



The Castle Partnership Trust

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Safeguarding Policy

September 2018

Executive Headteacher: Sarah Watson
Headteacher, Court Fields School: Rachael Bennett

Lead Person: SLT with Responsibility for Safeguarding

Review Date: Summer Term 2019

Policy Review

This policy will be reviewed in full by the Governing Body on an annual basis.

Signature

Date

Head Teacher at The Castle School

Signature

Date

Head Teacher at Court Fields School

Signature

Date

Chair of the Trust

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This policy operates in conjunction with:

1. Recruitment and Vetting Policy.
2. Behaviour for Learning Policy.
3. Anti-bullying Policy
4. Restrictive Physical Intervention guidance.
5. Health & Safety Policy.
6. Whistleblowing Policy.
7. Supporting Children with Medical Concerns guidance.
8. SEND Policy.
9. Drugs, Alcohol and Tobacco Education Policy.
10. Educational Visits Policy.
11. Code of Conduct

1. INTRODUCTION

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

'Children' includes everyone under the age of 18.

Purpose of a Child Protection Policy

To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children.
To enable everyone to have a clear understanding of how these responsibilities should be carried out.

Somerset Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures

The partnership follows the procedures established by the Somerset Safeguarding Children Board for all agencies in Somerset working with children and their families

School commitment

The Castle Partnership Trust (The Trust) fully recognises the responsibility it has under the Keeping Children Safe in Education (Sept 2016) Statutory Guidance and the contribution it can make to protect children and support students in school.

There is nothing more important for our children than their safety. It takes priority over everything, including teaching. Everyone who comes into contact with children and their families has a role to play in safeguarding children. School staff are particularly important as they are in a position to identify concerns early and support early help intervention (**'Part One' of Keeping Children Safe in Education September 2018**- All school and college staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years. In the first instance, staff should discuss early help requirements with the designated safeguarding lead. Staff may be required to support other agencies and professionals in an early help assessment) to prevent concerns from escalating. As a school we form part of the wider safeguarding system for children, as described in statutory guidance Working Together to Safeguard Children 2018. We

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

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

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

There are three main elements to our Safeguarding Policy.

1. **Prevention** through the teaching and pastoral support offered to the students within the whole school protective ethos.
2. **Protection** by following agreed procedures, ensuring staff and volunteers are appropriately recruited, trained and supported to respond appropriately and sensitively to Child Protection concerns. All staff are trained to recognise and report concerns early so that we may engage early help.
3. **Support** to students who may have been abused.

It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes: failing to act on and refer the early signs of abuse and neglect, poor record keeping, failing to listen to the views of the child, failing to re-assess concerns when situations do not improve, sharing information too slowly and a lack of challenge to those who appear not to be taking action.

From July 2015 schools have a duty to protect children from the risk of radicalisation and extremism (section 26 Counter-Terrorism and Security Act, 2015). As part of their wider safeguarding duties staff must be alert to the possibility of radicalisation and be aware of indicators. The Trust will act in accordance with its duty to promote British Values of democracy, tolerance, the rule of law and respect for others of different backgrounds and faiths.

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

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

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

The Trust will therefore:

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

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

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

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

Implementation, Monitoring and Review of the Child Protection Policy

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

2. STATUTORY FRAMEWORK

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

- The Children Act 1989 and Children Act 2004
- Education Act 2002 (section 175)
- Keeping Children Safe in Education Sept 2018–statutory guidance

- Safeguarding Children and Safer Recruitment in Education (DfES 2006)
- Working Together to Safeguard Children (DfE September 2018)
- The Education (Pupil Information) (England) Regulations 2005
- Sexual Violence and Sexual Harassment between children in schools and colleges May 2018
- Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)
- Information Sharing: Advice for Practitioners Providing Safeguarding Services to children, young people and carers (DfE 2015)
- Children and Families 2014
- Statutory responsibilities Education Act 2011
- 3National Standards –Working Together March 2015
- Inspections –Ofsted,
- Independent Schools Inspectorate,
- Care Quality Commission
- Local Safeguarding and Child Protection protocols (i.e. SWCPP)
- Information sharing advice for practitioners 2015
- Disqualification under the Childcare Act 2006 (2015)
- Children and Social Care Act 2017
- The Prevent duty 2015

Keeping Children Safe in Education (DfE September 2018) places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the Somerset Safeguarding Children’s Board
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
- A Designated Senior Person (referred to in ‘Keeping Children Safe in Education (DFE,) as ‘Designated Safeguarding Lead’(DSL) should have responsibility for co-ordinating action within the school and liaising with other agencies. At least one Deputy Designated Safeguarding Lead (DDSL) will work alongside the DSL
- When considering sharing information with other professional agencies in order to safeguard a child it is important to ensure that the Data Protection Act 2018 is considered. Any information shared must be proportionate to the need and level of risk; relevant to the purpose; adequate to ensure it can be understood and acted on; accurate with facts clearly stated and relevant opinion identified as such; timely – in order to reduce risk of harm. Information should be shared securely and a record kept.

