Child in Need or Child Protection plan (YPS and Families Plus 0-5 teams only)
- ✓ following – or specifically to reduce the risk of – a child or young person's criminal conviction (YOT only).

Alongside colleagues from universal services, such as schools, early years settings, health providers, and sometimes in partnership with specialist teams from health or social care, Preventative Services work with the whole family to help them access the practical, emotional or other support they need to make positive and sustainable changes for the well-being of their children.

The Preventative Services approach

Whilst each team within Preventative Services has a specific role, the service consistently responds to all requests for help by:

- identifying the family's needs, strengths and best hopes;
- ensuring that work is done *with* the family – not *to* the family – with an agreed plan;
- considering the needs of the whole family and addressing children's needs in the context of their family;
- working alongside the wider support network of family, friends and professionals who will continue to help when the plan ends and Preventative Services are no longer needed;
- only working with families who *want* to work with Preventative Services (except where a statutory Youth Justice order applies), and who give consent.

In line with all teams within Integrated Children's Services, Preventative Services use the '[Signs of Safety](#)' approach when working with families. The EHAP is also based on this strengths based approach.

Requesting support from Council Services (other than Social Care)

From **outside** Integrated Children's Services:

- A '[Request for Help](#)' form can be completed by a family or, with the family's consent, by a professional or by a close friend or family member on the parent's behalf. This form will need to be submitted to AccessandResponse@southglos.gov.uk
- Where the request clearly shows that needs can be met without the involvement of Social Care, either the Access social work team or the Compass Team will determine which team is best

placed to support the family – it may be that further information may be gathered at this time – including contacting the family – to make sure the right support can be put in place.

- Sometimes, it is clear that there are services that are better-placed to provide Early Help for a family, and the Compass team can advise and guide families and professionals to these services. Where it is clear that the need is likely to be best met by Preventative Services, Compass will place the request with the appropriate team.

From **within** Integrated Children’s Services:

Social Care:

- Where the Social Worker considers that the family would benefit from a *contribution* to the Child in Need or Child Protection plan, they can request this directly from YPS and from Families Plus 0-5 (note: Families Plus 5-18 workers do not undertake contributions to Social Care). Any plans completed by Preventative Services will explicitly support the family to meet the safety goals identified within the statutory plan.
- Where the Social Worker identifies that the family no longer requires statutory involvement (i.e. that the children are safe), and move to close the statutory plan, they may consider that the family would benefit from identified work for a period of time from Preventative Services; this would lead to a **step-down** request to YPS or Families Plus, who would work with the family on a voluntary basis to an agreed plan.

Other teams within Preventative Services:

- There may be some occasions when more than one team from Preventative Services works with a family, perhaps if there are children with a significant range of ages. On such occasions, arrangements will be made between workers to ensure that support is provided in the most effective way.

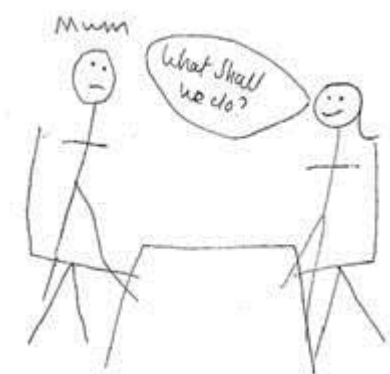
Example One: Request from School - Mum is struggling with B’s behaviour at home. She finds he is particularly difficult when needing to get ready for school or for bedtime. He is negative about coming to school. Mum would like to receive support through a parenting course to give her strategies to manage his behaviour effectively.

Outcome – refer to Families Plus Parenting Course

Example Two: Request from parent – worried that her 8 year old child has dyslexia, he is quiet and subdued at school and gets upset and just cries. Mum has recently gone through a difficult divorce and domestic violence. She wants support for herself and her 8 year old.

Outcome – recommend Early Help Assessment to be started by school, refer to Next link and Julian House.

What is Signs of Safety?



Signs of Safety is a relationship and strength based approach to working with children, young people and their families. It focusses on the safety and wellbeing of children and young people and keeps their voices and experiences at the centre of all plans. It is a way of working with the family's strengths and bringing together their naturally connected people to provide life-long connections, safety and stability. The approach recognises and supports the rights and responsibilities of parents to be included in the planning for safety and well-being for their children and values both professional and family knowledge.

Why are we using the Signs of Safety approach in South Gloucestershire?

The Signs of Safety approach has been adopted in South Gloucestershire to:

- Embed a unified approach to risk management across all of our children's services, providing a common language and practice framework.
- Contribute towards ensuring an integrated culture within children's services.
- Reclaim professional practice and support workers in developing evidence based professional skills.

Identifying needs with Signs of Safety?

We use professional curiosity - We ask questions to learn and understand what life is like for each child and family.

Practitioners supporting families work together with families to look at the strengths (what's going well in the child's life), the worries and concerns identified (who is worried and why) and focus on what needs to be done (outcomes) to build on the strengths, reduce the concerns and keep the child safe. This is known as a strengths and safety based approach.

Where to find more info about Signs of Safety?

The Children's Partnership Website has further information [here](#)

Questions to Consider

What has happened, what have you seen, that makes you worried about this child/young person and family now?

How has this worry had an **impact on the child/ young person?**

Are there things happening in this family's life that make it harder to deal with what you are worried about?

- When was the **first** time that you were aware of that this worry was happening?
- What is the **worst** thing that has happened to the child/young person because of this worry?
- When and what is the **last** time that you are aware of that this worry happened?
- How often and how bad have these worries been? How long has it been going on?
- What is the worst thing that you think could happen to the child/young person because of this worry?

Think about what is Working Well

What's working well in this family?

- What are the best parts of mum/dad's parenting?
- What would the child say are the best times they have with their mum/dad/carer?

Have there been times when this worry has been dealt with or was even a little better? How did that happen?

How is the support already in place making things better for the child?

Who are the people that are closest to the child/young person? And what do they do to keep the child/young person safe or help them to grow up well?

Think about what needs to happen


Try not to be too focussed on needing a service or making a referral, this is an opportunity to think about what needs to change for the child.

- What do you think needs to happen?
- What do you need to see to be satisfied the child is safe enough for you to be less worried?
- What did the child/young person say they needed to happen to feel safer or that things were better?

Describe the details of the behaviour you would want to see that would tell you that this child is safe/things were better?

- What support do you want from another service?
- What can that service do that the support already in place cannot?
- What outcomes do you want to be achieved by this work?
- What is the parents/carers willingness/capacity to do this?

What Makes a Good Referral?

 I have got informed consent to make this referral
Does the parent or young person understand what they are agreeing to?


I have answered all the questions I can in full, giving as much information as possible

I have explained what has happened to lead me to make the referral today.


There are times when you should not seek consent, but these are rare. For example, if seeking consent would increase the risk to a child

Contact details are completed in full for:

- The child or young person
- Parents
- (both mum and dad, include other significant adults – step parents, current partners)
- Other important or relevant adults, (grandparents, family friends)
- Myself – the referrer
- Other professionals I know are involved and their role

 I have been clear about the risk and potential risk to the child


I have thought about whether I should have a no names consultation about this situation if I am unsure before referring

 I have written about what has already been done to address concerns

Assessments already undertaken are attached (for example EHAP)



The address(es) of the family is included


 I have included information about what the child says about their situation and what they want to happen

I have not used any jargon or acronyms that might not make sense to someone else

I have given dates of birth for the child, their siblings, and both parents and their partners

I have given key information that will help. For example, there is an aggressive dog at home or the family will need an interpreter

I have recorded what the family wants to happen and what I want to happen as a result of the referral

 I have included information about what is working well in the family as well as what I am worried about

 Click the lightbulb to find the guidance about making a referral on the Partnership website

 Click the lightbulb to see the 'Early Help Strategy' document



Contacting The Access and Response Team (ART)
01454 866000 (in office hours)
Contact the Emergency Duty Team (EDT)
01454 615165 (evenings and weekends)

If a child is at immediate risk, DO NOT WAIT – call 999

Access and Response – Involving Children’s Social Care



Most children will never need any support from a social worker as they grow up, but there are occasions when the risk increases for a child and the right help for them means making a referral to the Access and Response Team. If you think a child or young person is at immediate risk of significant harm, contact the Access and Response Team on **01454 866000** during office hours, or The Emergency Duty Team on **01454 615165** out of hours, or in an emergency, phone 999.

Children who are living in circumstances where there is a **significant risk of abuse or neglect**, or where you suspect they have experienced or are experiencing abuse and neglect, may require a more specialist intervention. Children and Young People may also need specialist help where the young person themselves may pose a risk of serious harm to others or where there are complex needs in relation to disability. The key factors to take into account in deciding whether or not a child or young person requires a Children’s Social Care intervention under the Children Act 1989 are:

What will happen to a child’s health or development without services being provided;

The likely effect the services will have on the child’s standard of health and development

Within the specialist level of need, there will be children with the following needs:

Children in Need of specialist support from Children’s Social Care:

- Children with highly complex needs (including children with disabilities or adopted children)
- Children who have a need for multi-agency high level support and are experiencing compromised parenting
- There is a significant risk of family breakdown or being harmed
- There is a risk that the child will cause serious harm to themselves or others
- There is a likelihood of significant harm

Case Example

Request from parents: Shannon is 14 years old. They have noticed a recent change in her behaviour and are worried. They have been getting reports from school that she has started truanting, she has stopped spending time with her usual friendship group and they are unsure who her new friends are as she is refusing to tell them. Shannon is spending all her time on her phone and hides it when they come near. Shannon and parents are arguing a lot in the home. Shannon has started staying out later and later, and on Saturday she did not return home until 11pm and they had no idea where she was. Mum searched her room and found some items of clothing which are not Shannon’s and look new. When she came home her parents report that she seemed “odd”, she was jittery and would not make eye contact. She ran straight to her room. Parents did not report her missing to the police.

