

SAFEGUARDING CHILDREN AND YOUNG PEOPLE (INCLUDING CHILD PROTECTION PROCEDURE)

Person responsible:	Designated Safeguarding Lead
Date approved by governing body:	October 2023
Review cycle:	Annually
Date of policy review:	October 2024

POLICY & PROCEDURE DOCUMENT

SAFEGUARDING CHILDREN AND YOUNG PEOPLE (INCLUDING CHILD PROTECTION PROCEDURE)

Designated Safeguarding Lead (DSL) – Lisa Taylor

Deputy Designated Safeguarding Lead (DDSL) – Jo Pearch

Deputy Designated Safeguarding Lead (DDSL) – Elaine Fernandez

Designated Safeguarding Leads (DSL) for Vulnerable Adults – Sheila Talwar & Jean Bankhead

Governor with safeguarding responsibility – Julie Dyer

Procedures always available: [Gloucestershire Safeguarding Children Procedures \(proceduresonline.com\)](https://proceduresonline.com/Gloucestershire-Safeguarding-Children-Procedures)

*Safeguarding and promoting the welfare of children is **everyone's** responsibility. **Everyone** who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child centred. This means that they should consider, at all times, what is in the **best interests** of the child*

Keeping Children Safe in Education (KCSIE) 2023.

KCSIE 2023 defines safeguarding and promoting the welfare of children as:

- Protecting children from maltreatment
- Preventing the 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 outcome

Our local safeguarding arrangements come from Gloucestershire Safeguarding Children's Partnership (GSCP) the link to which is here: - [Gloucestershire Safeguarding Children Partnership \(GSCP\) - Gloucestershire Safeguarding Children Partnership/](https://www.gscpt.org.uk/)

At St Roses in addition to our policies and procedures: -

- All DSLs are members of the School and College Management Team (SCMT) and have job descriptions for this role in line with GSCP guidance. The DSL or DDSL's will always be available to discuss safeguarding concerns
- DSL's meet regularly to discuss any issues arising.
- Half termly safeguarding reflection and practice development meetings take place with the whole safeguarding team
- All staff have a safeguarding induction and training
- Safeguarding is an agenda item on all Leadership meetings, SCMT meetings, and Governing body meetings, as well as individual team meetings.
- Our safeguarding policies and procedures are reviewed annually
- Our policies and procedures are audited by Gloucestershire Safeguarding Children's Partnership
- Student guide to safeguarding (pictorial)

This policy has been updated in line with the revised publication of:

- Keeping Children Safe in Education (DfE, 2023)

As well as information from:

- Working together to safeguard children (HM Government, 2018)
- Gloucestershire Safeguarding Children Partnership Working Together - Gloucestershire's Multi-Agency Arrangements to Safeguard Children (2021)

This policy should be read in conjunction with the following policies and documents:

- Safeguarding adults with care and support needs policy
- Safer recruitment policy and procedures
- Preventing radicalisation and extremism policy
- Positive behaviour support policy
- Care policy
- Counter bullying policy (including cyber bullying)
- Staff ICT and internet acceptable use policy
- Health & safety policy

- Whistleblowing policy
- Compliments and complaints policy
- Disciplinary policy
- Low level concerns policy
- Registration, attendance and absence policy and procedure.
- Special educational needs and disability policy and information report.
- Protocol on partnership working when children and young people run away and go missing from home or care.
- Code of conduct policy
- Guidance for safer working practice for adults who work with children and young people in education settings (Safer Recruitment Consortium, 2022). This details information regarding acceptable behaviours with staff/student relationships.
- Anti-harassment and bullying policy
- Remote education policy
- Online safety policy
- CSE policy
- National Minimum Standards for residential special schools DfE, 2022
- Lettings policy

MISSION STATEMENT

Working together, to help each person flourish educationally and spiritually, to reach their full potential in a Christian community and believe in their worth as children of God.

AIMS OF THIS POLICY

St Rose's regards the protection of children and young people as a priority and is committed to the safeguarding of our students. Adults in our school take all welfare concerns seriously and encourage children and young people to talk to us about anything that worries them. We will always act in the best interest of the child.

This policy aims to outline the role that St Rose's has in implementing safeguarding procedures, the procedures that staff should follow and general guidance issues on child protection. All staff must ensure that the needs and safety of the children are at the forefront of their practice. In

their day-to-day contact with individual children, our staff are particularly well placed to observe outward signs of abuse, changes in behaviour or failure to develop and thrive.

Everyone at St. Rose's is expected to work with and support different agencies to enable the most appropriate intervention to take place. We will assess the risks and issues in the wider community when considering the well-being and safety of our students. All staff and volunteers should be alert to possible concerns being raised. ***Safeguarding is everyone's responsibility***. Staff should not assume someone else is taking action and sharing information that might safeguard a child.

All Governors, Trustees of the English Dominican Congregation as proprietors of the organisation, staff and volunteers have an appropriate disclosure and barring check (DBS). Any recruitment panels appointing paid staff and volunteers held at St Rose's will include at least one person who has been trained in safer recruitment.

