SAFEGUARDING
POLICY

Date Approved: Oct 2017
Date of Review: Oct 2018

MONITORING, REVIEW & EVALUATION
Standards Committee
Designated Safeguarding Leads (DSL):

**Gloucester & Forest Alternative Provision School***:
- Joys Green Centre – Nikki Cunningham-Smith, Centre Lead
- Russet House – Graham Reed, Centre Lead
- Raikes Centre – Cathryn Davies, Centre Lead
- Rob Skelton – Primary Lead

*Where a Centre Lead is not present in their Centre staff should refer to Centre Leads at alternative sites.

**Stroud & Cotswold Alternative Provision School**:
- Nick Stanton
- Anne Cambridge (Deputy)

**Cheltenham & Tewkesbury Alternative Provision School**:
- Sam Stocken
- Claire Greatbanks (Deputy)

**Safeguarding Management Committee Member**:
- Saron Hetenyi

**Local Authority Designated Officer (LADO)**
Jane Bee/Kath Whitaker

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**Foreword**

Gloucestershire Alternative Provision Schools are committed to safeguarding and promoting the welfare of children and young people and as such expects all staff, Management Committee Members, volunteers and visitors to share this commitment. The protection of our pupils from abuse is the responsibility of all staff within our schools, superseding any other considerations. Our expectation is that no one is complacent about safeguarding of our pupils and that all recognise that no establishment is immune from risk ‘it could happen here’.

It is also the responsibility of GAPS’ Head Teachers, Centre Leads and the Management Committee to keep all staff safe.

GAPS is committed to providing all staff, pupils, visitors and members of the wider community using the sites with equality of opportunity, regardless of their race, gender, disability or religion. All policies are screened for their impact on equality and issues are addressed if they arise. GAPS will provide special consideration on an individual basis if a pupil is considered to have a specific special need. Any parent or carer who feels that their child has such a need should contact the relevant senior member of staff in the first instance to explain their concerns.
Introduction
Safeguarding and promoting the welfare of children is defined by the DFE statutory guidance, Keeping Children Safe in Education (KCSIE - September 2016) 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’.

GAPS is committed to the vital contribution all Management Committee Members, teaching and non-teaching staff make to safeguarding children. We aim to ensure that child protection concerns and referrals are handled sensitively, professionally and in ways that support the specific needs of the individual child. Through providing a caring, safe and stimulating environment which promotes the social, physical and moral development of all our pupils, we aim to foster an atmosphere of trust, respect and security.

GAPS is committed to safer recruitment and follow recommended guidance. This includes:
- Safeguarding commitment on initial job adverts
- References checked before interview
- Safeguarding questions during interview
- DBS checks for all staff, management committee members and volunteers before or on appointment or as soon as practicable afterwards
- The maintenance of a Single Central Register
- Safeguarding Training updated regularly for all staff
- Child Protection Policy issued to all staff annually with guidance for safer working practice for adults who work with children and young people

Aim and purpose
The aims of this Policy are Prevention, Protection and Support in line with Child Protection guidelines:
- To support the child’s development in ways that will foster security, confidence and independence
- To raise the awareness of both teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse
- To provide a systematic means of monitoring children known or thought to be at risk of harm
- To emphasise the need for good levels of communication between all members of staff
- To develop a structured procedure within GAPS which will be followed by all members of GAPS community in cases of suspected abuse
- To develop and promote effective working relationships with other agencies, especially the Police and Social Care
- To ensure that all adults within our school who have access to children have been checked as to their suitability.
Rationale
Our schools aim to create and maintain a safe environment for children and to manage situations where there are child welfare concerns. All school staff, through their day-to-day contact with children and work with families, have an important role to play in noticing indicators of possible abuse or neglect. They can play a crucial part in ensuring the best interests of any child are recognised by referring concerns through the procedures outlined below.