Outcome: Shannon would be assessed as a Child in Need of specialist support from Children’s Social Care as there is a likelihood of significant harm due to multiple indicators of Child Sexual Exploitation being raised in the request. In this instance the Access Social Worker with parental consent would pass over to a Response Social Worker to undertake a Child and Family Assessment and Plan.

Children in Need of Protection

- Children and young people who are suffering or likely to suffer significant harm
- Children in Need of Care
- Children who in need of care or have been in the care of the Local Authority

Case Example

Request from school: Jake is 8 years old and has come into school today reporting that his Mum has hurt him. Jake's teacher has asked what this meant and Jake has said he isn't allowed to say. Later on that day Jake has taken off his school jumper and the teacher has seen bruising on his upper arm. The teacher reports that this looks like finger marks. His teacher has asked how this has happened and Jake has become instantly very upset, uncontrollably crying. School report that Mum often presents as low in mood. Mum has recently had a new baby and since then she has been talking about finding it increasingly hard to manage Jake's behaviour in the home. School were considering a referral to preventative services. School report that baby is a half sibling and they do not know anything about baby's father. They have never met Jake's father but Jake sometimes speaks about seeing him at weekends and he is always positive about this time with him. Jake speaks a lot about his Nanny in school and school believe this is his father's mother.

Outcome: The request raises concerns that Jake and his sibling are suffering or likely to suffer significant harm due to physical abuse and they are Children in Need of Protection. In this instance the Access Social Worker would pass over to a Response Social Worker who would organise a Strategy Meeting chaired by a Social Worker Team Manager. All relevant professional agencies including the police would be invited to this meeting where a final decision would be made as to whether Jake and his sibling were Children in Need of Protection or not, and a plan would be put in place to safeguard them.

Remember: Information sharing with consent from the parent (or young person if appropriate) is required unless there is evidence that doing so would leave a child or young person at risk of significant harm.

At this level of need either a referral to social care, or an intensive specialist statutory service is required, such as the Child and Adolescent Mental Health Service. This is also the level at which formal and/or immediate protection of the child/ren may be needed.

What will happen when I call?

The first point of contact for referrals to Children's Social Care is the Assessment and Referral Team (ART).

The referral goes first to the Access Team, who will make a decision within 24 hours of your referral about what should happen next.

Referrals will either progress to the Response Team in social care for assessment, will be passed to Compass to help the family or referring agency consider whether a community based or preventative service is needed, or the referral will be closed.

A '[Request for Help](#)' form can be completed by a family or, with the family's consent, by a professional or by a close friend or family member on the parent's behalf. This form will need to be



submitted to AccessandResponse@southglos.gov.uk , and the Access team will make a decision within a working day.

If you are in any doubt about the level of need and whether a referral needs to be made to children's social care, it is advisable to telephone the Access Team on 01454 866000 during office hours for advice.

If you think the family's needs may be below the high threshold for children's social care, contact the [Compass Team](#).

The right help at the right time in the right way

Universal	Examples of Need	What might help?
<p>The majority of children, young people and their families will have access to the opportunities they need to thrive within universal settings. This includes education and health settings and in communities such as parks, libraries and leisure facilities.</p>	Physically Well, up to date with immunisations, regular health & dental care	Family and child access available universal services.
	Stable family environment where parents/carers meet the child's needs. Family stresses are managed.	Examples:
	Age appropriate skills	<ul style="list-style-type: none"> • Midwifery/Health Visiting/GP
	Access to educational provision, meeting milestones, no barriers to learning	<ul style="list-style-type: none"> • School Nursing • Optician/Dentist
	Reasonable income and housing, integrated within community	<ul style="list-style-type: none"> • Health centre/walk in/hospitals • Early Years settings
	Parents provide secure and consistent care	<ul style="list-style-type: none"> • School or college • Libraries, leisure centres
	Consistent and appropriate boundaries	<ul style="list-style-type: none"> • Social clubs/groups • Childcare • Support from family/friends • Citizens Advice/DWP

Universal Plus	Examples of Need	What might help?
<p>Universal settings provide additional information, advice, support, guidance or services for individual children or families where needed, or will link to another agency or service for particular information or advice. Each setting will use its own processes to identify and assess needs, involve families and agree and review actions. Examples of effective processes and tools used in a range of settings will be shared and coherence with the common Early Help assessment processes is encouraged.</p>	Minor health needs affecting attendance, starting to miss appointments. Over or underweight.	Family and child may access support from universal service plus:
	Relationship difficulties beginning to affect child, experiencing bullying	<ul style="list-style-type: none"> • Breastfeeding support/baby massage
	Difficulties in relationships with peers. Disruptive/challenging behaviour	<ul style="list-style-type: none"> • Community transport • Speech/language therapy
	Gaps in learning, not making expected progress	<ul style="list-style-type: none"> • Wellbeing services
	Poor accommodation, low income, socially isolated	<ul style="list-style-type: none"> • Parenting programmes • Housing support
	Parents struggling to meet child's need without support	<ul style="list-style-type: none"> • Educational Psychologist • Relationship courses for adults
	Inconsistent responses to the child.	<ul style="list-style-type: none"> • Money management • Family Lives
	Family not accessing universal services	<ul style="list-style-type: none"> • Antenatal and infant mental health services • Children's centre programmes • School Health Nursing Service

Targeted	Examples of Need	What might help?
<p>The identified, additional needs of a child, young person and their family are best met from a coordinated, multi-agency approach, regardless of the level of service (i.e. could be a range at universal, or universal plus, or could include a specialist service). The four key elements of the common ways of working at this level are:</p> <p>A Lead Person – ideally already known to the family, who can build a trusted relationship with them, coordinate the assessment and action plan and is a point of contact for the family.</p> <p>A Team Around the Family (TAF) – the lead person and the family together identify who else needs to be involved to contribute to the actions needed. This can include other agencies but also people from within the family network.</p> <p>Early Help Assessment and Plan – the lead person and the TAF work alongside the child, young person and family to identify strengths, worries and actions. Actions are agreed, coordinated and regularly reviewed. Information Sharing and Consent: Safe information sharing is essential for a plan to be effective. Families are actively involved and provide consent for information to be shared.</p>	<p>Disabled child with additional care needs and requiring some support for the family. Serious mental health issues. Chronic health problems with an impact on day to day life. Not accessing health care needed</p>	<p>Family and child may access support from Universal Services Plus:</p> <ul style="list-style-type: none"> • Compass • Families Plus • Young Peoples Support • Early Years Portage • Health specialists • Children’s centres • Housing support • Mentoring services • Debt services • Counselling • Targeted parenting programmes • Youth sector provision • Homelessness prevention • NEET targeted courses • Behaviour support • Child & Adolescent Mental Health Services • School Health Nursing Service • Community paediatrics
	Domestic Abuse or substance misuse	
	Sexual Exploitation risk	
	Phobias/psychological difficulties	
	Short term exclusions/NEET	
	Serious debts or poverty impacting on ability to meet family needs	
	Parents struggling to provide ‘good enough’ care Chaotic parenting, no boundaries set	

Specialist	Examples of Need	What might help?
<p>These services are generally accessed following specific assessments to establish need and criteria for the service. Universal services should remain informed and involved, to ensure that children, young people and their families continue to receive ongoing support, regardless of whether the specialist service remains involved.</p>	Child suffering or at risk of suffering significant harm	<p>Family and child may access support from Universal Services plus:</p> <ul style="list-style-type: none"> • Children’s Social Care • Youth Offending Service • Child & Adolescent mental Health Services • Barnardo’s BASE • Community paediatrics
	Failure to thrive	
	Endangers own life through self-harm, eating disorder	
	Suspected non accidental injury	
	Complex mental health needing specialist intervention	
	Accommodation places child in danger	
	Extra familial harm e.g. CCE/ CSE	
	Unaccompanied Asylum seeking child	
	Child/Parent relationship at risk of breakdown	
	Profound/Severe disabilities	

Appendix One: Knowing the Teams and How to Contact them

Compass (previously known as the Early Help Partnership Team)

Compass is a small team whose core function is to support the delivery of the [Early Help Partnership Strategy](#), navigating families to the right information, advice and guidance, at the right time and as early as possible when problems emerge.

Who will Compass support?

Compass provides information and advice both directly to families, as well as to professionals who are supporting them to enable them to achieve meaningful and positive outcomes without the need for statutory intervention. This will include asking individual agencies to consider what practical help they might offer, either on a one off or ongoing basis. Additionally, support will be provided to professionals across the partnership to enable them to support families achieve the same outcomes. Compass aims to empower families by working with them, not doing things to or for them, identifying and building on strengths and recognising that family, friends and community can be the most effective and sustainable forces of “help”.

Where a professional considers that a family might benefit from additional support, they can contact Compass via [email](#) for an initial discussion *without sharing a family name*.

To access this support, please email a brief synopsis of the family composition and needs of the children to Earlyhelpsupportteam@southglos.gov.uk

All educational settings (including pre school settings) have a named Compass Partnership Worker; settings are able to contact them via Earlyhelpsupportteam@southglos.gov.uk

If a family requires a more in-depth conversation or support from another service, there is the expectation that – in the spirit of “nothing about me without me” – a meaningful conversation will have been had with the family explaining that the professional would like to seek support and advice from Compass. The family should be aware of the content of the information being shared with Compass and have given verbal consent for this information to be shared.

To access this support, please complete with the families consent, a [request for help form](#) and email to accessandresponse@southglos.gov.uk

Families Plus 0-5 (previously known as Children Centre teams)

Families Plus (0-5) teams operate mainly from six Children’s Centres across South Gloucestershire.