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

3. THE DESIGNATED SAFEGUARDING LEAD

The Designated Safeguarding Leads for Child Protection are:

Matt Randle (The Castle School)
Steve Appleby (Court Fields School)

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

The Deputy Designated Leads are:

Annette Horsley (The Castle School)
Mike Smith (Court Fields School)

It is the role of the Designated Senior Person for Child Protection (and DDSLs) to:

- Ensure that he/she receives refresher training at annually to keep his or her knowledge and skills up to date
- Ensure that the headteacher and all staff members receive appropriate child protection training which is regularly updated, at least annually. Act as a source of support, advice and expertise to staff on matters of safeguarding.
- Ensure staff are aware of how to identify children who may benefit from early help, how they may have a role in it and how they may support the assessment process
- Ensure that new staff receive a safeguarding children induction within 5 working days of commencement of their contract
- Ensure that all visitors and temporary staff are informed of the school's safeguarding procedures in writing on arrival and that a briefing is delivered within 3 days.
- Ensure that the school operates within the legislative framework and recommended guidance
- Ensure that the appropriate Head Teacher is kept fully informed of any concerns, especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
- Develop effective working relationships with other agencies and services
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an Early Help Assessment via the Professional Choices Website www.professionalchoices.org.uk/eha or refer to Children, Schools and Families social care.
- Liaise and work with Children's Services: Safeguarding and Specialist Services over suspected cases of child abuse

- Manage referrals to Children’s Social Care and where appropriate, the Disclosure and Barring Service and the Police
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision
- Submit reports to and ensure the school’s attendance at child protection conferences; contribute to decision making at said conferences and deliver relevant actions planned to safeguard the child
- Ensure that the school effectively monitors children about whom there are concerns, phoning rather than texting for first day absence and notifying Children’s Services: Safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan
- Ensure that the school is aware of and meeting the specific needs of children in need, looked after children, those with special educational needs and young carers.
- Provide guidance to parents, children and staff about obtaining suitable support
- Ensure that information related to Safeguarding is available to parents on the website and that parents are made aware of the schools’ procedures.
- Undergo Prevent Awareness training in order to provide support and advice to staff on protecting children from the risk of radicalisation and extremist views

4. THE GOVERNING BODY

The Board fully recognises its responsibilities with regard to safeguarding and promoting the welfare and safety of children and will ensure it complies with the duties set out in legislation (Keeping Children Safe in Education Sept 2018 – statutory guidance).

The nominated governor for child protection is:

NAME: Dr Michael Yardley – The Castle School
Shared role - Mrs Sheila Naylor and Mrs Carly Hatch– Court Fields School

They will:

- Designate a governor for Safeguarding who will oversee the Trust’s Safeguarding procedures and processes.

- Appoint a Designated Safeguarding Lead (DSL) who must be a member of the School Leadership Team (SLT) and a minimum of one Deputy Designated Safeguarding Leads (DDSL).
- Ensure that the school contributes to inter-agency working in line with Working Together to Safeguard Children 2018
- Ensure that safeguarding arrangements are in accordance with Somerset Local Safeguarding Children Board (SSCB).
- Appoint designated teachers to promote the educational achievement of Looked After Children (Matt Randle and Steve Appleby)
- Ensure safeguarding is considered when reporting children missing from education.
- Ensure all staff within the Partnership read at least Part 1 of Keeping Children Safe in Education, Statutory Guidance for schools and colleges, September 2018, and sign to acknowledge this
- Monitor staff training in relationship to Safeguarding: regularly reviewing the training log, overseeing the online RAG rating tool via the Virtual College Section 175 Governor Audit and sampling training
- Ensure the online RAG rating tool via the Virtual College Section 175 Governor Audit is completed with the DSL.
- Ensure that this Policy is revised and updated annually, along with the staff code of conduct.
- Act on any allegation made against the Headteacher in liaison with the Local Authority (LA).
- Ensure the DSL attends Prevent Awareness training and that staff are aware of their duties in terms of promoting British Values and seeking to prevent radicalisation
- Ensure children are taught about safeguarding.
- Ensure procedures are in place to handle allegations against staff and volunteers
- Ensure procedures are in place to handle allegations against other children
- Ensure a written policy on recruitment is in place which is up to date in terms of requirements
- Ensure staff are appropriately checked prior to appointment or undertaking a regulated activity (see Safer Recruitment Policy) in order to prevent harm to children
- Ensure at least one person on the appointment panel at interviews is Safer Recruitment trained
- Ensure the Single Central Register is correctly maintained
- Ensure that staff who work with primary children under the age of 8 have been asked to disclose for disqualification purposes
- Ensure a child's wishes and feelings are considered when determining action and providing services
- Ensure confidentiality is not agreed by staff and that staff always act in the best interests of the child.
- Reasonable measures must be taken to ensure site security:
 - Access to the site must be monitored;
 - Visitors must sign in at Reception and wear a Visitors badge for the duration of their stay.
 - Any adult without a badge must be challenged.
 - Governors must set the example by wearing their ID badges when in school.

5. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

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

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

In an emergency where the safety of a student(s) is acutely at risk, staff should call 999 immediately.

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

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

Staff must be able to identify children who may be vulnerable to radicalisation in the same way as any other harmful behaviour. They must be aware of potential risks affecting children. Support is available where concerns are made through the Channel Programme, where there are concerns that an individual might be vulnerable to radicalisation. Staff should seek support from the DSL. Appendix 3 explains the referral process.

As a staff when using the internet with children we must ensure that they cannot access terrorist and extremist material. Appropriate filtering will be in place. The Acceptable User Guide will be signed by all children in which they agree not to bypass the filtering system.