Staff must be aware of local policies and procedures that must be followed, which are under the direction of Gloucestershire Safeguarding Children Partnership (GSCP). Copies of the GSCP Child Protection Processes are available in school staff rooms or by logging on to www.online-procedures.co.uk/SWCPP

A Designated Safeguarding Lead (DSL) should always be available, if we are ever in a position where there is no DSL available, we have a reciprocal agreement with other Gloucestershire Catholic Schools' schools (The Little Way Catholic Schools Partnership is a group of twelve schools from the Gloucester Deanery of Clifton Diocese) to provide advice and support where the need arises. If this is needed, please contact one of the other Catholic schools in Gloucestershire and ask for their DSL. (List is available in the main school office)

ROLE OF THE GOVERNING BODY

All Governors and trustees must undertake safeguarding and child protection training for at induction: -

‘This training should equip them with the knowledge to provide strategic challenge to test and assure themselves that the safeguarding policies and procedures in place in schools and colleges are effective and support the delivery of a robust whole school approach to safeguarding.’ (KCSIE 2023)

The designated governor for safeguarding will liaise with the school and college safeguarding team on matters arising concerning safeguarding. In addition to this: -

- The safeguarding policy will be reviewed at least annually; any changes to policy and procedures will be discussed by members of the governing body for approval.
- The designated governor for safeguarding will deal with any allegations of abuse made against the Principal.
- Safeguarding is an agenda item on all full governing body meetings.
- The Governing Body will work with the Principal to ensure that the single central register (SCR) is maintained and monitored.

SAFER RECRUITMENT

St Rose's creates a culture of safer recruitment of all staff. All staff appointments are in compliance with 'Keeping Children Safe in Education' (DfE, 2023). Safer practice involves a commitment to safeguarding and promoting the welfare of children at every stage of the process.

Job advertisements will:

- Make explicit the need for DBS disclosures.
- Include statements about responsibilities relating to safeguarding in the post, in the job description and person specification.
- Include information about the schools' safeguarding practices.

At least one member of every recruitment panel will have completed accredited safer recruitment training. The training covers best practice that should be adopted when recruiting and selecting adults to work with children and it sets out procedures and strategies to help those involved in the recruitment process to deter, identify and reject applicants who are unsuitable to work with children. Details of all appointments and relevant checks are held in a Single Central Record (SCR) on the school's network.

SINGLE CENTRAL RECORD - STAFFSAFE

It is a requirement that St Rose's maintains an electronic single central record (SCR) of recruitment and vetting checks. St Rose's uses CPOMS StaffSafe to hold this information. Access to StaffSafe is password protected. The information required on the SCR is listed in Keeping Children Safe in Education (2023).

Our SCR contains details of all staff (including agency staff), governors, trustees and volunteers. The SCR is maintained and monitored by the Principal, the Business Manager, DSL's and the governing body

STAFF INDUCTION

All new staff and volunteers receive an induction programme at commencement of their employment which includes safeguarding, in line with guidance from GSCP. The induction training is delivered by a member of the safeguarding team; it includes child protection and safeguarding responsibilities. Staff and volunteers are given a copy of our safeguarding policies, behaviour policies, part 1 and part 5 of Keeping Children Safe in Education (2023) as well as a copy of 'Guidance for safer working practice for adults who work with children and young people' (2022). A record of this induction, including names of staff involved and dates of training is kept in staff files and electronically on the school network. At commencement of employment all staff will be issued with a photographic name badge with a blue staff lanyard that must be worn at all times.

ON-GOING TRAINING

We are committed to supporting our staff and students. Through regular training and updates we ensure everyone understands their role in safeguarding children and the safeguarding referral processes. All staff and volunteers undertake e-learning courses relevant to safeguarding both children and vulnerable adults. All staff and volunteers read and sign to say they have read part 1 of 'Keeping Children Safe in Education' (2023)

All staff undertake 3 yearly safeguarding training through Gloucestershire Safeguarding Children Partnership (GSCP). The DSL's/DDSL's will undertake Level 3 training every 2 years. This is recorded on St Rose's departmental training matrixes.

A safeguarding update session is included as part of annual whole school and college training. There are safeguarding noticeboards in all staffrooms and updates are added to the weekly staff briefing and circulated to line managers where needed. The DSLs and the Leadership Team are signed up to receive GSCP alerts to ensure they are keeping their knowledge and awareness of safeguarding up to date.

STUDENTS

At St Rose's students are taught about safeguarding, including online, through various teaching and learning opportunities, as part of a broad and balanced curriculum. As far as possible, children are taught to recognise when they are at risk and how to get help when they need it.

MENTAL HEALTH

All staff St Rose's are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Staff are not expected or trained to diagnose mental health conditions or issues but may notice behaviours that may be of concern.

Where staff have a mental health concern about a child that may also be a safeguarding concern, they should raise the issue by informing a member of the safeguarding team

AUDIT

We carry out annual safeguarding self-audits for authorities that commission our services. The audits and action plans are reviewed in the safeguarding reflection and practice development meetings.

The Principal & Chair of Governors also carries out regular personnel file/SCR audits.

VISITORS

All visitors to St Rose's will be asked to sign in and out. They will be given a safeguarding information leaflet on arrival and will then be issued with a visitor badge with a yellow lanyard. The safeguarding leaflet and information on their visitor badge inform them who they can talk to if they have any safeguarding concerns during their visit.

CHILD PROTECTION

Child abuse is a term used to describe ways in which children are harmed by someone often in a position of power. It may not be our responsibility to decide whether child abuse is occurring but we are required to act on any concerns and report it to the appropriate party. The health, safety and protection of a child is paramount.

The Designated Safeguarding Leads are responsible for:

- Co-ordinating action within St Rose's and liaising with Social Care and other agencies over cases of abuse and suspected abuse.
- Acting as a source of advice within St Rose's.
- Ensuring that staff are familiar with the policy and procedures.
- Referral of individual cases of suspected abuse.
- Liaising with agencies about individual cases.
- Organising training on child protection within St Rose's

CHILDREN WITH DISABILITIES

Under section 17(10) of the Children Act (1989) a child is a 'child in need' if he/she is a disabled child.