Who do Families Plus (0-5) support?

Support is for families with children from pre-birth to 5 years old, who are experiencing multiple or complex issues such as poor housing, unemployment, mental or physical health issues and family conflict. The teams work with a family in several ways:

- Supporting universal services such as pre-school and nursery settings, by offering a more specialist perspective in support of families
- Working with the whole family if their needs require more targeted support. This work will be undertaken when universal services have been unsuccessful in helping the family sustain progress

towards their goals and build on progress already achieved. This may include organising a Team Around the Family (TAF).

- Supporting a family where there is a child in need or child protection plan to provide specialist, early years support. This additional support is a 'contribution' to the statutory plan and will be clearly linked to the goals.

Families Plus (0-5) can be accessed Via [Compass](#), either through:

- Self-referrals from families
- Community referrals from other agencies (Health Visitors, GP's, Early Years Settings, Housing Associations etc.)

Or in a 'step down' from children's social care.

Families Plus 5-18 (previously known as FYPS)

Families Plus 5-18 teams are located in the North and the South of the council; each has two full time equivalent Practice Managers.

- Families Plus (5-18) teams work alongside other agencies and/or directly with families with complex needs such as poor housing, unemployment, mental or physical health issues, poor school attendance and exclusion.
- The Teams' work is underpinned by Signs of Safety's strength-based approach, working with the whole family and utilising their support network to move towards shared goals.
- Families Plus offers guidance and direct work in relation to the challenges parents, children and young people are facing;
- Empower families to take responsibility by working with them, not doing things to or for them.
- Recognise that family, friends and community can be the most effective and sustainable forces of "help".
- Enable support at the right time, in the right place, in the right way.
- Children, young people and families must agree to work with Families Plus and their consent is needed before work can begin.

Families Plus (5-18) can be accessed Via [Compass](#), either through:

- Self-referrals from young people/families
- Community referrals from other agencies (Schools, youth services, health etc)

Or in a 'step down' from children's social care.

Young Peoples Support (YPS) team (new)

YPS offer a distinctive adolescent centred preventative service to young people who face worrying risks to their safety and well-being. To prevent further escalation of concerns/ needs, help to restore family relationships and promote adolescent resilience.

- Imminent or likely family breakdown
- Imminent or likely placement breakdown (Children Looked After)
- Exclusion from school
- Neglect
- Bereavement
- Running away
- Gang involvement
- Substance misuse

- Displaying problematic or harmful sexual behaviour
- Anti-social behaviour
- Exploitation – sexual and criminal
- Offending

YPS will work with young people with complex needs. Young people are likely to have multiple risk factors (the list above is not exhaustive) that would benefit from short term (between 6 weeks and 6 months) intensive intervention with them and their whole family.

Young People’s Support Team can be accessed by

- Self-referrals from young people/families
- Community referrals from other agencies (ASB Team, Schools, Youth Services, Police through Outcome 22 etc.)
- Direct referral from Children’s Social Care

Youth Offending Team (YOT)

The Youth Offending Team work with children and young people who have offended, to help prevent them getting into further trouble. We work with parents, carers, victims, and the community to help young people understand the consequences of their actions.

The YOT is a multi-agency team and includes a Police Officer, Social Workers, Probation Officers and Health and Education staff, in addition to a number of volunteers.

South Glos YOT works closely with partners in social care and preventative services and has a strong focus on prevention. The new Young People’s Support (YPS) team sits alongside the YOT.

We work to:

- Prevent offending
- Reduce the risk of further offending
- Support victims
- Support young people on bail
- Prepare reports for court
- Supervise young people on court orders
- Work with young people pre-court, either voluntary or when subject to Youth Conditional Caution.
- Work alongside other agencies when young people are remanded into local authority care.
- Work with young people during and after a custodial sentence
- Help and support parents.

The YOT’s statutory work comes from the police and the court, it is not a refer into service by partners. However, the YOT has developed a specialism in working with young people displaying harmful sexual behaviour and will support colleagues in social care and undertake assessments if appropriate. This work can occur regardless of the young person being formally processed by the police.

Access and Response Team (ART)

The Access and Response Team covers the whole of South Gloucestershire and is the ‘front door’ to Children’s Social Care.

ART are the point of contact for professionals, families and members of the public when they are worried a child is being or has been harmed.

ART can be contacted in Office hours by telephone on **01454 866000**

Olympus Trust Staff Safeguarding Handbook 2024



Introduction and contents



Safeguarding is everyone's responsibility. Whether you are a teacher, an administrative worker, a caretaker or a volunteer, we expect all staff to ensure that they are part of our commitment to keeping students safe and in creating a culture of vigilance in every Olympus Academy Trust school. Safeguarding includes many different aspects such as safer recruitment, trips, premises, health and safety as well as how we identify and support students likely to suffer harm.

This handbook has been put together to compliment the training which you will receive as a member of staff from the Designated Safeguarding Lead in your school; it is not designed to have the answers to everything but to provide with you with key safeguarding and child protection information. We ask all staff to be vigilant and to share concerns about the young people we have responsibility for - every piece of information forms part of the jigsaw and may help us to take steps to safeguard a child or young person.

It is also not possible to provide a complete checklist of what is, or is not, appropriate behaviour for staff. However, the safer working practices section will highlight behaviour that is illegal, inappropriate or inadvisable in relation to learners in our schools. There will be occasions and circumstances in which staff have to make decisions or take action in the best interests of the learner where no specific guidance has been given. Adults are expected to make responsible and informed judgements about their own behaviour in order to secure the best interests and welfare of the students in their charge.

**Susie Beresford-Wylie, Trust Director for SEND, Inclusion and Safeguarding
Olympus Safeguarding Lead**

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The four main types of abuse






Physical abuse involves causing physical harm to a child, for example:

Hitting	Shaking	Throwing	Burning or scalding
Poisoning	Drowning	Suffocating	Fabricating the symptoms of, or deliberately inducing, illness

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. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. Sexual abuse may involve:

Physical contact		Non-contact activities
Assault by penetration. For example: <ul style="list-style-type: none"> Rape Oral sex 	Non-penetrative acts. For example: <ul style="list-style-type: none"> Masturbation Kissing Rubbing Touching outside of clothing 	For example: <ul style="list-style-type: none"> Involving children in looking at, or in the production of, sexual images Watching sexual activities Encouraging a child to behave in sexually inappropriate ways Grooming a child for abuse (including via the internet)

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 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)
-  Ensure access to appropriate medical care or treatment
-  Meet or respond to a child's basic emotional needs

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve:

- Conveying to the child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Silencing or 'making fun' of the child
- Limiting the child's exploration/learning/social interaction
- Inappropriate expectations being imposed on the child
- Exposing the child to the ill-treatment of another
- Serious bullying (including cyberbullying)
- Exploiting and corrupting



Some level of emotional abuse is involved in all types of maltreatment, although it may occur alone.

Signs and indicators



Physical abuse

Physical signs and indicators

There should be particular cause for concern where:

- The explanation for the injury is absent or unsuitable
- The child with the injury is not independently mobile

Bruises, lacerations, abrasions and scars

- Have a distinct pattern or shape (for example, the shape of a hand, ligature, stick, grip or implement)
- Are multiple or in clusters
- Cause visible blood under the skin

Bites

- Have the appearance of a human bite unlikely to have been caused by a young child

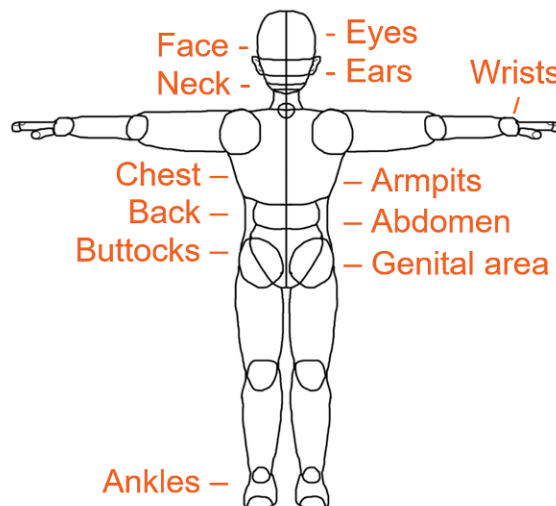
Thermal injuries (burns and scalds)

- Occur on soft tissue areas that would not usually come into contact with a hot object in an accident (for example, the backs of hands, soles of feet, buttocks, back)
- Present with signs of forced immersion (for example, symmetrical pattern / clear borders)
- Are in the shape of an implement (for example, a cigarette or iron)

Fractures

- Are multiple and in the absence of a medical condition that predisposes fragile bones
- Are of different ages

■ Common sites of non-accidental injury



Behavioural signs and indicators

Changes in behaviour	Self-harm	Wetting/soiling
Oppositional or excessively good behaviour	Withdrawal/detachment	Anger, frustration and/or distress
Fearful	Recurrent nightmares	Runaway behaviour
Excessive clinginess	Attention-seeking	Changes in eating patterns

Fabricated or induced illness

Physical signs and indicators

- Implausible or inexplicable symptoms
- Symptoms that only appear in the company of the parent/carer
- Inexplicably poor response to treatment
- Regular and varying health problems

Behavioural signs and indicators

The parent or carer may:

- Be aggressive when challenged
- Be overprotective and limit the child's activities
- Frequently change healthcare provider
- Lack concern despite acute attentiveness
- Encourage painful tests and procedures to be carried out on the child

Signs and indicators



Sexual abuse

Physical signs and indicators

Health issues, including:

Soreness in the genital and anal areas	Marks and bruises (see physical abuse)
Sexually transmitted infections	Pregnancy
Poor personal hygiene and weight loss/gain (in order to become less attractive to the abuser)	Repeated urinary tract infections

Behavioural signs and indicators

- Changes in behaviour: aggression, withdrawal, clinginess, difficulties sleeping, bed-wetting
- Depression, anxiety and post-traumatic stress disorder
- Avoiding the abuser: fear and avoidance shown towards a particular person
- Sexually inappropriate behaviour: for example, sexually explicit language
- Giving clues: the child may drop hints without revealing the abuse outright
- Problems at school: difficulty concentrating and learning
- Eating disorders and self-harm
- Drug/alcohol misuse

Neglect

Physical signs and indicators

- Severe and persistent infections, such as scabies or lice
- Consistently inappropriate clothing or footwear (for example, for the weather, or the child's size)
- Persistently smelly or dirty (note if this is present in the early mornings, and if the dirtiness is ingrained)
- Poor standard of hygiene
- Faltering growth and failing to thrive due to malnutrition
- Numerous accidents suggesting lack of appropriate supervision
- Tooth decay and a lack of treatment

Take care to distinguish between neglect and material poverty.