Each school has clearly laid down and recognised procedure for dealing with abuse or suspected abuse which is in line with:

- **Working Together to Safeguard Children** - available at [www.workingtogetheronline.co.uk](http://www.workingtogetheronline.co.uk)
- **Keeping Children in Safe Education (September 2016)**, - available on the staff intranet under Non-curriculum Policies.
- **GAPS Preventing Extremism and Radicalisation Policy**

Gloucestershire Alternative Provision Schools accept that abuse, in whatever form, always constitutes serious harm to the child. All those involved with the provision of education at the school need to be alert to the possibility of abuse and have knowledge of and use without delay, the system in place for dealing with actual or suspected abuse.

The Schools, through their pastoral support system and PSHE curriculum, will endeavour to help children to understand what is and is not acceptable behaviour towards them. It will teach children about staying safe from harm and how to speak up/communicate if they have worries or concerns.

Roles and responsibilities
The policy is applicable during all on and off-site activities undertaken by pupils whilst they are the responsibility of GAPS. All adults working in GAPS (including visiting staff, volunteers and students on placement) are required to report instances of actual or suspected child abuse or neglect to the DSL or Deputy in their absence with responsibility for child protection (DSL). In the case of Peer on Peer abuse staff should additionally refer to the schools’ Anti-Bullying policy.

The role of the Management Committee
In accordance with the Statutory Guidance ‘Keeping Children Safe in Education – September 2016’ the Management Committee will ensure that:

- The school has a child protection/safeguarding policy, procedures and training in place which are effective and comply with the law at all times. The policy is made available publicly;
- The schools operate safer recruitment practices, including appropriate use of references and checks on new staff and volunteers. Furthermore, the headteachers, a nominated member
of the Management Committee and other staff involved in the recruitment process have undertaken appropriate Safer Recruitment training;

- There are clear procedures for dealing with allegations of abuse against members of staff and volunteers;
- There is a senior member of the schools’ leadership team who is designated to take a lead responsibility for dealing with Child Protection (the Designated Safeguarding Lead) and that there is always cover for this role;
- The Designated Safeguarding Lead undertakes training (in addition to basic child protection training) and this is refreshed every two years;
- The Headteachers, and all other staff and volunteers who work with children, undertake appropriate training which is regularly updated and that new staff and volunteers who work with children are made aware of the schools’ arrangements for safeguarding/child protection and their responsibilities. The Keeping Children Safe in Education (Sept 2016) and staff code of conduct will be used as part of this induction;
- Any deficiencies or weakness brought to the attention of the Management Committee will be rectified without delay;
- The Chair of the Management Committee (or in the absence of the Chair, the Vice Chair) deals with any allegations of abuse made against the Headteacher, in liaison with the LADO;
- Effective policies and procedures are in place and updated annually including a behaviour policy/code of conduct for staff and volunteers;
- There is an individual member of the Management Committee who will champion issues to do with safeguarding children and child protection within the school, liaise with the DSL and provide information and reports to the Management Committee.
- The school contributes to inter-agency working in line with statutory guidance ‘Working together to Safeguard Children 2015 including providing a coordinated offer of early help for children who require this. Safeguarding arrangements take into account the procedures and practice of the LA and the Gloucestershire Safeguarding Children Board (GSCB).

**The Role of the Headteacher**

The Headteacher of the school will ensure that:

- The policies and procedures adopted by the Management Committee are effectively implemented and followed by all staff;
- Sufficient resources and time are allocated to enable the Safeguarding Lead and other staff to discharge responsibilities, including taking part in strategy discussions and other inter-agency meetings and contributing to the assessment of children;
- Allegations of abuse or concerns that a member of staff or adult working at school may pose a risk of harm to a child or young person are notified to the LADO;
- All staff and volunteers feel able to raise concerns about poor or unsafe practice in regard to children, and such concerns are addressed sensitively, confidentially and effectively in a timely manner;
- All staff are made aware that they have an individual responsibility to pass on safeguarding concerns.
The Role of the Designated Safeguarding Lead and Deputy DSL (in the absence of DSL)
The Designated Safeguarding Lead (DSL) takes lead responsibility for safeguarding and child protection. The Deputy Safeguarding Lead (DSL) is trained to the same standard as the designated safeguarding lead. The school recognises that the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, however, the ultimate lead responsibility for child protection, remains with the designated safeguarding lead; this lead responsibility should not be delegated.