Children with special educational needs or disabilities (SEND) or certain health conditions can face additional safeguarding challenges due to their increased vulnerability. This is heightened when the child has difficulties with communication and a lack of social contact may inhibit the child telling others about suffering abusive behaviour. Additional safeguarding challenges that Children with Special Educational Needs and Disability can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition or needs without further exploration;
- these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children;
- the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in managing or reporting these challenges
- Physical disability in children often means intimate care is required and this need may have to be met by a large number of adults, thus increasing their vulnerability.
- Children with learning disabilities may have an inability to recognise what the boundaries of acceptable behaviour by carers and other adults are.

Professionals and carers who work with children with disabilities should ensure they maintain careful and accurate records of their involvement with the child.

Managers must maintain adequate levels of supervision and support for all staff.

All staff must be alert to the signs of abuse as detailed in this policy. (Appendix 1)

We recognise that when a child has a social worker, it is an indicator that the child is more at risk than most students.

This may mean that they are more vulnerable to further harm, as well as facing educational barriers to attendance, learning, behaviour and poor mental health.

We take these needs into account when making plans to support students who have a social worker

PHYSICAL CONTACT WITH STUDENTS

All staff and volunteers must read and understand our Positive Behaviour Support policy. We recognise that some form of physical contact with students by staff is inevitable, especially due to the high level of manual handling required to support our students. In some cases, it is necessary for reassurance. However, all staff should be aware of issues related to touching and the way in which this might be misconstrued. This relates particularly to any sensitive areas of the body.

At St Rose's only the minimum amount of guiding a student away from harm is used in order to prevent the student from causing injury to themselves, others or property. There are circumstances when it is appropriate for staff in school and college to use reasonable force to safeguard children and young people. The term 'reasonable force' covers the broad range of actions used by staff that involve a degree of physical contact to control or restrain children (KCSIE, 2023) Following such an intervention an incident form must be completed. A debrief session for staff and student is also essential after the incident.

MISSING CHILDREN

If a young person goes missing from our care we will follow the protocol on partnership working available on the GSCP website. A copy of this document is kept in all policy files with the safeguarding policies. It is also available on our PUBLIC drive.

CHILDREN ABSENT FROM EDUCATION

Knowing where children are during school hours is an extremely important aspect of Safeguarding. Children being absent from education for prolonged periods and/or on repeat occasions can act as a vital warning sign to a range of safeguarding issues including neglect, child sexual and child criminal exploitation - particularly county lines.

We monitor attendance carefully and address poor or irregular attendance without delay.

We will always follow up with parents/carers when students are not at school. This means we need to have a least two up to date contacts numbers for parents/carers. Parents should remember to update the school as soon as possible if the numbers change.

We will ensure that students who are expected to attend the school but fail to take up the place will be referred to the local authority.

When a student leaves the school, we will record the name of the student's new school/setting and their expected start date.

CHILDREN IN CARE (CIC)

Children in care have additional vulnerabilities. The safeguarding team with support from the designated teacher for looked after children, maintains details of the child's social worker and the name of the virtual school head in the authority that looks after the child.

It is a statutory requirement that all children in care are expected to have regular health assessments to make sure that they are growing up in a healthy environment and get any health care which they may have missed out on. The school nursing team liaise with external health professionals to ensure this occurs.

The designated teacher for children in care is Louise Harper.

The Governor with responsibility for children in care is Stan Waddington.

CHILD PROTECTION - DEALING WITH DISCLOSURE OR REPORTING OBSERVATIONS/CONCERNS

Following an incident or disclosure all staff should refer concerns to a DSL or senior member of staff on duty as soon as possible. In the meantime, they should:

- Listen to the child, keeping calm and offer reassurance. The child should lead the discussion.
- Accept what the child says without challenge – reassure them that they are doing the right thing and that you recognise how hard it is for them.
- Consider using phrases such as 'you've done the right thing' or 'you're not to blame'.
- Allow the child to talk but do not interrogate or ask leading questions.
- Try to clarify details with them.
- You cannot promise confidentiality therefore explain that they have done the right thing and who you will need to tell and why.

- Do not make promises about what might or might not happen next.
- Do not make judgements about the people children refer to – they may be people they love.
- Do not lay blame or criticise either the child or the perpetrator.
- Try not to show any shock you might feel.
- Take what they say seriously.
- Stay calm and reassure them that they have done the right thing in telling you.
- Explain what will happen next and who you will need to talk to.
- Make brief notes at the time and write them up afterwards – keep both sets just in case.
- Use a body map to record the position of any bruising or marks.

After the disclosure, appropriate support should be offered to both the child and the members of staff receiving and dealing with the disclosure.

PROCEDURES FOR MONITORING, RECORDING AND REPORTING

At the time of disclosure

Brief notes made immediately after will help to complete a CPOMS entry.

You should note:

- Date and time of disclosure/incident observed.
- Place and context of disclosure or concern.
- Facts you need to report.

The entry on CPOMS must be completed on the same day and as soon after the disclosure as possible. DO NOT leave it until the end of the day. Any written notes must be put in a white bag for secure shredding which are available in the office, medical room and nursery office.

Remember to keep to factual information and not assumption or interpretation. Use the child's own language to quote rather than translating into your own terms. Be aware that this information may be used at a later date to support a referral to an external agency.

The Designated Safeguarding Lead or Deputy Designated Safeguarding Lead with support from the Principal will: -

- Decide whether to continue to monitor the situation or take the referral further. This decision should be communicated to the individual making the initial referral.