Behavioural signs and indicators

- Repeatedly scavenging, stealing, hiding or stealing food with no medical explanation
- Attention seeking or withdrawal
- Tiredness
- Taking into account material poverty and the carers' capacity, the child's needs are unmet

Signs and indicators



- Parents or carers fail to administer medication or seek medical help when needed

Emotional abuse

Physical signs and indicators

- Injuries from self-harm

Behavioural signs and indicators

- Harmful parent or carer – child interactions are observed or reported
- Low self-esteem and self-deprecation
- Inappropriate response to pain (for example, expressing feelings that they deserve to be hurt)
- Neurotic behaviour
- Fearful of certain individuals
- Emotional immaturity
- Disturbances to speech, such as stuttering
- Changes in behaviour
- Trust issues
- Developmental delays

References

¹National Institute for Health and Care Excellence (2009) *Child maltreatment: when to suspect maltreatment in under 18s*. Online. Available at: <https://www.nice.org.uk/guidance/cg89/chapter/1-Guidance>

²National Health Service (2016) *Signs of fabricated or induced illness*. Online. Available at: <http://www.nhs.uk/Conditions/Fabricated-or-induced-illness/Pages/Symptoms.aspx>

³National Health Service (2016) *Spotting signs of child sexual abuse*. Online. Available at: <http://www.nhs.uk/Livewell/abuse/Pages/child-sexual-abuse.aspx>

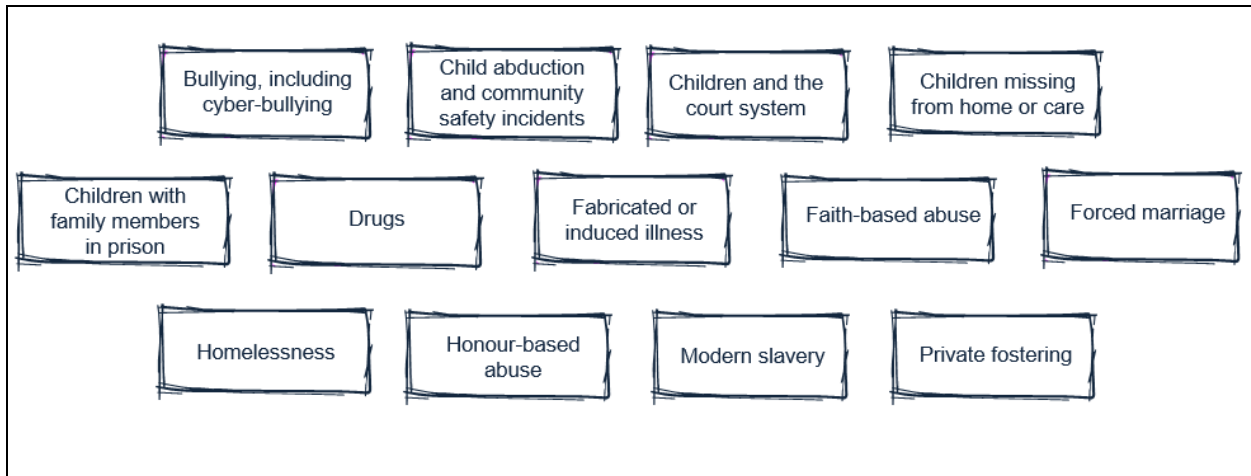
⁴Metropolitan Police (2017) *What is child abuse?* Online. Available at: <http://212.62.21.14/Article/What-is-child-abuse/1400009710021/1400009710021>

These lists are by no means exhaustive or definitive. You should report any physical or behavioural signs that cause concern, no matter how small or irrelevant they may seem.



Your notes. Do you need any further information from the DSL?

Specific safeguarding issues



THE PREVENT DUTY- ALL STAFF

Teenage years are often a time when young people search for answers to questions about identity, faith and belonging, and look for adventure and excitement. This can mean that they are particularly vulnerable to extremist groups, who may claim to offer answers, as well as identity and a strong social network.

Schools already help safeguard students from the harms they may face such as drugs, gangs and sexual exploitation. Just like these harms, radicalisation and being involved with extremism can have a devastating effect on individuals, families and communities. Protecting students from the influence of extremist ideas is therefore an important part a school's safeguarding role.

There is no 'typical' profile of what kind of person is at risk of being drawn into violent extremism. We do know that family, friends and other professionals are the first people to notice early warning signs that an individual is becoming involved in violent extremism. Think about what you might notice? What changes in behaviour might you see?

The local picture from the South Glos Prevent Team does show us that people in our community have extremist views. **We cannot be complacent. "It could happen here"**.

The **British Values** were first set out in the **Prevent Strategy 2011** and the recent changes means that schools must have a clear strategy for embedding values and strengthening barriers to extremism.



MANDATORY DUTY TO REPORT FGM CONCERNS

Teachers have a mandatory reporting duty placed upon them, where they discover (either through disclosure by the victim or visual evidence e.g. behaviour) that FGM appears to have been carried out on a girl under 18.

FGM involves the partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK.

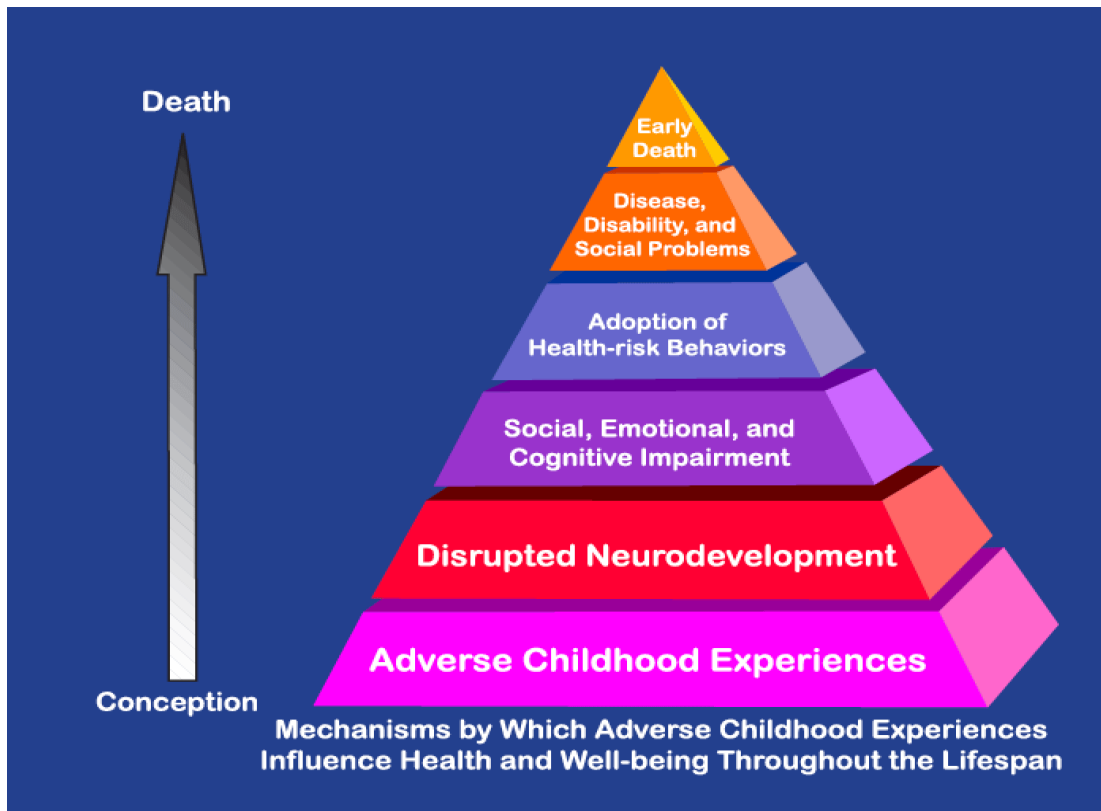
Adverse Childhood Experiences



Adverse Childhood Experiences (ACEs) are highly stressful, potentially traumatic events or situations that occur in early life, childhood and/or adolescence.

They include:

- All forms of abuse (physical, sexual, emotional, neglect)
- Bullying and/or social isolation
- Mental illness of parent/carer or young person
- Drug or alcohol misuse of parent/carer
- Parent/carer divorce or separation
- Medical trauma (parent/carer or young person)
- Parent/carer in prison or involved in crime
- Witnessing, or victim of violence
- Bereavement and loss
- Social deprivation and poverty



We know from ACE studies that there is a correlation in number of ACEs experienced and poor mental and physical health outcomes. This is likely due to toxic stress being the result of increased stressful experiences as toxic stress actually impacts on neurodevelopment.