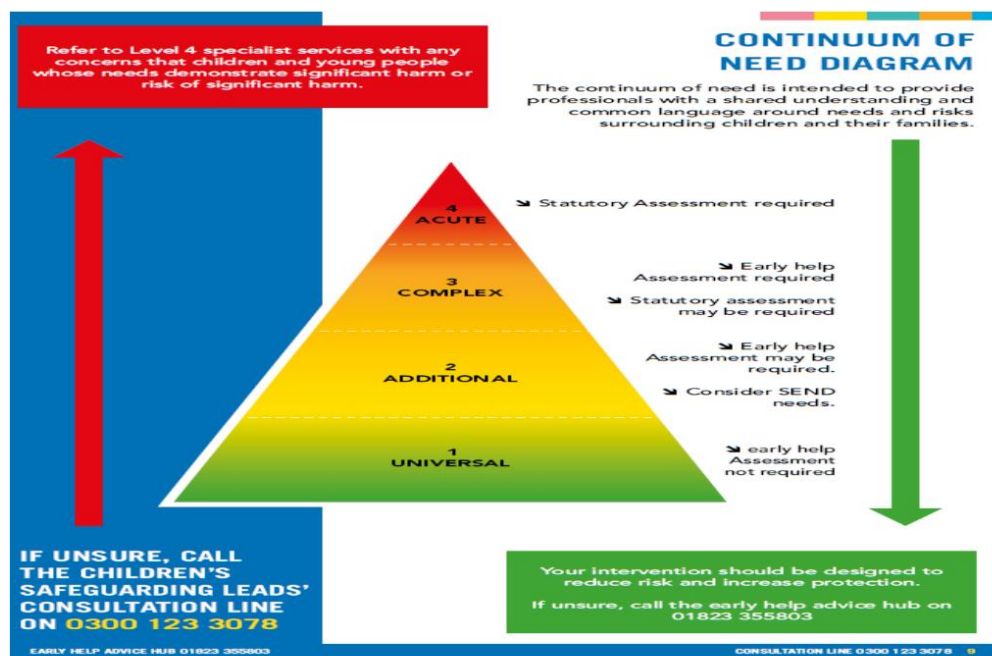
The member of staff must record information in writing regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations.

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

All staff are responsible for monitoring the children in their care and reporting any concerns they may have. In many cases the concerns do not reach the threshold for a Child Protection Referral but that of a Child in Need of an earlier intervention. This is the function of the Early Help Assessment (EHA) and Team Around the Child meeting. This

will identify a lead professional who will bring appropriate professionals together to empower the family to address concerns raised. Details of this process are available at: <http://professionalchoices.org.uk/eha/>

Safeguarding applies to all children



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

The emphasis is on early intervention to try and prevent children getting to the point where they are in dangerous and unsafe environments. All help and support for a family up to Child Protection level is on a voluntary basis with the family and the skill is to engage with the family so that the early help can be effective. The Early Help support in Somerset is called 'Get Set' and operates mostly out of children's centres for children of all ages – it also offers outreach support for families that are unable to access Children's Centres. This early help support will involve the completion of the Early Help Assessment (<http://professionalchoices.org.uk/eha/>) and assessments are made with the use of the Effective Support for Children and Families threshold guidance (<http://sscb.safeguardingsomerset.org.uk/effectivesupport-documents/>) with agencies working in a multi-agency way around the child (Team around the Child). Need to contact Somerset Direct for details of this service.

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

However, where consent is not obtained, a professional judgement is needed in relation to assessed risk and significant harm, which will inform a decision to make contact with Somerset Direct to discuss a referral. Where concerns relate to potential significant harm

or risk to a child's welfare, gaining consent should not be a barrier to discussing those concerns with practitioner's line management and respective agency safeguarding procedures.

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

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

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

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

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

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

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

All staff must wear identification badges.

6. WHEN TO BE CONCERNED

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

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

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

Generally, in an abusive relationship the child may:

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

7. DEALING WITH A DISCLOSURE

If

- **A student discloses abuse, or**
 - **A member of staff suspects a child may have been abused, or**
 - **A third party expresses concern, or**
 - **A staff member witnesses an abusive situation involving another staff member.**
- Listen to what is being said without displaying shock or disbelief
 - Accept what is being said
 - Allow the child to talk freely
 - Reassure the child, but not make promises which it might not be possible to keep
 - Not promise confidentiality – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services
 - Reassure him or her that what has happened is not his or her fault
 - Stress that it was the right thing to tell
 - Listen, only asking questions when necessary to clarify. **Do not interrogate or enter into detailed investigations:** phrases such as "Tell me what happened", "When" are acceptable. Phrases such as "Did he hit you?" are not.
 - Not criticise the alleged perpetrator
 - Explain what has to be done next and who has to be told
 - Make a written record (see Record Keeping)

- Pass the information to the Designated Safeguarding Lead or Deputy without delay