- During office hours seek advice from the Gloucestershire Children and Families Front Door which is open from 9am to 5pm: – **01452 426565**. They will give advice about whether a referral is appropriate or whether there are alternative ways of addressing the concerns.
- Out of hours the Emergency Duty Team (EDT) should be contacted – **01452 614194**.
- In the majority of cases of working with children and families, their consent is needed to share information with other professionals and to ensure timely access to the right services and support. A Single Consent form should be completed by all practitioners working with children, young people and families when they wish to share information with the County Council and its partners. The form can be found on the Glosfamilies website www.glosfamiliesdirectory.org.uk
- The Single Consent form will need to be completed when submitting a referral to the Multi-Agency Safeguarding Hub (MASH) using the Multi-Agency Service Request Form (MARF) or an Early Help Request for Support form which is available from the Glosfamilies directory
- If it is decided that a referral needs to be made to the MASH the DSL/DDSL will complete a Multi-Agency Service Request Form (available on GSCP website). A social worker will contact the DSL within 24hrs (unless there are immediate risks)
- If it is decided that a referral needs to the Early Help team DSL/DDSL will complete an Early Help Request for Support form which is available from the Glosfamilies directory
- Records are kept securely on CPOMS. In the case of children and young people being transferred to us with paper records, these are stored securely in the office.
- The GSCP flowchart for the child protection process is available on the GSCP website as well as on the safeguarding noticeboards.

*If you are worried or concerned about **anyone** under 18 who you think is being abused or neglected, or that a child and their family need help and support you can contact the Front Door Children and families helpdesk – 01452 426565 (Mon-Fri 8am-5pm) or email them on childrenshelpdesk@gloucestershire.gov.uk*

For urgent concerns call – 01452 426565 (option 1).

Out of hours the Emergency Duty Team should be contacted – 01452 614194.

ALLEGATIONS AGAINST STAFF AND VOLUNTEERS – Allegations Management.

This is a difficult and sensitive area to address. All allegations should be dealt with according to guidance set out by the Gloucestershire Safeguarding Children Partnership.

It is an allegation if the person* has:

- behaved in a way that has harmed a child, or may have harmed a child and/or;
- possibly committed a criminal offence against or related to a child and/or;
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and/or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children (also includes behaviour outside the school).

(*Person could be anyone working in the school or a college that provides education for children under 18 years of age, including supply teachers, volunteers and contractors.)

Any allegation must be reported to the Principal and a Designated Safeguarding Lead. They must ensure the child is protected. If a serious criminal offence has been committed the police must be informed

Allegations should be reported to the LADO 'without delay'. The Principal or DSL will contact the Local Authority Designated Officer for advice.

The LADO for Gloucestershire can be contacted on 01452 426994. The LADO will advise on how to proceed, whether the matter can be dealt with within the organisation's own structures or whether a multi-agency meeting is required.

Before contacting the LADO, schools and colleges should conduct basic enquiries in line with local procedures to establish the facts to help them determine whether there is any foundation to the allegation, being careful not to jeopardise any future police investigation.

The LADO's role is not to investigate the allegation, but to ensure that an appropriate investigation is carried out, whether that is by the police, children's social care, the school or college, or a combination of these.

LOW LEVEL CONCERNS ABOUT STAFF BEHAVIOUR

Allegations or concerns about an adult working in the school whether as a teacher, supply teacher, other staff, volunteers or contractors

At St Rose's we recognise the possibility that adults working in the school may harm children, including governors, volunteers, supply teachers and agency staff. Any concerns about the conduct of other adults in the school should be taken to the Principal without delay; any concerns about the Principal should go to the chair of governors who can be contacted by email.

Any concerns about the conduct of a member of staff, supply teachers, volunteers or contractors should be reported to the Principal.

Concerns may come from various sources, for example, a suspicion; complaint; or disclosure made by a child, parent or other adult within or outside of the organisation; or as a result of vetting checks undertaken.

The principal has to decide whether the concern is an allegation or low-level concern. The term 'low-level' concern does not mean that it is insignificant, it means that the behaviour towards a child does not meet the threshold for referral to the Local Authority Designated Officer (LADO) (see above).

A low-level concern is any concern that an adult has acted in a way that:

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work
- doesn't meet the threshold of harm or is not considered serious enough for the school or college to refer to the local authority.

Low-level concerns are part of a spectrum of behaviour. This includes:

- inadvertent or thoughtless behaviour
- behaviour that might be considered inappropriate depending on the circumstances
- behaviour which is intended to enable abuse.

Example behaviours include, but are not limited to:

- being over friendly with children
- having favourites
- adults 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
- using inappropriate sexualised, intimidating or offensive language.

If the concern has been raised via a third party, the Principal 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 should be notified to their employers, so any potential patterns of inappropriate behaviour can be identified.

Staff should be encouraged and feel confident 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 should be recorded in writing, including:

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

(* if the individual wishes to remain anonymous then that should be respected as far as reasonably possible)

Records must be kept confidential, held securely and comply with the Data Protection Act 2018. Schools and colleges should decide how long they retain such information, but it is recommended that it is kept at least until the individual leaves their employment. Low Level concerns can be recorded on Staffsafe which is monitored by the Principal and DSL's so that potential patterns of concerning, problematic or inappropriate behaviour can be identified

If a concerning pattern of behaviour is identified and now meets the criteria for an allegation, then the matter should be referred to the LADO.

The records' review might identify that there are wider cultural issues within the school or college that enabled the behaviour to occur. This might mean that policies or processes could be revised or extra training delivered to minimise the risk of it happening again.

The GSCP flowchart for allegations management is available on the GSCP website and displayed on safeguarding noticeboards.