Manage referrals
The designated safeguarding lead is expected to:
• Refer cases of suspected abuse to the local authority children’s social care as required;
• Support staff who make referrals to local authority children’s social care;
• Refer cases to the Channel programme where there is a radicalisation concern as required;
• Support staff who make referrals to the Channel programme;
• Refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required; and
• Refer cases where a crime may have been committed to the Police as required.

Work with others
• Liaise with the headteacher to inform him/her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations;
• As required, liaise with the “case manager” and the designated officer(s) at the local authority for child protection concerns (all cases which concern a staff member); and
• Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.

Undertake training
The designated safeguarding lead (and any deputies) should undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years.

The designated safeguarding lead should undertake Prevent awareness training.

In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role so they:
• Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments;

• Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;

• Ensure each member of staff has access to and understands GAPS child protection policy and procedures, especially new and part time staff;

• Are alert to the specific needs of children in need, those with special educational needs and young carers;

• Are able to keep detailed, accurate, secure written records of concerns and referrals;

• Support GAPS with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;

• Obtain access to resources and attend any relevant or refresher training courses; and

• Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures GAPS may put in place to protect them.

Raise Awareness
• The designated safeguarding lead should ensure GAPS’ child protection policies are known, understood and used appropriately;

• Ensure GAPS’ child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with Management Committee regarding this;

• Ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school or college in this; and

• Link with GSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

Child protection file
• When a pupil leaves GAPS the DSL must ensure their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.
Availability

- During term time the designated safeguarding lead (or a deputy) will be available (during school or college hours) for staff in the school or college to discuss any safeguarding concerns.

- During off site visits or overnight trips the Lead DSL will be identified on the Risk Assessment for the visit/ trip and their contact details will be made available to all staff participating.

- During School holidays should any party wish to raise a matter of safeguarding with the school they should contact the School Business Manager (01452 782053) or the Office Manager (01452 782050) who will ensure that a DSL will return contact within 24 hours.

Procedures

Recognition of children at risk of abuse and neglect

Child abuse can be physical, sexual, emotional or neglectful. Recognition of signs and symptoms is dependent upon professionals being open to the possibility of non-accidental injury or other forms of abuse and sharing any possible concerns. Professional concerns about “false allegations” need to be set aside as the need to protect the child must be paramount.

Indicators of abuse are set out in Appendix 1, 2 & 3.

When abuse is suspected / disclosed


Any member of staff who, either by virtue of a child’s behaviour or appearance becomes suspicious of abuse or neglect or, is told that abuse has taken place, should immediately inform the Centre’s Designated Safeguarding Leads (DSL), as outlined at the beginning of this policy. In their absence, staff should notify other, trained CP staff. The normal GSCB procedures will be followed. *If an injury requires immediate treatment, the designated person should arrange this without delay, in whichever way seems appropriate. The procedures set out below should then continue to be followed.*

If a child begins to talk about an abusive incident, he/she should be allowed to speak. No leading questions should be asked or words suggested.

The concern or the child’s comments should be accurately and legibly recorded in writing.

If the child is felt to be in any danger, he/she may not be allowed to go home.

Discussions with Social Care staff should involve consideration of how, when and by whom, the parents should be informed of the concern. This should bear in mind on the one hand the need to protect the child and on the other, the duty placed upon both the Social Services Department and the Education Department to work in partnership with parents wherever possible.
Staff responsibilities in handling disclosures

Under common law, information given in confidence should only be passed to a third party with the agreement of the person disclosing it. This applies to the pupil/staff relationship. Staff must not, however, offer absolute confidentiality.