Members of staff **MUST NOT:**

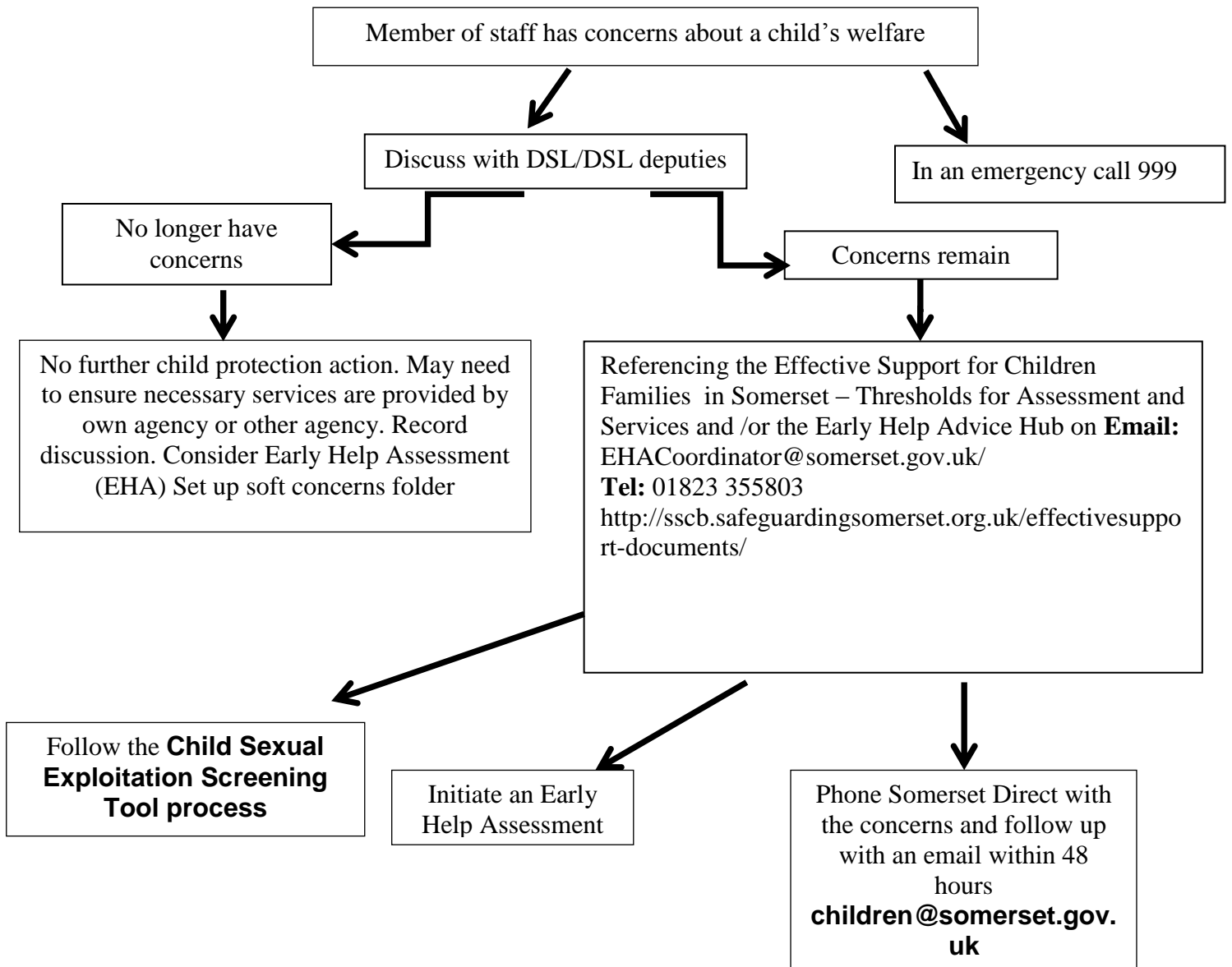
- Investigate suspected/alleged abuse themselves.
- Evaluate the grounds for concern.
- Seek or wait for proof.
- Discuss the matter with anyone other than the Designated teacher or Headteacher.

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

Support

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

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



Useful Information and contacts:

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

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

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).
- No adult must ever guarantee confidentiality to any student. Staff should make students aware that if they disclose information that may be harmful to themselves or others, then certain actions will need to be taken.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

9. RECORD KEEPING

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

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

All records need to be given to the Safeguarding Team promptly. No copies should be retained by the member of staff or volunteer.

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

10. SUPPORTING STUDENTS AT RISK

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

abuse others. This requires a considered, sensitive approach in order that the child can receive appropriate help and support.

The Castle Partnership Trust will endeavour to support students through:

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

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

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

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

11. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook, school code of conduct or Government document '*Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*'.

<https://www.safeguardingschools.co.uk/wp-content/uploads/2015/10/Guidance-for-Safer-Working-Practices-2015-final1.pdf>

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

It is important that staff are familiar with The Whistle Blowing Policy. Section 3 of The Whistle Blowing Policy explains how to raise a concern.

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

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

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

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

NAME:	CONTACT NUMBER:
Mrs Sheila Naylor	01823 274073

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

NAME:	CONTACT NUMBER:
Mrs Michelle Fox	01823 274073

The Designated Officer

NAME:	CONTACT NUMBER
Anthony Goble	0300 123 2224

Public Concern at work	020 7404 6609
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The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

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

12. OFF-SITE PROVISION

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

Extended work experience placements provided for students will only be in work places on the Somerset Approved List. Students are briefed on safeguarding themselves in

advance of the placement. Suitability of the placement for the student and those involved is paramount.

APPENDIX 1 - INDICATORS OF HARM

PHYSICAL ABUSE

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

Indicators in the child

Bruising

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

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

Fractures

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

There are grounds for concern if:

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

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

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

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness (FII)

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

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

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

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

The following points are also worth remembering:

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

Scars

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

Emotional/behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

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

Indicators in the family/environment

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

EMOTIONAL ABUSE

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

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

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

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

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

Indicators in the child

Developmental delay

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment

Aggressive behaviour towards others

Child scapegoated within the family

Frozen watchfulness, particularly in pre-school children

Low self esteem and lack of confidence

Withdrawn or seen as a 'loner' - difficulty relating to others

Over-reaction to mistakes

Fear of new situations

Inappropriate emotional responses to painful situations

Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)

Self harm

Fear of parents being contacted

Extremes of passivity or aggression

Drug/solvent abuse

Chronic running away

Compulsive stealing

Low self-esteem

Air of detachment – 'don't care' attitude

Social isolation – does not join in and has few friends

Depression, withdrawal

Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention

Low self esteem, lack of confidence, fearful, distressed, anxious

Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

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

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

Scapegoats one child in the family

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

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

Indicators of in the family/environment

Lack of support from family or social network.