PREVENT DUTY - Sheila Talwar (Principal) is St Rose's lead for PREVENT

The governors and leadership team at St Roses have developed a Prevent duty risk assessment and action plan. Our children are deemed to be at a low risk of radicalisation; however, we recognise that protecting children from the risk of radicalisation is part of our wider safeguarding duties. We understand that during the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised. All schools and childcare providers are subject to a duty under the Counter Terrorism and Security Act (2015) to have due regard to the need to

prevent people from being drawn into terrorism. This is known as the Prevent Duty. All staff have received training on the Prevent Duty. We would facilitate information sharing with Prevent partners by informing them of any concerns we had immediately.

There is guidance to the Prevent Referral Pathway on the GSCP website.

For advice in Gloucestershire also contact:

Specialbranch@gloucestershire.pnn.police.uk

childrenshelpdesk@gloucestershire.gov.uk

If you are concerned about extremism in school, or if you think a child might be at risk of extremism, you can also contact the Home Office helpline. Open Monday to Friday from 11am to 3pm (excluding bank holidays)

Email:counter.extremism@education.gov.uk

Telephone: 020 7340 7264

Contact form <https://report-extremism.education.gov.uk/>

WORKING WITH PARENTS/CARERS

It is important that St Rose's has a consistent approach to working with parents and carers. Attitudes to and contact with parents should be non-judgemental in order to obtain the most conducive working relationship. The priority is the needs of the child and effective liaison is crucial for this. It should be recognised that families from different backgrounds and cultures will have different approaches to child-rearing. These differences should be acknowledged and respected, provided they do not place the child at risk.

EARLY HELP (Appendix 2)

St Rose's early help procedure ensures that children receive the right help at the right time. We recognise that early help is more effective in promoting the welfare of children than reacting later. Our staff supports children and families through daily home/school contact; arranging parents support and information sessions and attending multi-disciplinary meetings to ensure continuity of care.

We will liaise and seek support from the **Early Help Partnership – 01452328130**
stroudeearlyhelp@gloucestershire.gov.uk

To make a request for additional support, we will complete a Single Consent Form with the family and send with the completed Early Help Request for Support Form to:
childrenshelpdesk@gloucestershire.gov.uk

The DSL maintains an electronic significant event chronology file for every child on CPOMS. The information is documented to ensure any significant events, changes to behaviour and routines are noted and acted upon as required.

RESTRICTIVE PRACTICES

We will always consider whether the support offered to a young person is the **least restrictive** way of providing that support, and a blanket approach to restrictions on liberty will never be used. We may need to use equipment to keep our young people safe that may be deemed as restrictive, such as wheelchair belts, high sided beds and listening monitors. If equipment is used it will be risk assessed and supported by all professionals involved in the support planning for the young person, and regularly reviewed for suitable less restrictive alternatives.

If required, we will apply for Deprivation of Liberties Safeguards authorisation for each young person (over the age of 18) where restrictive practices are used.

PRIVATE FOSTERING

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more.

A close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins.

Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence.

Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases, privately fostered children are affected by abuse and neglect, or be involved in trafficking, child sexual exploitation or modern-day slavery.

We have a mandatory duty to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. Although schools have a duty to inform the

local authority, there is no duty for anyone, including the private foster carer or social workers to inform the school. However, it should be clear to the school who has parental responsibility.

School staff should notify a member of the safeguarding team when they become aware of private fostering arrangements. The designated safeguarding lead will speak to the family of the child involved to check that they are aware of their duty to inform the LA. The school itself has a duty to inform the local authority of the private fostering arrangements.

On admission to the school, we will take steps to verify the relationship of the adults to the child who is being registered.

ONLINE SAFETY

This section should be read in conjunction with our Online Safety Policy, Remote Education Policy, Code of Conduct, Staff acceptable use policies

The breadth of issues classified within online safety is considerable, but can be categorised into four areas of risk:

- content: being exposed to illegal, inappropriate or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation and extremism.
- contact: being subjected to harmful online interaction with other users; for example: 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; for example, 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. If you feel your students or staff are at risk, please report it to the Anti-Phishing Working Group (<https://apwg.org/>).

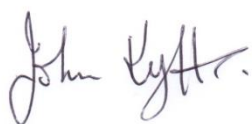
At St Rose's when students use the school's network to access the internet, they are protected from inappropriate content by our filtering and monitoring systems. However, some students are able to access the internet using their own data plan therefore to minimise inappropriate use, as a school, all personal student devices are connected to the school Wi-Fi network which is filtered and monitored and students and their parents are asked to sign our ICT usage agreement.

All students, parents and carers are sent the ICT usage agreement and advice on online safety which includes e-safety rules and this applies when children are working online at home as detailed in our Remote Education Policy

The Staff ICT and Internet Acceptable Use policy is signed by all our staff and volunteers and ensures they will be responsible users and stay safe while using the internet and other communications technologies for their own use and when supporting our students.

REVIEW AND MONITORING OF THE POLICY

This policy will be reviewed by the governing body on an annual basis or earlier if legislation should change. It is considered part of the Terms and Conditions of Employment for all staff at St Rose's.



Chair of Governors



Principal

APPENDIX 1 - SIGNS AND SYMPTOMS OF ABUSE

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.

The physical signs of abuse may include:

- unexplained bruising, marks or injuries on any part of the body
- multiple bruises- in clusters, often on the upper arm, outside of the thigh
- cigarette burns
- human bite marks
- broken bones
- scalds, with upward splash marks.
- multiple burns with a clearly demarcated edge.