Where there are child protection issues, the member of staff should refer the matter to the DSL and follow confidentiality procedures. All staff should make clear the level of confidentiality that can be given, before the disclosure is made.

If a pupil begins to confide any matter involving alleged abuse, whether physical, emotional or sexual, to a member of staff, they should follow the following guidelines:

- Don't make any promises to the pupil.
- Stay calm and reassuring.
- Explain that you cannot promise to keep what they tell you as a secret, you may have to inform the DSL.
- Listen to the pupil rather than directly question them.
- Do not press them for details or ask leading questions.
- Ask the pupil if they have told anyone else.
- Write a detailed account, in the pupil’s own words, dated, timed and signed.
- Inform the DSL and hand them the detailed account as this may be needed as evidence in court.
- Assure the pupil that they have done the right thing and you know how difficult it is to talk about such experiences.

The key task at this moment is to listen to the pupil and not interrupt if he or she is freely recalling significant events, and to make a note of all that is said to be passed to the designated member of staff. Staff should also be aware that noted recordings of the discussion may need to be used in any subsequent court proceedings and may be made available to the pupil’s parents at the Child Protection conference.

The welfare of the pupil is paramount; therefore all situations must be treated with sensitivity. The staff member should not reveal his/her own feelings to the pupil.

Confidentiality

If a pupil requests confidentiality they must be told that this cannot be promised and it should be explained that staff have a responsibility to share information with those adults who will be able to help protect them from harm. They should be reassured that only staff who need to know about it will be told. This could result in the pupil not continuing the conversation, in which case do not pursue the matter and report concerns to the DSL.

Staff have a professional duty to share confidential information about the protection of children with Social Care via the DSL. Staff should take care not to discuss information given in confidence.
outside the appropriate professional contexts. The Head Teacher and DSL will disclose any information about a pupil to other members of staff on a need to know basis only.

**The Pupils’ wishes and feelings**
All children have a right to have their view taken into account. After any disclosure, or at the point of action, the child will be asked how they would like this to be managed. This will be recorded on the reporting form.

It will be explained to the child that whilst their view is important, it may be that a different decision will be made in their best interests.

When a course of action has been determined this will be shared with and explained to the child, again their view will be collected at this time.

**Recording information**
All concerns about, or disclosures regarding, any form of abuse or risk of being abused must be recorded. The record should include the time, date, circumstances and who else was present as well as giving exact details of what the pupil said quoting the exact words used. Signs of physical injury should also be recorded. Reports should be objective and based on evidence; they should distinguish between fact, observation, allegation and opinion.

Decisions regarding photographic recording of evidence and full medical examinations should be left to the experts.

All records should be given to the DSL and may be passed to Social Care when a referral is made. In cases which are taken to court, GAPS may be required to provide these records. Records relating to actual or alleged abuse or neglect are stored separately and securely from normal pupil or staff records in a lockable cabinet. Normal records have markers to show that there is sensitive material stored elsewhere.

**Supporting staff**
We recognise that staff working in GAPS, who have become involved with a pupil who has suffered harm, or appears to be likely to suffer harm, may find the situation stressful and upsetting. We will support such members of staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support as appropriate – Supervision is available regularly at all sites.

**Partnership with parents**
All parents / carers of children placed at this School are informed of our safeguarding responsibilities and the existence of this policy. In situations where pupils sustain injury or are otherwise affected by an accident or incident whilst they are the responsibility of GAPS, parents / carers will be notified of this as soon as contact can be made with them.
Multi-agency partnership
In accordance with Local Authority procedures we are required to liaise with Social Care in all cases of abuse or suspected abuse. This multi-agency approach enhances the effectiveness of identifying and dealing with child abuse issues that may arise.