Marginalised or isolated by the community.

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

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

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

NEGLECT

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

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

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

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

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

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

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

Abnormal voracious appetite

Dry, sparse hair

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

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay
Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders
Absence of normal social responsiveness
Indiscriminate behaviour in relationships with adults
Emotionally needy
Compulsive stealing
Constant tiredness
Frequently absent or late at school
Poor self esteem
Destructive tendencies
Thrives away from home environment
Aggressive and impulsive behaviour
Disturbed peer relationships
Self harming behaviour

Indicators in the parent

Dirty, unkempt presentation
Inadequately clothed
Inadequate social skills and poor socialisation
Abnormal attachment to the child .e.g. anxious
Low self-esteem and lack of confidence
Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, and hygiene.
Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
Child left with adults who are intoxicated or violent
Child abandoned or left alone for excessive periods
Wider parenting difficulties may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family
Family marginalised or isolated by the community.
Family has history of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the

family

Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating

Lack of opportunities for child to play and learn

SEXUAL ABUSE

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

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

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

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

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father

Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

Makes a disclosure.

Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

Self-harm - eating disorders, self mutilation and suicide attempts

Poor self-image, self-harm, self-hatred

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)

Sudden changes in school work habits, become truant

Withdrawal, isolation or excessive worrying

Inappropriate sexualised conduct

Sexually exploited or indiscriminate choice of sexual partners

Wetting or other regressive behaviours e.g. thumb sucking

Draws sexually explicit pictures

Depression

Indicators in the parents

Comments made by the parent/carer about the child.

Lack of sexual boundaries

Wider parenting difficulties or vulnerabilities

Grooming behaviour

Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.

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

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

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

Family member is a sex offender.

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

Child missing from education

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

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

Child missing from home or care

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

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

Child sexual exploitation (CSE)

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

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

Bullying including cyberbullying

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

Domestic violence and abuse

Domestic violence and abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes any emotional, physical, sexual, financial or psychological abuse. It can happen in any relationship, and even after the relationship has ended. Both men and women can be abused or abusers. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships. Domestic abuse can seriously harm children and young people

Drugs

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

Fabricated or induced illness

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

- Deliberately inducing symptoms in children by administering medication or other substances, by means of intentional transient airways obstruction or by interfering with the child's body so as to cause physical signs.
- Interfering with treatments by over dosing with medication, not administering them or interfering with medical equipment such as infusion lines;

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

Faith abuse

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

Female Genital Mutilation (FGM)

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

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

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

Breast binding/ironing

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

Forced marriage

The Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry This includes:

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

Gangs and youth violence

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

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

Any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (Unesco 1999 p.53)

Mental health

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

Private fostering

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

Radicalisation

This refers to the process by which a person comes to support terrorism and forms of extremism¹². There is no single way of identifying an individual who is likely to be

susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

Schools must ensure that children are safe from terrorist and extremist material when accessing the internet in schools. We ensure that suitable filtering is in place. We also teach pupils about online safety more generally.

Sexting

Sexting is the exchange of sexual messages or images and creating, sharing and forwarding sexually suggestive nude or nearly nude images through mobile phones and the internet. Sending nude images of any person under the age of 18 counts as illegal.

Teenage relationship abuse

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

Trafficking

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

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

Hate Crimes

Crimes committed against someone because of their disability, gender-identity, race, religion or belief, or sexual orientation are hate crimes and should be reported to the police.

Hate crimes can include: threatening behaviour/assault/robbery/damage to property/inciting others to commit hate crimes/harassment.

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

Sexual Violence and Sexual Harassment between Children

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/707653/Sexual_Harassment_and_Sexual_Violence_Advice.pdf)

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

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

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

County Lines

County Lines is a serious issue where criminal gangs set up a drug dealing operation in a place outside their usual operating area. Gangs will move their drug dealing from cities to smaller towns in order to make more money. This can have a big effect on the community who live there and bring with it serious criminal behaviour. There are county lines operating in the Avon and Somerset area

Crimes Associated with County Lines

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

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

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

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

Signs to look out for....

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

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

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

- Childline
- Catch-22
- Gangsline

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

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

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

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

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

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

APPENDIX 3

WHAT THE PREVENT DUTY MEANS FOR THE CASTLE SCHOOL PARTNERSHIP

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

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

Risk assessment

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

Working in Partnership

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

Staff Training

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

IT Policies

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

Far-right graffiti and stickers

Following a rise in Islamist terrorist attacks in Europe we have seen a rise in Extreme Right Wing ideology. There are numerous groups and their views vary but may be anti-

Muslim, anti-Semitic, neo-Nazi, ultra-nationalist, or white supremacist. Often they will label Jews as 'capitalist' or dishonest; Muslims as paedophiles or terrorists or accuse refugees of stealing jobs, houses etc.

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

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

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

How should I respond?