Changes in behaviour that can also indicate physical abuse:

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example in hot weather
- depression
- withdrawn behaviour
- running away from home

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 cyber-bullying), 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.

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, for example when hospitalised or away from their parents' care. Even so, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

Changes in behaviour which can indicate emotional abuse include:

- neurotic behaviour e.g. sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- sudden speech disorders
- self-harm
- fear of parent being approached regarding their behaviour
- developmental delay in terms of emotional progress

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.

The physical signs of sexual abuse may include:

- pain or itching in the genital area
- bruising or bleeding near genital area
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains
- discomfort when walking or sitting down
- pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond their age, or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults

Child on child sexual violence and sexual harassment (part 5 KCSIE 2023)

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour.

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

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

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. Abusive sexual activity includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

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.

The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children
- constantly dirty or 'smelly'
- loss of weight, or being constantly underweight
- Inappropriate clothing for the conditions.

Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised

BULLYING

There is clear evidence that bullying is abusive and will include at least one of the defined categories of abuse. Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group).

The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, cause them significant harm (including self-harm). All settings in which children are provided with

services or are living away from home should have in place rigorously enforced anti-bullying strategies.

Bullying will not be tolerated at St Rose's. The Principal and/or Head of Care should be informed of all incidents of bullying.

A more detailed guide can be found in the school's Counter Bullying Including Cyberbullying policy available on our PUBLIC drive.

CHILD ON CHILD ABUSE

Staff are aware that safeguarding issues can manifest themselves via child on child abuse. This is most likely to include, but not limited to:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence and sexual harassment;
- gender-based violence;
- sexting (also known as youth produced sexual imagery);
- initiation-type violence and rituals.
- abuse in intimate personal relationships between peers;

Abuse is abuse and will not be tolerated or passed off as "banter" or "part of growing up". Different gender issues can be prevalent when dealing with child on child abuse. This could for example include girls being sexually touched/assaulted or boys being subject to initiation-type violence.

At St Rose's we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other students.

We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's Behaviour Policy. We recognise that even if there are no reported cases of child on child abuse, such abuse may still be taking place and is simply not being reported.

All allegations of child on child abuse will be treated seriously and dealt with through our safeguarding procedures.

KCSIE 2023 Part 5 sets out how schools and colleges should respond to reports of sexual violence and sexual harassment.

SHARING NUDES AND SEMI-NUDES (PREVIOUSLY KNOWN AS 'SEXTING')

In cases where nudes or semi-nudes have been shared, we follow guidance given to schools and colleges by the UK Council for Internet Safety (UKCIS): Sharing nudes and semi-nudes (December 2020)

SELF-HARM

If it comes to the attention of a teacher/member of staff that a child is self-harming, they should alert a designated safeguarding lead. Their actions might include:

- Contacting parents/carers
- Contacting Child and Adolescent Mental Health Services (with parent/carer support)
- Contacting Social Care if the child meets the referral criteria.

DOMESTIC ABUSE

In April 2021, the Domestic Abuse Act 2021 received Royal Assent and introduced a statutory definition for the first time.

Definition

The Domestic Abuse Act 2021 (Part 1) defines domestic abuse as any of the following behaviours, either as a pattern of behaviour, or as a single incident, between two people over the age of 16, who are 'personally connected' to each other:

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;
- (c) controlling or coercive behaviour;
- (d) economic abuse (adverse effect of the victim to acquire, use or maintain money or other property; or obtain goods or services); and
- (e) psychological, emotional or other abuse.

People are 'personally connected' when they are, or have been married to each other or civil partners; or have agreed to marry or become civil partners. If the two people have been in an intimate relationship with each other, have shared parental responsibility for the same child, or they are relatives.

The definition of Domestic Abuse applies to children if they see or hear, or experience the effects of, the abuse; and they are related to the abusive person.

(The definition can be found here:

<https://www.legislation.gov.uk/ukpga/2021/17/part/1/enacted>)

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Experiencing domestic abuse can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Young people can also experience domestic abuse within their own intimate relationships. This form of child-on-child abuse is sometimes referred to as 'teenage relationship abuse'. Depending on the age of the young people, this may not be recognised in law under the statutory definition of 'domestic abuse' (if one or both parties are under 16). However, as with any child under 18, where there are concerns about safety or welfare, child safeguarding procedures should be followed and both young victims and young perpetrators should be offered support.

Staff at St Roses understand the correlation between domestic abuse and child protection. They are vigilant, will listen to the child and report their concerns. They understand that children may not feel ready or know how to tell someone they are being abused

GLOUCESTERSHIRE OPERATION ENCOMPASS COMMITMENT

As part of our commitment to keeping children safe we have signed up to implement the principles and aims of the Gloucestershire Encompass Model. The aim of this service is to ensure that all incidents of domestic abuse are shared with schools.

In signing up to Gloucestershire Encompass the Governing Body and Senior Leadership Team:

- Endorse the Gloucestershire Encompass Model and support key adults at St Rose's to fulfil the requirements of the Gloucestershire Encompass Protocol.
- Promote and implement Gloucestershire Encompass processes and use these in accordance with internal safeguarding children processes.

- Recognise the sensitive nature of the information provided and ensure that this is retained in accordance with the principles of data protection.

Jo Pearch is the Operation Encompass Lead at St Rose's

The National Domestic Abuse helpline can be called free of charge and in confidence, 24 hours a day on 0808 2000 247.

CHILD SEXUAL EXPLOITATION (CSE)

The Government definition of CSE is '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.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations

- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

Potential vulnerabilities include:

Although the following vulnerabilities increase the risk of child sexual exploitation, it must be remembered that not all children with these indicators will be exploited. Child sexual exploitation can occur without any of these issues.