Supporting Pupils
- We recognise that a pupil who is abused or witnesses violence may find it difficult to develop and maintain a sense of self-worth.
- We recognise that a pupil in these circumstances may feel helpless and humiliated.
- We recognise that a pupil may feel self-blame.
- We recognise that GAPS may provide the only stability in the lives of pupils who have been abused or who are at risk of harm.
- We accept that research shows that the behaviour of a pupil in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

GAPS will support all pupils by:
- Encouraging high self-esteem and self-assertiveness whilst not condoning aggression or bullying.
- Promoting a caring, safe and positive environment within GAPS.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
- Notifying Social Care via the designated member of staff if there is a significant concern.
- Providing continuing support to a pupil, about whom there have been concerns, who leaves GAPS, by ensuring the appropriate information is forwarded under confidential cover to the pupil’s new school.

Physical intervention
- Reasonable force can be used to prevent pupils from hurting themselves or others, from damaging property, or from causing disorder. (‘Use of reasonable force advice for Headteachers, staff and governing bodies’, July 2013).
- We understand that physical intervention of a nature which causes injury or distress to a pupil may be considered under child protection or disciplinary procedures.
- All physical interventions should be recorded on your site in the appropriate way.

Prevention
We recognise that GAPS plays a significant part in the prevention of harm to our pupils by providing pupils with good lines of communication with trusted adults, supportive friends and an ethos of protection. GAPS community will therefore:
- Establish and maintain an ethos where pupils feel secure, are encouraged to talk and are always listened to.
• Establish a pastoral system which will encourage pupils to seek help when they are worried or have concerns.

• Ensure, to the best of our ability, that all computer equipment and internet access within GAPS will be subject to appropriate ‘parental controls’ and Internet safety rules.

GAPS acknowledges the important role that the curriculum can play in the prevention of abuse and in the preparation of our pupils for the responsibilities of adult life and citizenship. It is expected that all subject leaders will consider the areas that exist in their area of responsibility for addressing personal safety issues. The curriculum will be used to inform pupils how to keep safe and to know how to ask for help if their safety is being threatened. As part of developing a healthy, safer lifestyle, pupils will be taught through a variety of means, including assembly and mindcraft curriculum:

• To recognise and manage risks in different situations and then decide how to behave responsibly
• To judge what kinds of physical contact are acceptable and unacceptable
• To recognise when pressure from others (including people they know) threatens their personal safety and well-being, including knowing when and where to get help
• To use assertiveness techniques to resist unhelpful pressure.
• How to keep themselves safe online and when using social media platforms.
• Understanding their own personal responsibility in keeping themselves and others safe.

Safeguarding within GAPS

All staff are accountable for the way in which they exercise authority, manage risk, use resources and protect pupils from discrimination and avoidable harm.

All staff, whether paid or voluntary, have a duty to keep young people safe and to protect them from sexual, physical and emotional harm. Children have the right to be safe and to be treated with respect and dignity. It follows that trusted adults are expected to take reasonable steps to ensure the safety and well-being of pupils. Failure to do so may be regarded as professional neglect.

In light of the above, all staff should follow the following guidelines:

• Classrooms will be accessible to pupils with adult supervision. On the rare occasion when pupils/staff were at potential risk of harm during an outburst by a violent pupil in centre it may be necessary to ensure the safety of others by closing the door with the pupil still in the room.
• Staff make full use of the personal alarms available in all centres and be familiar with the procedure for their correct usage
• Entry to GAPS premises will be controlled by doors that are secured physically, or by staff supervision, or by video surveillance
• Authorised visitors to GAPS will be required to sign in and out and to wear an ID badge
• Unidentified visitors will be challenged
• The presence of intruders or suspicious strangers seen loitering near GAPS, or approaching pupils, will be reported to the Police and the Local Authority with a view to alerting other local schools as appropriate
• All visitors will be given a safeguarding children information leaflet on arrival;
• Photographic ID & DBS certificates will be requested and checked on arrival;
• If the visitor does not have a valid DBS they will not be left unsupervised;
• Regular visitors will have their DBS checked annually;
• Parents, carers or relatives may only take still or video photographic images of pupils in GAPS, or on organised activities, with the prior consent of GAPS and then only in designated areas. If parents do not wish their son or daughter to be photographed or filmed, and express this view in writing or at the initial meeting, their view will be respected.