It is vital in our schools that we are **ACE Aware** and develop practice that helps us to identify children with ACEs and approaches which will support them to achieve.

Safer working practices quiz



Is this safe practice?

Think about what you would need to do to make these situations safer for both the student and yourself.

1. Ushering a seriously disruptive student out of the classroom
2. Driving a student home
3. Having a sexual relationship with a very mature, sexually active young person
4. Flirting with a student you suspect has a crush on you
5. Sitting a distressed student on your knee to comfort them
6. Reporting confidential information about a student to another member of staff
7. Giving a student your mobile phone number
8. Assisting a student with toileting or personal care
9. Hugging a student who has given a brilliant performance at a school event
10. Searching a pornography site pre-faced by the word 'child'
11. Entering into a spontaneous discussion about sex with a group of students in school
12. Supervising a group of students getting dressed for swimming





Key information

The document **Guidance for Safer Working Practice for Adults who work with Children and Young People** in Education Settings 2022 update is incorporated into this staff safeguarding handbook. This handbook should also be read alongside the Trust Whistle Blowing Policy, Trust Code of Conduct, school Safeguarding and Safeguarding and Child Protection Policy, Trust Managing Allegations Against Staff and Trust Intimate Care Guidance. You should also understand your school behaviour and exclusion policy and information regarding physical restraint and safe touch.

Quiz Answers

Question 1

Could failing to remove the student place other students in the class in danger?
Could the rest of the class be removed instead to prevent the “ushering”?

If staff are physically leading students out of the classroom they should be Team Teach trained and positive handling strategies should be used. Your school behaviour policy and **Safeguarding and Child Protection Policy** clearly states that staff may legitimately intervene. The circumstances in which staff can physically intervene with a student are also covered by the 1996 Education Act. After the event, the incident should be recorded and reported to the DSL, the student should be spoken to and they should understand why that action was taken. Parents must be informed.

Question 2

It is not school policy to take students home. If so, this must be arranged in advance, agreed with parents and the DSL and there should be a written agreement. There must be two members of staff in the car, one to drive and one to supervise (there have been reported instances where a child has used the seatbelt to attempt to strangle a member of school staff while they were driving). This practice should only be used when absolutely necessary.

Question 3

Unsafe in any context. All adults working in the school who have contact with students are in positions of trust. The Sexual Offences (Amendment) Act 2000 specifically established a criminal offence of the abuse of trust in relation to teachers and others who are in relationship of trust with 16 -18 year olds.

Question 4

Unsafe in any context.

If a member of staff has concerns that a student is flirting with them, they must escalate this to the DSL immediately. Another member of staff, preferably the DSL, should then have a conversation with the student and their parent/carer. The DSL should also escalate the concern to the headteacher or an appropriate member of the senior leadership team as required. You may be aware of the case of Jeremy Forrest – a teacher who left the country with one of his students following a sexual relationship. An investigation revealed that there were two meetings between Forrest and senior school staff, in which they discussed how he could be supported in dealing with the student’s interest in him. He was already having sexual relations with the student at this point, which suggests the checks and investigations were not thorough enough in this case. The school placed the wellbeing of the staff member over the wellbeing of the student.

If suitable action is not taken in such cases internal whistleblowing procedures should be initiated and, where appropriate, the NSPCC whistleblowing advice line should be contacted on 0800 028 0285.

Question 5

What age is the student? If they are of an appropriate age or stage this can be safe practice. The **Safeguarding and Child Protection Policy** states that comforting a distressed student is appropriate. To deny a student comfort could have a detrimental effect on their wellbeing. In most cases, if a student is an appropriate age to be comforted on a member of staff’s knee, there will be more than one member of staff in the room as per ratios. If this is not the case, or if it is more than a one-off occurrence, the issue should be addressed with the DSL and provision made for multiple staff to be in the room in order to ensure that there is no space for the situation to be manipulated. Where a member of staff has a particular concern, please seek further advice from the DSL.

Safer Working Practice Answers (2)



Question 6

Does the other member of staff need to know this information (is it in the interest of theirs or the student's safety/wellbeing?)
How much information do they need to know?

If shared appropriately, this is safe practice. Professionals should be trusted to use information discreetly and appropriately. The data protection act is not a barrier to sharing information when it concerns the welfare of a student.

Question 7

It is against school policy to give a student your mobile number. If it is necessary to give a student your telephone number, it should be a work number. This should only be done in consultation with the DSL, and the reason and outcome should be recorded immediately. It is vital that, should the number be used, the contact is clearly recorded. Where possible, alternatives should always be explored, such as giving contact details to the student's parent instead.

Question 8

This practice should only be used in line with the intimate care guidance which all DSLs and SENCo's have contributed to. It may be necessary in some cases but it should always be agreed with parents/carers in advance and this should be formalised in an intimate care plan/care plan, which should be signed by the parent/carer and the member of staff. Such plans should be in place for every student that requires assistance, regardless of their age/stage.

Question 9

Hugs would only be safe when the student instigates them. The hugs should not last longer than necessary and should be appropriate and in the company of others. Side hugs should be used where possible. Again, to deny the student safe touch when it is necessary, could be detrimental to their wellbeing.

Question 10

Pornography involving children is sexual abuse and pornography containing such images is illegal. If staff have concerns that someone they know is watching, sharing or distributing such imagery, they must report it following internal whistleblowing procedures.

Question 11

This would be dependent on the student's age. If they are of an age where sex education is on their curriculum and the student initiates the conversation, it could be safe if handled appropriately. For some students, this will be where they gain their understanding of sex education. Under no circumstances should a member of staff discuss or allude to their own sex life.

Details of the conversation should be recorded and, if appropriate, parents informed.

Question 12

The safety of this practice is dependent on age. If the students need to be assisted, it should be more than one member of staff in the room. If the pupils do not need assistance, it would be more appropriate for staff members to stand outside the room and check the wellbeing of the pupils from the doorway. Wherever possible, staff gender should match pupil gender, certainly for older pupils.

This information will help to safeguard you, governors and volunteers from being maliciously, falsely or mistakenly suspected or accused of professional misconduct in relation to students.

Sexual Violence and Sexual Harassment



The Olympus Trust has a sharp focus on sexual harassment and sexual violence.

In response to Everyone's Invited website testimonies and the publication of the Ofsted Rapid Review 2021, we have:

- Previously written to all parents and carers about our plans to address any behavior of this type
- Provided staff with training on this specific area and all new staff will complete the same training as part of their induction. Staff will receive on-going training.
- Completed a peer on peer abuse student survey in every school to inform our planning and these surveys are on-going
- Completed a peer on peer abuse review in each school to inform the on-going strategy
- Worked with students and will continue to work with students on this subject
- Produced Trust wide consequences and interventions for any sexual harassment, online abuse and sexual violent behavior, this forms an appendix on each schools behavior policy

Creating a Culture of Vigilance across the Olympus Academy Trust

Small behaviours feed into a bigger problem

This pyramid shows a continuum of gendered violence

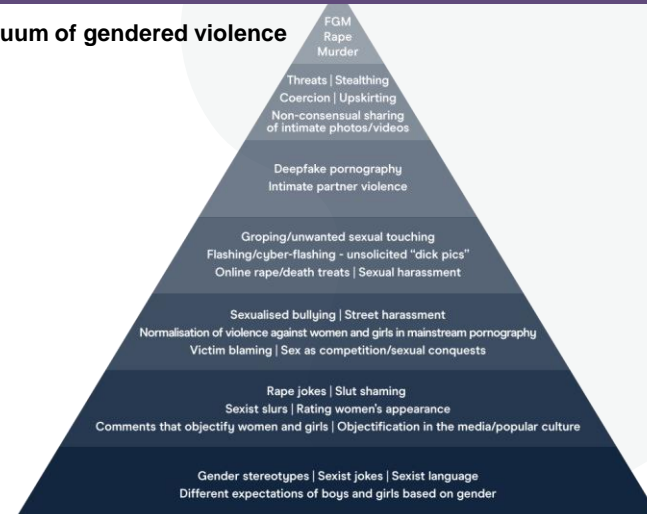


Image adapted from Bold Voices

Test Your Knowledge



You have 2 minutes for this activity.

Match the definitions to the issue.

ISSUE	DEFINITION
Female genital mutilation _____	a. Where a child is taken advantage of and coerced, manipulated or deceived into sexual activity
Child criminal exploitation _____	b. Taking a child away from their parents or carers, and people loitering near school and engaging children in conversation
Child sexual exploitation _____	c. Children of compulsory school age not registered at a school and not receiving education
Child on child abuse _____	d. Deliberately cutting, injuring or changing the female genitals, for no medical reason
Mental health _____	e. The process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups
Radicalisation _____	f. A state of wellbeing where someone realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community
Online safety _____	g. Children abusing other children
Children missing education _____	h. Where a child is taken advantage of and coerced, manipulated or deceived into criminal activity
Child abduction and community safety incidents _____	i. Protecting children from 4 main areas of risk: content, contact, conduct and commerce

Sexual violence FACTS



What is sexual harassment?

- Sexual harassment is “unwanted conduct of a sexual nature”. It includes, but is not limited to:
 - Sexual comments (e.g. sexualised names and lewd comments)
 - Sexual jokes or taunting
 - Physical behaviour (e.g. interfering with clothes or displaying sexual pictures)
 - Online harassment (e.g. sharing of sexual images, known as ‘sexting’. Note: **creating and sharing sexual photos and videos of under-18s is illegal**. This includes photos and videos children make and share of themselves)
- It should never be passed off as ‘banter’, ‘part of growing up’ or ‘having a laugh’

Guiding principles

- Children (anyone under the age of 18) can commit acts of sexual violence or harassment against another child. This is known as ‘peer-on-peer sexual abuse’
- Schools have a responsibility to safeguard children, to protect their human rights and to comply with the Equality Duty. These responsibilities apply regardless of whether incidents take place in school or off-site
- Schools should have clear policies and procedures about how to deal with incidents of sexual violence and sexual harassment between children
- Sexual violence and sexual harassment between children should never be tolerated or dismissed

What is sexual violence?