- Having a prior experience of neglect, physical and/or sexual abuse;
- Lack of a safe/stable home environment, now or in the past (domestic abuse or parental substance misuse, mental health issues or criminality, for example);
- Recent bereavement or loss;
- Social isolation or social difficulties;
- Absence of a safe environment to explore sexuality;
- Economic vulnerability;
- Homelessness or insecure accommodation status;
- Connections with other children and young people who are being sexually exploited;
- Family members or other connections involved in adult sex work;
- Having a physical or learning disability;
- Being in care (particularly those in residential care and those with interrupted care histories); and
- Sexual identity.

Further reading from: (available on our PUBLIC drive)

- Child Sexual Exploitation – Definition and guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation (2017)
- Child Sexual Abuse and Exploitation: Understanding risk and vulnerability (Early intervention Foundation, (2016) – commissioned by The Home Office.
- Child sexual exploitation – Advice for Healthcare staff –NHS England, (2016)

CHILD CRIMINAL EXPLOITATION (CCE)

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into criminal activity (a) in exchange for something the victim needs or wants and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country (County lines), forced to shoplift or pickpocket, or to threaten other young people.

Some 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 who 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 using dedicated mobile phone lines or other form of “deal line”. This activity can happen locally as well as across the UK - no specified distance of travel is required. Children and vulnerable adults are exploited to move, store and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can be targeted and recruited into county lines in a number of locations including schools (mainstream and special), further and higher educational institutions, pupil referral units, children's homes and care homes. Children are also increasingly being targeted and recruited online using social media.

Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network. A number of the indicators for CSE and CCE as detailed above may be applicable to where children are involved in county lines. Some additional specific indicators that may be present where a child is criminally exploited through involvement in county lines are children who:

- go missing and are subsequently found in areas away from their home;
- have been the victim or perpetrator of serious violence (e.g. knife crime); 127
- are involved in receiving requests for drugs via a phone line, moving drugs, handing over and collecting money for drugs;
- are exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection;
- are found in accommodation that they have no connection with, often called a 'trap house or cuckooing' or hotel room where there is drug activity;
- owe a 'debt bond' to their exploiters;
- have their bank accounts used to facilitate drug dealing. Further information on the signs of a child's involvement in county lines is available in guidance published by the Home Office

HONOUR BASED ABUSE

Honour-based abuse (HBA) encompasses crimes, which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such.

Where staff are concerned that a child might be at risk of HBA, they must contact a member of the safeguarding team.

FORCED MARRIAGE

Forced marriage occurs when you face physical pressure to marry (e.g. threats, physical violence or sexual violence) or emotional and psychological pressure (e.g. if you're made to feel like you're bringing shame on your family). This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.

If you are trying to stop a forced marriage or you need help leaving a marriage you've been forced into you can contact the Forced Marriage Unit:

Tel: 020 7008 0151 (Mon-Fri, 9am-5pm). Out of hours: 020 7008 1500 (ask for the Global Response Centre)

Email: fmu@fco.gov.uk

FEMALE GENITAL MUTILATION (FGM)

Guidance/further reading from Female Genital Mutilation Risk and Safeguarding: Guidance for professionals (DoH, 2016)

FGM is internationally recognised as a violation of the human rights of girls and women. Female genital mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. FGM typically takes place between birth and around 15 years old; however, it is believed that the majority of cases happen between the ages of 5 and 8.

The Female Genital Mutilation Act was introduced in 2003 and came into effect in March 2004.

The Act

- Makes it illegal to practice FGM in the UK
- Makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country
- Makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad
- A conviction of FGM has a penalty of up to 14 years in prison and/or a fine

Mandatory reporting duty of FGM - From Oct 2015 there is a mandatory requirement that staff report cases of FGM to the police. The duty has been brought through the Serious Crime Act 2015 and will

mean that whenever regulated professionals (health, social care and education) identify that a girl under 18 has had FGM, or if the girl discloses this herself, the professional must make a report to the police.

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

FGM involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of the FGM procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

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

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

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

It is carried out as the belief is:

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

Risk factors for FGM include:

- low level of integration into UK society
- mother or a sister who has undergone FGM
- girls who are withdrawn from PSHE
- visiting female elder from the country of origin
- being taken on a long holiday to the country of origin
- talk about a 'special' procedure to become a woman

Symptoms of FGM

FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out-of-school to visit an 'at-risk' country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM. Staff should not assume that FGM only happens outside the UK.

Indications that FGM may have already taken place may include:

- difficulty walking, sitting or standing and may even look uncomfortable.
- spending longer than normal in the bathroom or toilet due to difficulties urinating.
- spending long periods of time away from a classroom during the day with bladder or menstrual problems.
- frequent urinary, menstrual or stomach problems.
- prolonged or repeated absences from school or college, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return
- reluctance to undergo normal medical examinations.
- confiding in a professional without being explicit about the problem due to embarrassment or fear.
- talking about pain or discomfort between her legs

The profile of Female Genital Mutilation has increased considerably over the last couple of years as a result of the Department of Health FGM Prevention Programme and launch of the NSPCC FGM Helpline (0800 028 3550).

UPSKIRTING

Upskirting is now a criminal offence. It typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or to cause the victim humiliation, distress or harm (DfE, 2021)

CLOSED CULTURES WITHIN ORGANISATIONS

A closed culture is defined as 'a poor culture that can lead to harm, including human rights breaches such as abuse'. In these services, people are more likely to be at risk of deliberate or unintentional harm. (*Care*

Quality Commission – Closed culture project) [Our work on closed cultures - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/our-work-on-closed-cultures)

Any service that delivers care can have a closed culture as people are highly dependent on staff to meet their basic needs and may be less able to speak for themselves without good support.