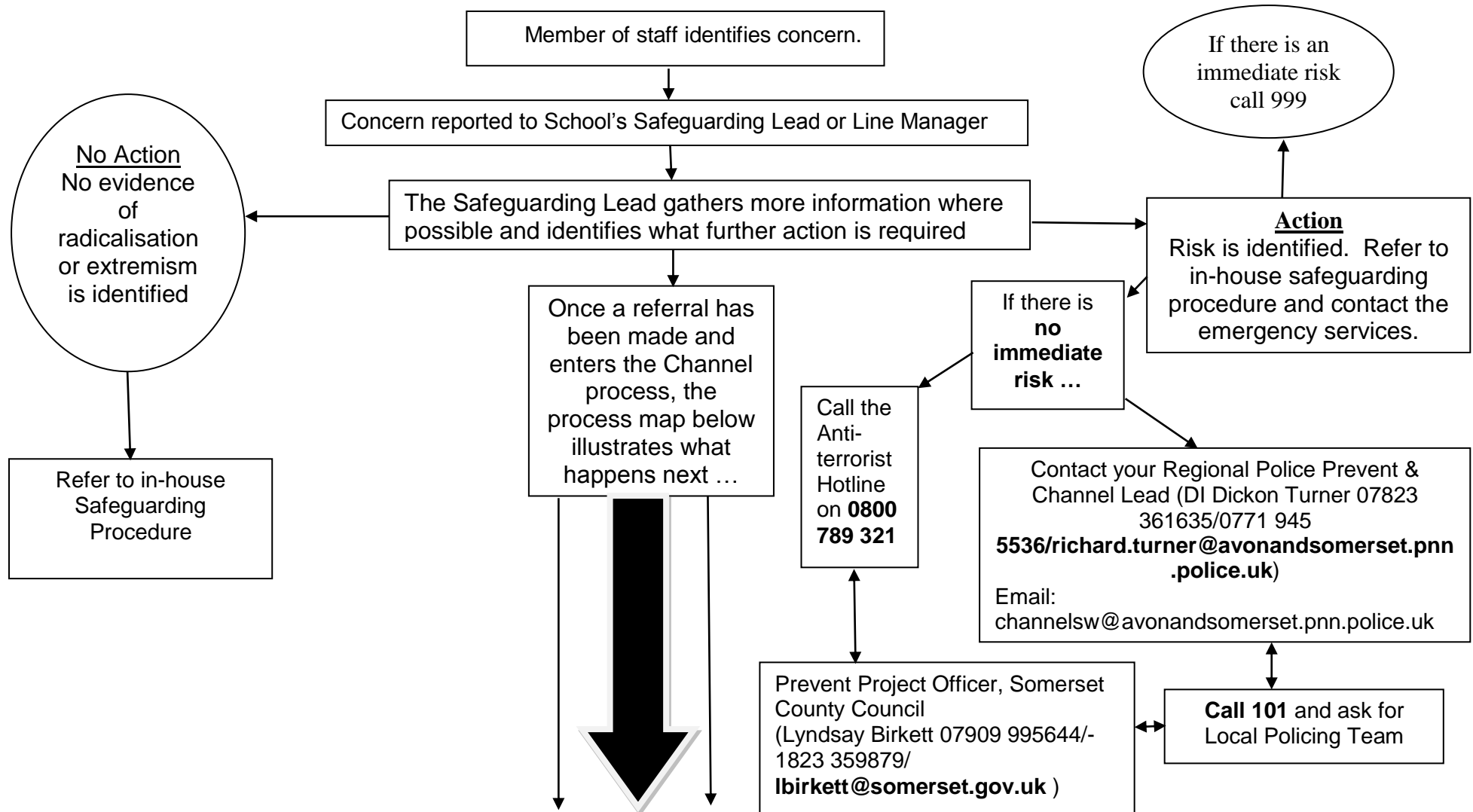
If the stickers or graffiti relate to **National Action, NS131 or Scottish Dawn** (or if you think they might) a terrorism related crime may have been committed:

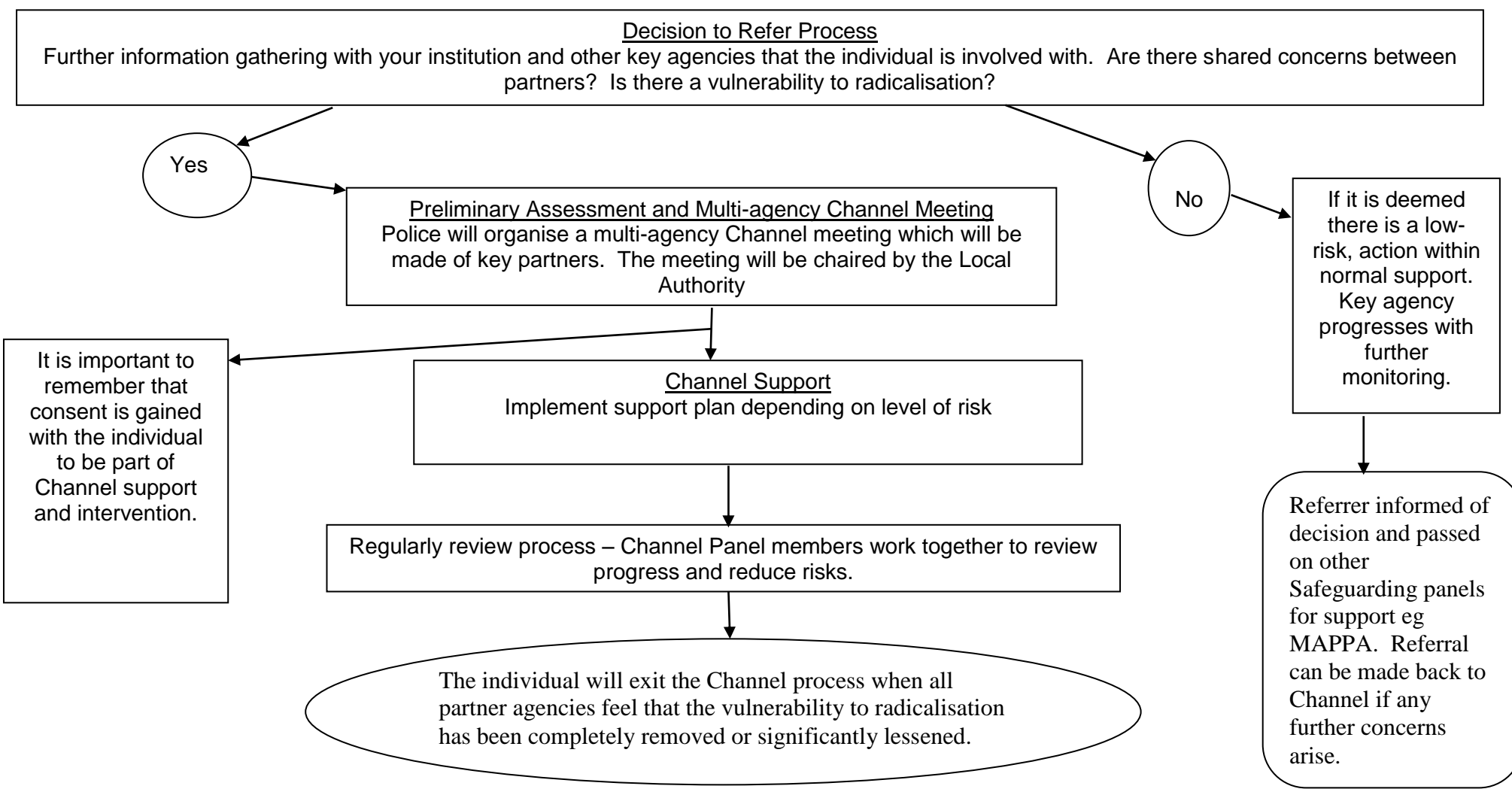
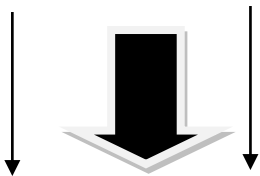
- Please call the police on 101. (they will want to know exactly where it is, and if you know when it was put there, a description or name of any suspects, are there any witnesses, if there is any equipment used to produce the picture/writing or poster nearby)
- Don't remove the display until police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