Our Health and Safety Policy and the Risk Assessments completed before every offsite visit reflect the consideration we give to the protection of our pupils both within the school environment and when away from GAPS when undertaking school trips and visits.

GAPS recognises the need to be alert to the risks posed by strangers, or others (including the parents or carers of other pupils), who may wish to harm pupils on GAPS site, or pupils travelling to and from GAPS. In such cases, GAPS will take all reasonable steps to lessen such risks.

**Duty of care**

Adults should:
• Understand the responsibilities which are part of their employment or role, and be aware that sanctions will be applied if these provisions are breached
• Always act, and be seen to act, in the child’s best interests
• Avoid any conduct which would lead any reasonable person to question their motivation and intentions
• Take responsibility for their own actions and behaviour

**Exercise of professional judgement**

Staff should:
• Discuss the circumstances that inform their action, or their proposed action with a senior colleague. This will help to ensure that the safest practices are employed and reduce the risk of action being misinterpreted
• Always discuss any misunderstanding, accidents or threats with a senior leader
• Always record discussions and actions taken with their justifications
Confidentiality

Staff:

- Are expected to treat information they receive about children and young people in a discreet and confidential manner
- Should seek advice from a senior member of staff if they are in any doubt about sharing information they hold or which has been requested of them
- Need to be cautious when passing information to others about a child/young person. A consent to share information form is completed at every induction meeting. Staff should refer to pupil profile forms for any exceptions
- Need to know the procedures for handling allegations against staff and to whom any concerns or allegations should be reported
- Need to know the name of the Delegated Safeguarding Lead in school and be familiar with local child protection arrangements

Propriety and behaviour

Adults should not:

- Behave in a manner which would lead any reasonable person to question their suitability to work with children or act as a role model
- Make sexual remarks to, or about, a pupil
- Discuss their own sexual relationships with or in the presence of pupils
- Discuss a pupil’s sexual relationships in inappropriate settings or contexts
- Make (or encourage others to make) unprofessional personal comments which scapegoat, demean or humiliate or might be interpreted as such

Infatuations

Adults should:

- Report any indications (verbal, written or physical) that suggest a pupil may be infatuated with a member of staff

Social contact

- Always approve any planned social contact with pupils or parents with senior colleagues, for example when it is part of a reward scheme or pastoral care programme
- Advise senior leadership of any social contact they have with a pupil which may give rise to concern
- Report any situation which they feel might compromise GAPS of its own professional standing
- Refrain from sending personal communication to pupil e.g. letters and cards unless agreed with senior leaders

Communication with pupils using technology

- Only use equipment provided by GAPS to communicate with pupils
- Only make contact with children for professional reasons and in accordance with any GAPS policy
• Recognise that text messaging pupils is rarely an appropriate response to a child in a crisis situation or at risk of harm. It should only be used as a last resort when other forms of communication are not possible
• GAPS ensures that, when it is considered necessary for staff to use equipment to communicate with pupils, this is provided by GAPS

Physical contact
• Be aware that even well intentioned physical contact may be misconstrued by the child, an observer or by anyone to whom this action is described
• Never touch a child in a way which may be considered indecent
• Always be prepared to explain actions and accept that all physical contact may be open to scrutiny
• Never indulge in horseplay, tickling or fun fights
• Always encourage children, where possible, to undertake self-care tasks independently
• GAPS has a system in place for recording incidents and the means by which information about incidents and outcomes can be easily accessed by senior leadership
• GAPS provides staff on a “need to know” basis with relevant information about vulnerable pupils in their care

Pupils in distress
Adults should:
• Consider the way in which they offer comfort to a distressed pupil
• Always tell a colleague when and how they offered comfort to a distressed child
• Record situations which may give rise to concern