The Child Safeguarding Practice review panel published their report 'Safeguarding children with disabilities and complex health needs in residential settings' (October 2022). It identified that the organisations they investigated can be viewed as a closed culture as they offered healthcare, residence, education, and psychological support to the children, therefore weren't open to new ideas and challenges to their practice.

From this report Ofsted initiated key changes to the training for their inspectors to fully understand closed cultures and the implications for the inspection.

[Safeguarding children with disabilities and complex health needs in residential settings - Phase 1 report \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/114444/safeguarding-children-with-disabilities-and-complex-health-needs-in-residential-settings-phase-1-report.pdf)

[Safeguarding children with disabilities and complex health needs in residential settings - Phase 2 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/114445/safeguarding-children-with-disabilities-and-complex-health-needs-in-residential-settings-phase-2-report.pdf)

Our Early Help Co-ordinators are Elaine Fernandez and Lisa Taylor

‘Early Help’ is an umbrella term that describes the work of many agencies engaged with children and families (NHS, schools, learning providers, voluntary sector, police, housing providers). We are all engaged to a greater or lesser extent in work that seeks to avert a problem developing and preventing difficulties from escalating or the deterioration of circumstances which could adversely affect children, young people and families.

Early Help is the right help at the right time. It is about identifying problems at an early stage and providing purposeful and effective help as soon as possible to prevent those problems escalating and becoming more complex to resolve. Early Help can be offered to children and young people aged 0-19 (25 SEND) and to families and parents:

- so that problems don’t arise in the first place (prevention)
- so that problems are dealt with early (early intervention)
- so that we support children, young people and their families when they are more vulnerable and have more complex or longer-lasting needs e.g. SEND

The Graduated Pathway is Gloucestershire’s response to ensuring Early Help is available to all children, young people and their families with additional needs, whether these are educational, social or emotional needs or a disability.

Further information and support on the Graduated Pathway is available from:
www.glosfamiliesdirectory.org.uk

We will liaise and seek support from the local Early Help Partnership who can be contacted on **01452328130** or stroudeearlyhelp@gloucestershire.gov.uk

and the Community Social Worker as needed. An Early help Request for support form will need to be completed. This form will only be accepted in conjunction with a signed ‘Consent to Share’ information form available from www.glosfamiliesdirectory.org.uk

At St. Rose’s, we understand that our families face many challenges. By reaching out early, we can reduce the number of neglected children and young people, improve their health and boost their life chances. Our offer of early help is about a consensual agreement with parents and carers to work with partners, to help children young people and their families deal with their issues as early as possible.

We do this by providing support, information and advice and by signposting families to other services that can provide support or by making a referral. Every family is different and each needs options from which to choose, so that concerns can be reduced or prevented from growing or becoming entrenched.

The levels of intervention guidance and windscreen act as a guide to professional decision making and help to ensure that children, young people and their families are able to access the right support to improve their life chances and to keep children and young people safe.

www.GSCP.org.uk/media/13088/gloucestershire-revised-loi-guidance-version-21-060217.pdf

PASTORAL CARE

Our staff are available to meet and discuss any health and wellbeing issues that may be affecting the individual child or young person. All staff are vigilant and know how to raise concerns about a child or young person. In this way we can plan to provide early support to the child or young person and, where appropriate, the family.

Our care is built around our core Christian values of respect, tolerance and understanding, community, endurance, compassion, courage, peace, perseverance and hope. We encompass an ethos of mutual respect and tolerance, diversity and equality throughout St. Rose's. We endeavour to provide our children and young people with knowledge, skills, opportunities and resources which will enable them to realise their full potential.

TRAINING

St. Rose's values safeguarding training at all levels. The DSL and deputy DSL have relevant and up to date multi-agency training. All other members of staff have received single agency training within 3 years in line with GSCP recommendation. They also receive annual safeguarding updates. All staff carry out online safeguarding training.

All new staff receive safeguarding training as part of their induction at commencement of employment.

STUDENT VOICE

At St. Rose's we take time to listen to our vulnerable children and young people. Concerns can be expressed in the following ways:

- Making suggestions through school council
- Residential student meetings

- Direct requests for adult support
- Encouragement to express their views and feelings through personal, social, health and emotional lessons.

We also listen to parents' concerns. If things are difficult at home, we encourage parents to come and speak to us, so that we can take into consideration how things may be impacting on their health and well-being. As well as parents' evenings and review meetings, there are opportunities to talk with staff by making an appointment.

TO SUPPORT EARLY HELP, ST ROSE'S PROVIDES:

- Staff that are qualified and experienced in identifying the needs of children and young people.
- On-site Nursing and therapy teams who are able to provide regular care, advice and support to families.
- An open-door policy to parents/carers
- Effective communication between home and school.
- Coherent partnerships with multi-service agencies and educational specialists to ensure the best educational achievement and health and wellbeing for our students, including:
 - Education Psychologist
 - Community Learning Disabilities Team (CLDT)
 - Social Workers
 - Clinical Psychologists
 - Family Support Workers
 - Community Paediatricians
 - Neurology and Epilepsy specialists
 - General Practitioners
 - Dieticians
 - Community Occupational Therapy team
 - Continence service
 - Links with the Virtual School for Children in Care
 - Links with support charities such as Allsorts, Parent Partnership and Winston's Wish
 - Guidance, support and onward referrals on issues as they arise