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

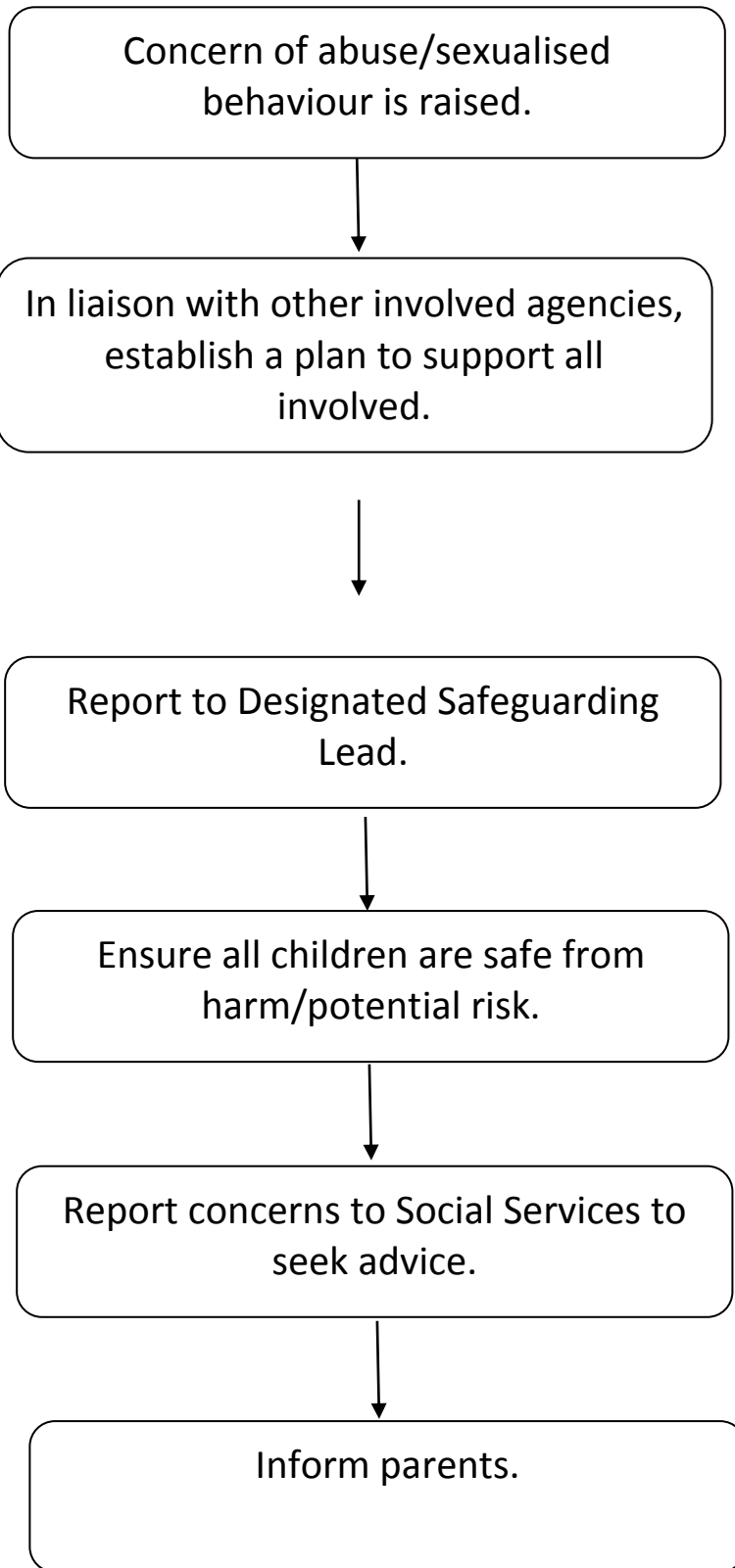
Process map for school staff reporting a concern of a vulnerable individual

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





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



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

When working with professionals from other agencies there will at times be differences of opinion with regards to how to respond to an identified concern about a child, young person or family.