Sexual violence is defined through the Sexual Offences Act 2003 as:

Rape (of the vagina, anus or mouth by a penis)

Assault by penetration (by a body part or anything else)

Sexual assault (intentional sexual touching)

Sexual activity is an offence if:

- a) Person B (the victim) does not consent
- b) Person A (the perpetrator) does not reasonably believe that Person B consents

What is consent?

Someone consents if they:

1. Agree by choice
2. Have the freedom and capacity to choose

The legal age of consent is 16. A child under the age of 13 can **never** consent to any sexual activity

- An individual may:
 - Agree to one type of sexual activity but not another (e.g. vaginal sex but not anal)
 - Consent under certain conditions (e.g. only if their partner wears a condom)
 - Withdraw consent at any time during the activity and each time it occurs

Child Sexual Exploitation

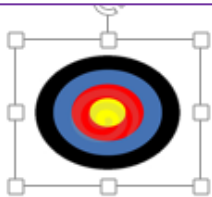


Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (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.

This statutory definition is from the guidance document *Child Sexual Exploitation: Definition and a guide for practitioners* (DfE 2017).

Indicators of child sexual exploitation may include:

- Acquisition of money, clothes, mobile phones, etc. without plausible explanation;
- Gang-association and/or isolation from peers/social networks;
- Exclusion or unexplained absences from school, college or work;
- Leaving home/care without explanation and persistently going missing or returning late;
- Excessive receipt of texts/phone calls;
- Returning home under the influence of drugs/alcohol;
- Inappropriate sexualised behaviour for age/sexually transmitted infections;
- Evidence of/suspicions of physical or sexual assault;
- Relationships with controlling or significantly older individuals or groups;
- Multiple callers (unknown adults or peers);
- Frequenting areas known for sex work;
- Concerning use of internet or other social media;
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.



Targeting Stage

At this stage the abusive adult is choosing which child or young person to work on and beginning to manoeuvre them into a situation where they can increase contact with the child.



Friendship Forming Stage

In this phase an abusive adult puts a lot of effort into becoming important to the child or young person; someone they rely on. In this way the adult develops a strong influence.



Loving Relationship Stage

They become their 'boyfriend' or 'girlfriend'. This method looks and feels like a very caring and genuine relationship. But, the abusive adult is gaining full control of the young person and making them very vulnerable. It is a calculated technique and it works.



Abusive Relationship Stage

By this stage it is clear that something bad is happening. Techniques of control and isolation become obvious, but because the adult has made the young person dependent, it is very hard for them to get away. The more trapped and isolated the young person is, the more cruel the adult can afford to be.

Child Criminal Exploitation



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.

Some of the following can be indicators of CCE:

- children who appear with unexplained gifts or new possessions;
- children who associate with other young people involved in exploitation;
- children who suffer from changes in emotional well-being;
- children who misuse drugs and alcohol;
- children who go missing for periods of time or regularly come home late; and
- children who regularly miss school or education or do not take part in education.

County Lines

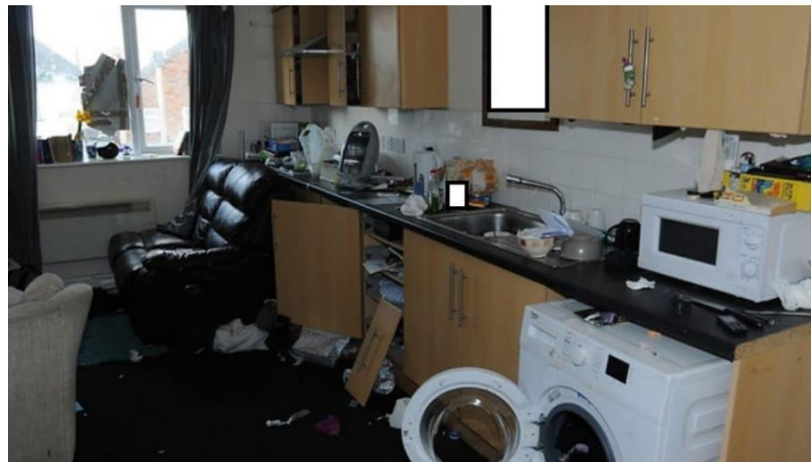
County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of “deal line”.

Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move [and store] drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

Starving, stinking, scared – the reality for young people exploited by county lines gangs

Posted on 13th May 2019 in [Campaigns](#)



“Gang culture isn’t an inner-city thing. Gangs travel and so this is a problem for every school to address”

Steve Warner , Deputy Head, St Mary’s CE High School, Hertfordshire “Beyond the Gate”

Dealing with allegations

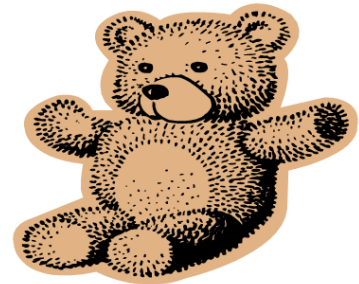


You should:

- Listen and be supportive, take the student seriously
- Reassure them that what has happened is not their fault
- Be honest about your own position, who you will have to tell, and why
- Keep the student fully informed about what you are doing and why
- Give them information about confidential sources of help
- Write an account of the conversation as soon as possible but not during the disclosure (this may be intimidating for the student)
- Think about your environment. You may need to find a quiet space, but remember to be sensitive to the student who may want to discuss the issue immediately

You should avoid:

- Panicking or expressing extreme emotion
- Making promises that you can't keep
- Interrogating with lots of questions
- Asking leading questions
- Casting doubt on what the student is saying
- Saying anything that might lead the child to feel responsible
- Stopping the student whilst they are freely recalling significant events or pushing them to tell you more than they wish



Remember that disclosures can be indirect and/or non-verbal. In these cases, professional curiosity can be valuable. It's ok to ask questions but do so sensitively, and be very careful not to interrogate the student or to ask questions that may be leading. This may be the beginning of a legal process and **a case can be seriously damaged by any suggestion that the student was led in any way**. Instead, ask questions that use the following question stems, or 'tell', 'explain', 'describe': **TED**





All Trust schools use **CPOMS** which stands for the Child Protection Online Management System. Make sure you know how to log onto the system if your school requires you to record safeguarding concerns yourself directly into the system. In some schools you will be asked to provide an email account once you have spoken to the DSL and the DSL or other member of the safeguarding team will log the information into CPOMS.

In the case of an actual disclosure many minutes can pass between the end of the conversation and the first opportunity to record the conversation. The same applies to witnessing behavioural or physical signs that cause concern.

Poor records are a recurring theme in **serious case reviews**. Here are some top tips to help you:

- A record should be made in any circumstances where an allegation is made, or you are worried that a student is being or has been abused
- Records should be made as soon as possible. Records made within 24 hours are considered contemporaneous (meaning they can be used as credible evidence in court)
- Records should be kept and stored securely
- Consider how your records link to previous concerns and to other siblings

Where possible, include the following:

- The student/young person's name, age and date of birth
- The parent/carers name(s) and details of any siblings
- Home address and telephone contact details
- Special circumstances; for example, a language barrier
- Details about what prompted the concerns (include dates, time etc.)
- Descriptions of any physical and/or behavioural signs and who noticed these
- Details of all injuries (even if not concerning), where they are and they look like (colour, shape, size, condition etc.). Drawings or a body map are useful but do not take photographs
- An outline of any explanations that have been provided for the injuries
- An indication of whether anyone has been alleged to be the abuser and the details of this person
- Clarification as to whether the person making the report is expressing their own concerns or passing on those of somebody else
- An outline of any related conversations with the student/young person
- A description of the student's emotional state and behaviour (for example, distressed or indifferent?)
- An indication of whether the parents have been contacted, and if so, what was said
- A list of anyone who has been consulted about the concern

Training Scenarios



What, if any, are your concerns? Would you pass this information on and, if so, to whom?

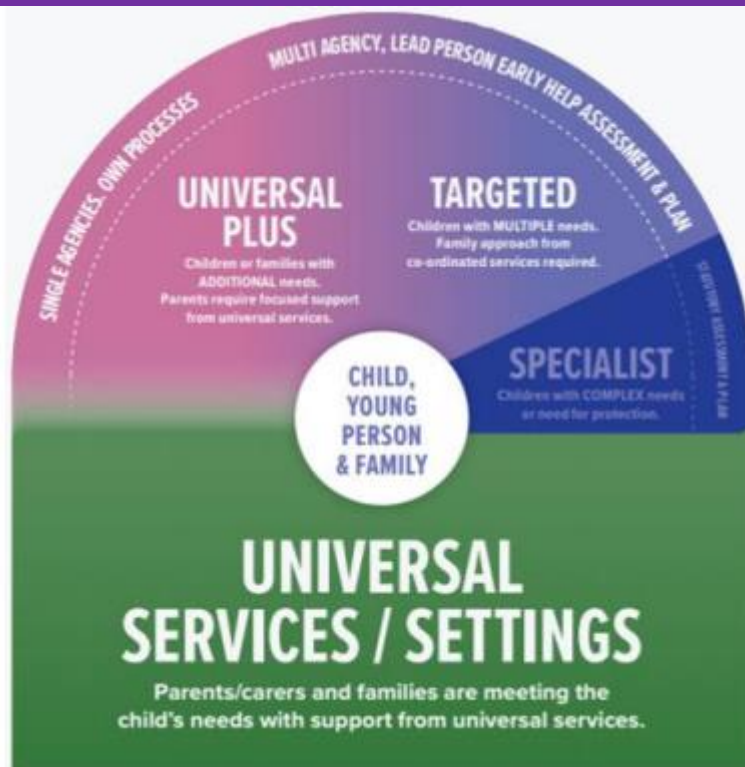
1) A child in your class has been very quiet for 3 days now. He is ordinarily chatty and has lots of friends. For the last few days he has been with his friends at break and lunch times but does not seem to be actively joining in with their games and conversations.