Physical education and other activities which require physical contact
Adults should:
• Consider alternatives, where it is anticipated that a pupil might misinterpret any such contact, perhaps involving another member of staff, or a less vulnerable pupil in the demonstration
• Be familiar with and follow recommended DfE guidance
• Always explain to a pupil the reason why contact is necessary and what form that contact will take

Showers and Changing
• Avoid any physical contact when children are in a state of undress
• Avoid any visually intrusive behaviour
• Where there are changing rooms announce their intention of entering
• Avoid remaining in the room unless pupils’ needs require it
• Adults should not change in the same place or shower with children

Staff should also refer to the GAPS Supporting Pupils with Medical Conditions Policy.
Behaviour management
Adults should:
- Not use force as a form of punishment
- Try to defuse situations before they escalate
- Keep parents informed to any sanctions
- Adhere to the school’s behaviour management policy

Sexual contact
Adults should:
- Not pursue sexual relationships with children and young people in or out of GAPS
- Avoid any form of communication with a child or young person which could be interpreted as sexually suggestive or provocative i.e. verbal comments, letters, note, electronic mail, phone calls, texts and physical contact

One-to-one meetings
Adults should:
- Avoid meetings with pupils in remote, secluded areas of GAPS
- Ensure there is visual access and/or an open door in one-to-one situations
- Inform other staff of the meeting beforehand, explaining the need to have them present or close by
- Always report any situation where a child becomes distressed or angry to a senior colleague
- Consider the needs and circumstance of the child/children involved

Home visits
Staff should:
- Agree the purpose for any home visit with line manager
- Adhere to agreed risk management strategies
- Avoid unannounced visits wherever possible
- Ensure there is visual access and/or an open door in one-to-one situations
- Always make detailed records including times of arrival and departure and, work undertaken
- Ensure any behaviour or situation which gives rise to concern is passed directly to the Designated Safeguarding Lead/s who will refer, as appropriate, to other agencies

Photography, videos and other creative arts
Adults should:
- Be clear about the purpose of the activity and about what will happen to the photographs when the lesson/activity is concluded
- Ensure that a senior member of staff is aware that the photography/image equipment is being used and for what purpose
- Ensure that any images are available for scrutiny in order to screen for acceptability
- Be able to justify images of children in their possession
- Avoid making images in one-to-one situations
Adults should not:
- Take, display or distribute images of children unless they have consent to do so
- Take images of children using personal mobile telephones
- Hold inappropriate images

Adults should:
- Follow GAPS policy and procedures on the use of IT equipment, Physical Intervention, and Acceptable Use
- Ensure that pupils are not, through the use of any medium, exposed to indecent or inappropriate images

Sharing concerns and recording incidents
Adults should:
- Be familiar with GAPS system for recording concerns see Appendix 5
- Take responsibility for recording any incident, and passing on that information where they have concerns about any matter pertaining to the welfare of an individual in the school or workplace

Vulnerable Children
In some cases the school concerns will not reach social care thresholds. In these cases the school will continue to monitor the situation – any further incidents will be reported to social care and all reasonable steps will be taken to work with agencies involved with the family to protect the child as far as practicable.

Gloucester & Forest Alternative Provision School has a Pastoral Inclusion Manager. In the case of vulnerable pupil at GFAPS the following applies:
- Where a child starting at the school is identified as LAC/CiN or the child has a CP Plan or an EHCP they are automatically referred to the Pastoral Inclusion Manager and her team (SEND).

The role of the Pastoral Inclusion Manager is as follows:
- On receiving a referral for an identified child the Pastoral Inclusion Manager will liaise with all other agencies to ensure the school has all the information necessary to support the child appropriately.
- The Pastoral Inclusion Manager will transfer necessary Safeguarding Information to DSL for the Centre (Centre Lead).
- The Pastoral Inclusion Manager will liaise with the Centre Lead to inform key documentation such as My Plan, My Plan+.
- For Looked After children the Pastoral Inclusion Manager will ensure that appropriate staff have the information they need in relation to a child’s looked after legal status (whether they are looked after under voluntary arrangements with the consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with parental responsibility. They will also hold information about the child’s care arrangements and the levels of authority delegated to the carer by the authority looking after the pupil.
They will ensure that the DSL and all relevant staff has details of the child’s social worker and the name of the virtual school head in the authority that looks after the child.