Disagreements can be a sign of developing thinking, and the value of exchanging ideas from different perspectives should not be under-estimated and is one of many benefits of partnership working.

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

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

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

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

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

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

Differences are most likely to arise in relation to:

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

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

Step	Action
One	<p>Preventing Dispute (within 24 hours)</p> <ul style="list-style-type: none"> • Agency A (Challenger) contacts Agency B (Challenged) • Internal business as usual resolution
Two	<p>Informal Dispute Procedure (within 72 hours)</p> <ul style="list-style-type: none"> • Issue not resolved • Agency A (Challenger's Line Manager/or agreed other role) contacts Agency B's Line Manager for discussion and negotiation • Agree a timescale for a response from the Challenger's Line Manager/ or agreed other role
Three	<p>Formal Dispute Procedure (5 working days from receipt)</p> <ul style="list-style-type: none"> • Issue not resolved • Agency A (Challenger) completes 'Resolving Professional Differences' form and sends to Agency B (Challenged) • Copying in SSCB (SSCB@somerset.gcsx.gov.uk) and relevant agency listed on form. • The form should contain full details of all discussions and actions undertaken and the outcome of the process once differences have been resolved. • See Appendix One for 'Resolving Professional Differences' form
Four	<p>Where Dispute Remains</p> <ul style="list-style-type: none"> • Issue not resolved • Agency B (Challenged) completes and responds to form received. • The form should contain full details of all discussions and actions undertaken and the outcome of the process once differences have been resolved. • Copying in SSCB (SSCB@somerset.gcsx.gov.uk) and relevant agency listed on form. • SSCB Audit Officer reviews outcomes and learning and includes in report to SSCB Quality and Performance Sub Group
Five	<p>Dispute Cannot Be Resolved</p> <ul style="list-style-type: none"> • Issue not resolved • Refer to the Chief Executive or agency senior lead to seek a resolution with their counterpart.
<p>If still not resolved, referral to the SSCB Independent Chair (last resort)</p>	



The Castle Partnership Trust

ACHIEVE | BELONG | PARTICIPATE

Code of Ethical Practice for Staff

All Trust staff are valued members of their respective school communities. Everyone is expected to set and maintain the highest standards for their own performance, to work as part of a team and to be an excellent role model for our students.

All Trust staff should:

- Place the safety and welfare of students above all other considerations
 - adhere to the principles and procedures contained in the policies in our safeguarding portfolio, e-safety policy, restraint guidance and in teaching and learning policies (further information available in the Staff Handbook)
 - avoid any physical contact with students unless failure to do so would result in:
 - the student being harmed
 - other students being harmed
 - you being harmed
 - avoid giving lifts to students on own unless failure to do would result in further health and safety risk
 - recognise the power imbalances between students and staff, and different levels of seniority of staff and ensure that power and authority are never misused
 - understand that Trust staff are in a position of trust and that sexual relationships with a student, even over the age of 16, may be an offence and could lead to prosecution
 - be alert to, and report appropriately, any behaviour that may indicate that a student is at risk of harm
 - never condone inappropriate behaviour by students or staff
 - never interact with students via social media
 - use Trust mobile numbers and Trust e-mail address as appropriate and avoid giving personal contact details
 - be out on duty on time and ensure the safety and wellbeing of students
- Treat all members of their respective school communities, including students, parents, colleagues and governors with consideration and respect
 - treat each student as an individual and make adjustments to meet individual need
 - demonstrate a clear understanding of and commitment to non-discriminatory practice
- Seek to be a positive role-model and act in a professional way
 - encourage all students to reach their full potential
 - take responsibility for their own continuing professional development
 - refrain from any action that would bring the Trust into disrepute
 - value themselves and seek appropriate support for any issue that may have an adverse effect on their professional practice.

Staff name _____

Signature _____

Date _____



The Castle Partnership Trust

ACHIEVE | BELONG | PARTICIPATE

CODE OF ETHICAL PRACTICE FOR GOVERNORS/DIRECTORS

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

All Directors/Governors should:

- Place the safety and welfare of students above all other considerations
 - adhere to the principles and procedures contained in the policies in our safeguarding portfolio
 - avoid any physical contact with students unless failure to do so would result in:
 - the student being harmed
 - other students being harmed
 - you being harmed
 - avoid giving lifts to students on own unless failure to do would result in further health and safety risk
 - recognise the power imbalances between students and Directors/Governors and ensure that power and authority are never misused
 - understand that Directors/Governors are in a position of trust and that sexual relationships with a student, even over the age of 16, may be an offence and could lead to prosecution
 - be alert to, and report appropriately, any behaviour that may indicate that a student is at risk of harm
 - never condone inappropriate behaviour by students, staff or Directors/Governors
 - use Trust mobile numbers and Trust e-mail address as appropriate and never share personal contact details with students
 - not take photographs, video or record students without prior permission of the Designated Safeguarding Lead
- Treat all members of the school communities, including students, parents, staff and colleagues with consideration and respect
- Seek to be a positive role-model and act in a professional way
 - encourage all students to reach their full potential
 - take responsibility for their own continuing professional development
 - refrain from any action that would bring the Trust into disrepute
 - value themselves and seek appropriate support for any issue that may have an adverse effect on their professional practice.

Director/Governor's name _____

Signature _____

Date _____