2) A governor has been visiting the school increasingly regularly. He is very friendly and the children really enjoy his company. He tends to spend most of his time in a particular class which is not yours. In the playground you hear one girl from the class he visits telling another child that “he is a perv”.

3) You have found out from chatter in the staffroom that a 23 year-old teacher who has been at your school for the last 2 terms is having a sexual relationship with one of her former pupils, who is now 17 years old.

4) While accessing a school laptop you notice that in the search history bar someone has searched for an internet sex site, prefaced by the word ‘teen’. You talk to your colleague, who was the last person to use the laptop off-site. She informs you that she caught her teenage son using it inappropriately and she was very upset. She explains that she thought she had cleared the search history.

5) A parent comes to collect their child early one day. They are rude and dismissive to you and they hand the child a huge bag of sweets while they are still in the classroom. The exchange is very disruptive to the other pupils. In the following days, you notice the parent on their mobile phone at pick-up and drop-off times rather than talking to the pupil.



Universal	Examples of Need	What might help?
<p>The majority of children, young people and their families will have access to the opportunities they need to thrive within universal settings. This includes education and health settings and in communities such as parks, libraries and leisure facilities.</p>	Physically Well, up to date with immunisations, regular health & dental care	<p>Family and child access available universal services. Examples:</p> <ul style="list-style-type: none"> • Midwifery/Health Visiting/GP • School Nursing • Optician/Dentist • Health centre/walk in/hospitals • Early Years settings • School or college • Libraries, leisure centres • Social clubs/groups • Childcare • Support from family/friends • Citizens Advice/DWP
	Stable family environment where parents/carers meet the child's needs. Family stresses are managed.	
	Age appropriate skills	
	Access to educational provision, meeting milestones, no barriers to learning	
	Reasonable income and housing, integrated within community	
	Parents provide secure and consistent care	
	Consistent and appropriate boundaries	

Universal Plus	Examples of Need	What might help?
<p>Universal settings provide additional information, advice, support, guidance or services for individual children or families where needed, or will link to another agency or service for particular information or advice. Each setting will use its own processes to identify and assess needs, involve families and agree and review actions. Examples of effective processes and tools used in a range of settings will be shared and coherence with the common Early Help assessment processes</p>	Minor health needs affecting attendance, starting to miss appointments. Over or underweight.	<p>Family and child may access support from universal service plus:</p> <ul style="list-style-type: none"> • Breastfeeding support/baby massage • Community transport • Speech/language therapy • Wellbeing services • Parenting programmes • Housing support • Educational Psychologist • Relationship courses for adults • Money management • Family Lives • Antenatal and infant mental health services • Children's centre programmes
	Relationship difficulties beginning to affect child, experiencing bullying	
	Difficulties in relationships with peers. Disruptive/challenging behaviour	
	Gaps in learning, not making expected progress	
	Poor accommodation, low income, socially isolated	
	Parents struggling to meet child's need without support	
	Inconsistent responses to the child. Family not accessing universal services	

Targeted	Examples of Need	What might help?
<p>The identified, additional needs of a child, young person and their family are best met from a coordinated, multi-agency approach, regardless of the level of service (i.e. could be a range at universal, or universal plus, or could include a specialist service). The four key elements of the common ways of working at this level are: A Lead Person – ideally already known to the family, who can build a trusted relationship with them, coordinate the assessment and action plan and is a point of contact for the family. A Team Around the Family (TAF) – the lead person and the family together identify who else needs to be involved to contribute to the actions needed. This can include other agencies but also people from within the family network. Early Help Assessment and Plan – the lead person and the TAF work alongside the child, young person and family to identify strengths, worries and actions. Actions are agreed, coordinated and regularly reviewed. Information Sharing and Consent: Safe information sharing is essential for a plan to be effective. Families are actively involved and provide consent for information to be shared.</p>	<p>Disabled child with additional care needs and requiring some support for the family. Serious mental health issues. Chronic health problems with an impact on day to day life. Not accessing health care needed</p> <p>Domestic Abuse or substance misuse</p> <p>Sexual Exploitation risk</p> <p>Phobias/psychological difficulties</p> <p>Short term exclusions/NEET</p> <p>Serious debts or poverty impacting on ability to meet family needs</p> <p>Parents struggling to provide 'good enough' care Chaotic parenting, no boundaries set</p>	<p>Family and child may access support from Universal Services Plus:</p> <ul style="list-style-type: none"> • Compass • Families Plus • Young Peoples Support • Early Years Portage • Health specialists • Children's centres • Housing support • Mentoring services • Debt services • Counselling • Targeted parenting programmes • Youth sector provision • Homelessness prevention • NEET targeted courses • Behaviour support • Child & Adolescent Mental Health Services • School Health Nursing Service • Community paediatrics

Specialist	Examples of Need	What might help?
<p>These services are generally accessed following specific assessments to establish need and criteria for the service. Universal services should remain informed and involved, to ensure that children, young people and their families continue to receive ongoing support, regardless of whether the specialist service remains involved.</p>	<p>Child suffering or at risk of suffering significant harm</p> <p>Failure to thrive</p> <p>Endangers own life through self-harm, eating disorder</p> <p>Suspected non accidental injury</p> <p>Complex mental health needing specialist intervention</p> <p>Accommodation places child in danger</p> <p>Extra familial harm e.g. CCE/ CSE</p> <p>Unaccompanied Asylum seeking child</p> <p>Child/Parent relationship at risk of breakdown</p> <p>Profound/Severe disabilities</p>	<p>Family and child may access support from Universal Services plus:</p> <ul style="list-style-type: none"> • Children's Social Care • Youth Offending Service • Child & Adolescent mental Health Services • Barnardo's BASE • Community paediatrics

Barriers to children disclosing



What might prevent a child from disclosing?

Disclosing barriers

- Threats made by the perpetrator
- Fears that something bad might happen
- Lack of opportunity
- Lack of understanding that they are being abused
- Attachment to the perpetrator
- Feelings of self-blame, shame and guilt
- Not knowing who to tell
- Not knowing what might happen next

Reporting barriers

- Fears of being wrong - *about whom?*
- Worried it might make things worse for the child
- Concerns about splitting up the child's family
- Worried about repercussions for the abused
- Worried about repercussions personally
- Uncertainty about what happens next
- Insufficient knowledge of the signs and symptoms of abuse
- Belief that child abuse isn't a common problem



INFORMATION SHARING IN KCSIE 2023

57. DPA and UK GDPR **do not** prevent the sharing of information for the purposes of keeping children safe and promoting their welfare. If in any doubt about sharing information, staff should speak to the designated safeguarding lead or a deputy. Fears about sharing information **must not** be allowed to stand in the way of the need to safeguard and promote the welfare of children.

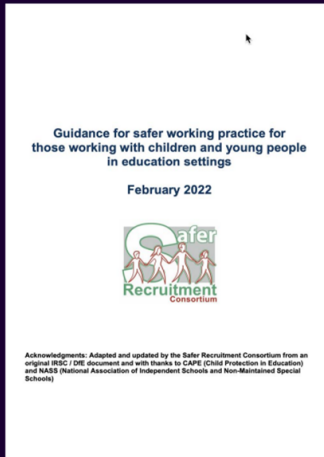
The Trust has guidelines for sharing information regarding mid-year transfers and during key transition periods.

Reporting concerns about staff and low level concerns



Guidance for Safer Working Practice

Examples of illegal, unsafe, unprofessional and unwise behaviour



Standards of Behaviour	Use of Technology	Intimate Care
Dress and Appearance	Educational Visits	Other Physical Activities
Gifts and Rewards	Transportation	Behaviour Management
Social Contact	Home Visits	Photography
Communication	One-to-One Situations	Confidentiality
Physical Contact	Sexual Contact	Inappropriate Images
First Aid and Medication	Physical Intervention	Infatuations and Crushes

NSPCC whistleblowing advice line

0800 028 0285

help@nspcc.org.uk



LADO is John Goddard LADO@southglos.gov.uk



How to report concerns about a member of staff

Our school has procedures in place when staff join, to check they're suitable to work with children, this vigilance shouldn't stop once staff have joined. **It's important to think the unthinkable and remember that staff might abuse children too.**

If you have concerns about another member of staff, or an allegation is made, it's vital we act on it and know what to do

Adults in school are in a position of trust and have lots of contact with children, so we need to be able to prevent harm if there's a risk

Remember Transferrable Risk- Behaved or may have behaved in a way that indicates they may not be suitable to work with children

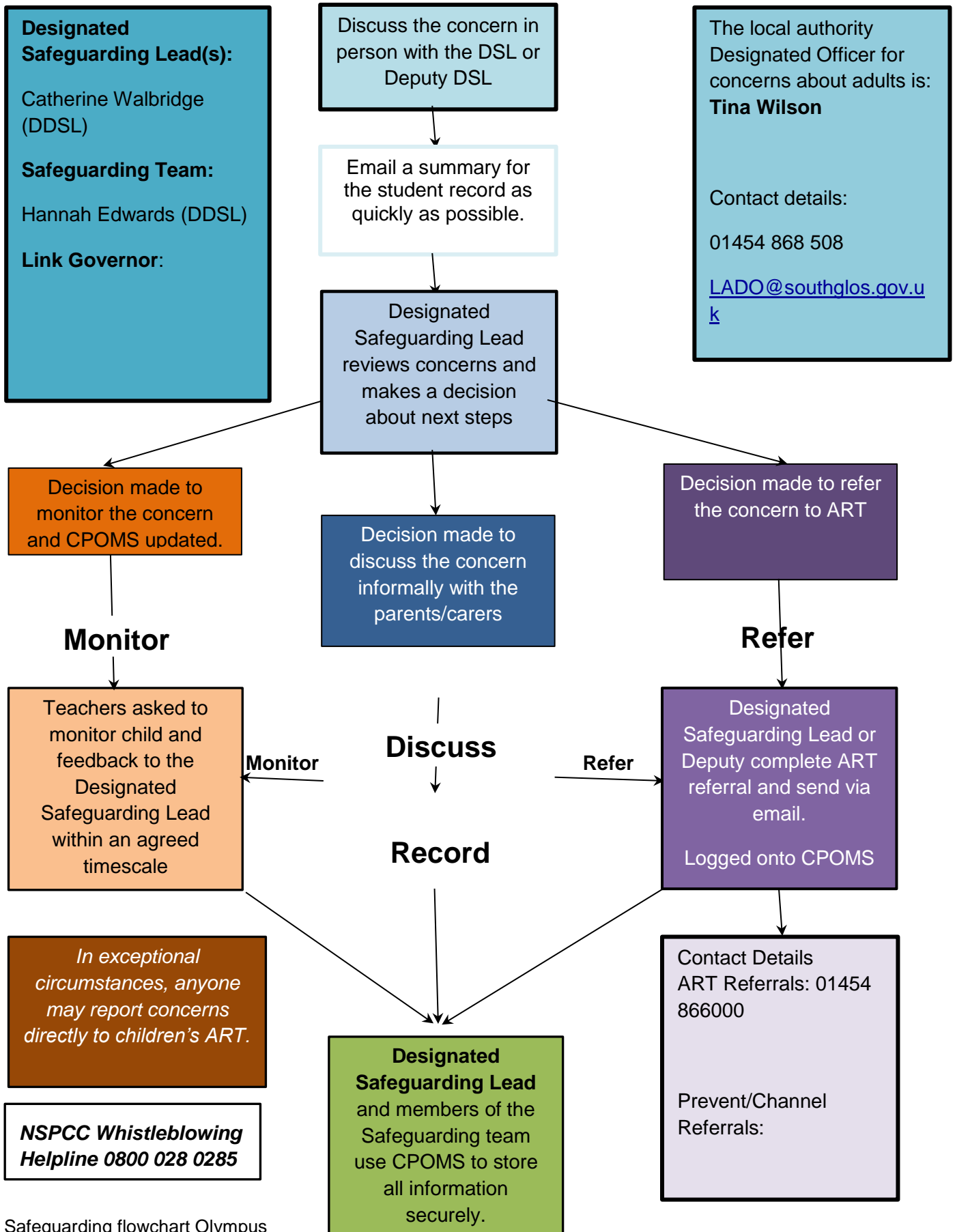
If you have concerns about:

- A member of staff or volunteer, speak to the headteacher or the DSL
- The headteacher, speak to the chair of governors



Appendix E

FLOWCHART FOR RAISING SAFEGUARDING CONCERNS ABOUT A CHILD AT PATCHWAY COMMUNITY SCHOOL





School Visitor Procedures 2023-24

It is important that all staff read and understand these visitor protocols. DSLs must include reference to them throughout the year and during staff induction.

Protocols and Procedures

Visitors to the School

All visitors (not including parents- see parent section below) to the school will be asked to show photo identification at the time of their visit (unless they are named on the approved visitors/contractors list as discussed below). Visitors must follow the procedure below:-

- Once on site, all visitors must report to the main school reception first.
- No visitor is permitted to enter the school via any other entrance under any circumstances.
- At reception, all visitors must state the purpose of their visit and who has invited them. They should produce photo identification when requested by the member of staff on reception.
- All visitors will be asked to sign the Visitors Record Book which is kept at reception at all times, making a note of their name, organisation (if appropriate), who they are visiting, time of arrival and car registration.
- Visitors must be reminded by reception staff that their personal mobile phones must not be used around the school and should be kept in bags and pockets at all times.
- All visitors will be required to wear an identification badge – the badge must remain visible throughout their visit.
 - Red Lanyards – Visitors must always be escorted around the school
 - Green Lanyards – Visitors have been DBS checked and are on the approved visitor list
- The visitor's point of contact will be asked to come to reception to receive the visitor. The contact will then be responsible for their visitor while they are on

site. Without exception, visitors must not be allowed to move about the site unaccompanied unless they are registered on the approved visitor list.

Approved Visitor List

The school will hold an approved visitor list for visitors who frequently visit the school site to undertake work within the school. To qualify for this list the visitor must have demonstrated prior to the visit that they have a current clear enhanced DBS and Children's Barred List check, with details of the check being recorded on the school's Single Central Record. The visitor must also have provided photo ID the first time they visit the school, details of which will have been given to the school administrative officer.

Visitors on the approved list **MUST** follow the same procedure on entry to the premises, i.e. come to reception, sign in the Visitor Record Book and wear a visitor badge at all times). A copy of the approved visitor list with expiry dates will be kept behind reception. **School Office to arrange for this to be printed off for them by the person who maintains their SCR – if the new list is not automatically issued when dates expire, please inform the person who maintains your SCR accordingly.**

Olympus Academy Trust Visitors

Visitors to the school from one of the Trust's other schools or from the team of central Olympus staff, must follow the same procedure on entry to the premises, by signing in and informing the school who they are visiting and must wear their school or Olympus ID badge.

Governors

All governors must comply with the Disclosure & Barring Service procedures, completing a DBS disclosure form (if not already held). Thereafter, procedures will be as per above, with governors signing in and out using the Visitor Record Book.

Trainee Teachers

All trainee teachers on placement at the school will be provided with a visitor badge for the duration of their placement. This should be worn at all times. Trainee teachers will also be asked to provide details of their enhanced DBS disclosure, which may be via their training provider, and photo ID at the start of their placement. Thereafter, procedures will be as per above, with trainee teachers signing in and out every day using the Visitor Record Book.

Volunteers

All **regular** volunteers (attending regularly for a period of 3 months or more) (including those undertaking work experience) must comply with DBS procedures by completing a DBS form and providing relevant identification documents, they must also be entered onto the school's SCR. The SCR should identify who in the school is their link for the period of volunteering. These volunteers also need to complete Ihasco Part 1 KCSIE and Prevent training. Thereafter, procedures as per above should apply, with volunteers signing in and out using the Visitor Record Book.

One off volunteers without a DBS disclosure must be accompanied by a member of staff at all times whilst in school- this is the same procedure as for visitors.

All volunteers will also be asked to read and sign the school's Statement of Expectation for Volunteers document and each school **must** complete a risk assessment prior to them commencing their voluntary work.

Parents

All parents visiting a member of staff, either for a pre-arranged or ad hoc meeting, will be required to follow the procedures as per above, with parents signing in and out using the Visitor Record Book, and wearing a visitor badge at all times as they are known to the school, photo ID will not need to be sighted.

Police

Police, Ambulance crews and Fire staff are very identifiable by their uniform and should be treated as an approved visitor.

Where you have Police visiting unexpectedly – perhaps as part of an investigation or part of an ART response – they should be met at reception and taken into the school as these Police will **not** know their way around the school.

Where you have local community Police teams who know your school and DSL/DDSL well and they have arrived for a meeting, or are dropping in for gathering information, it would be appropriate for them to be able to be dealt with on approved visitor status. This *approved status* allows them to walk into the school to go to the room/area where they are meeting a member of staff as they know where they are going.

It is always polite to then accompany all Police visitors off site.

Police requests to meet with learners

The Police must **not** be allowed into school to meet with any learner without an appointment being made through the DSL or DDSL. This ensures that parents and carers are fully aware of the request for the meeting and have the opportunity to be present in the school. The preference at all times is for the Police to meet learners within their own homes and to not interrupt the school learning day with non-emergency Police matters.

Police visiting with a social worker as part of a child protection enquiry

The DSL should check with the social worker whether they have made parents aware of the visit to school to meet with the learner. If they haven't made the parent or carer aware of the visit due to child protection concerns, the DSL should record this in CPOMS.

Visitor Departure from School

On departing the school, visitors **MUST** leave via reception and:-

- Enter their departure time in the Visitor Record Book alongside their arrival entry.
- Return the identification badge to reception.
- A member of staff should escort the visitor to the reception, unless they are on the approved visitor list.

Unknown/Uninvited Visitors to the School

Any visitor to the school site who is not wearing a visitor badge (or appropriate Trust badge) should be challenged politely to enquire who they are and their business on the school site. They should then be escorted to reception to sign the visitor record book and to be issued with a visitor badge.

The procedures under 'Visitors to the School' above will then apply. In the event that the visitor refuses to comply, they should be asked to leave the site immediately and a member of the Senior Leadership Team informed. The SLT member will consider the situation and decide if it is necessary to inform the police.

If an unknown/uninvited visitor becomes abusive or aggressive, they will be asked to leave the site immediately and warned that if they fail to leave the school grounds, police assistance will be called for.

Staff who are unsure about any aspect of the visitor procedure should contact the Business Manager, who will confirm the steps that need to be undertaken prior to the (initial) visit.

All staff should be familiar with the procedure for visitors to the school, and have a responsibility to ensure that they comply with the procedures at all times. Deliberate disregard of any aspects of this procedure may be treated as a disciplinary matter.