- The Pastoral Inclusion Manager will effectively communicate with the Virtual School and keep them updated on the progress of the child, namely through the PEP (Personal Education Plan).

At CTAPS and SCAPS the above is dealt with by the Headteacher.

**Alleged abuse by members of staff**

Refer to GSCB live handbook, 2.2, page 8: “Procedure covering alleged child abuse by members of staff – including supply or agency workers, contractors, governors or volunteers.”

If an allegation of abuse is made against a member of staff, the Government’s Allegations Management Procedures (from Working Together 2010, see www.workingtogetheronline.co.uk) must be implemented. The Headteacher or DSL will contact the Local Authority Designated Officer for Allegations (LADO) on 01452 426994 or 01452 583638 for an Initial Discussion. If necessary, the Head teacher or DSL, Local Authority Designated Officer, Social Worker representatives of the Safeguarding Children Service, HR and Police will then convene a multi-agency Allegations Management Meeting urgently to plan any further appropriate action.

The school will not carry out an investigation until this meeting has taken place in case the allegation meets the criminal threshold.

**Alleged abuse by Headteacher**

Refer to GSCB live handbook, 2.3, page 8: “Procedure covering alleged abuse by Head teacher.”

If the complaint has been made against the Head teacher, the Allegations Management procedures will be followed with the member of staff contacting the MC Safeguarding member or the MC Chair. They, in turn, will immediately contact the Local Authority Designated Officer for Allegations (LADO) on 01452 426994. Care should be taken to ensure that other staff and members of the management committee are only informed if necessary as it is important to ensure enough management committee members are able to participate in a disciplinary process should this be required.

**Whistleblowing**

Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call 0800 028 0285 (Mon-Fri 8.00am-8.00pm) or email help@nspcc.org.uk
Resources
There will be a commitment to meeting the training needs of staff, with good quality in-service training provided on an ongoing basis. The School will ensure that DSL’s are trained at least to Multi-Agency Child Protection level, with regular refresher training as appropriate.

Health & Safety
Health and safety issues are described fully in the school health and safety policy, which forms part of the guidance issued by the Local Authority. It is the responsibility of each adult to report health and safety issues without delay.

Induction and Professional Development
All newly appointed staff are required to meet with the school’s DSL and to read:
(i) The school’s Safeguarding Policy;
(ii) “Guidance for Safer Working Practice for Adults Who Work with Children”;
(iii) Safeguarding Induction – on line Kwango training, until the next face to face training is available;
(iv) Keeping Children Safe in Education 2016.

All staff will receive 2 hours of training – “Basic Introduction to Child Protection” – renewed every 3 years. This will be delivered by staff from Gloucestershire Safeguarding Children Board (GSCB). Newly appointed staff, whose start dates do not coincide with GSCB-delivered training; will be required to undertake the on-line version of the training and to provide the school with a certificate to confirm completion (see Appendix 4). Designated persons will receive specific training in relation to their roles. All staff, on induction, are given an identifying badge which states their Safeguarding Renewal date, a record of which is kept on their Personnel file.

Monitoring, evaluation and review
This policy will be reviewed at least annually* as part of the policy review cycle of Gloucestershire Alternative Provision Schools and assess its implementation and effectiveness. The policy will be promoted and implemented throughout GAPS.

[*This policy will be updated more frequently if necessary, to reflect changes made in the ‘live’ (i.e. the definitive version) of “Gloucestershire Safeguarding Children Board (GSCB) Child Protection procedures”] or Statutory Guidance.
Appendix 1

Recognition of children at risk of abuse and neglect
Child abuse can be physical, sexual, emotional or neglectful. Recognition of signs and symptoms is dependent upon professionals being open to the possibility of non-accidental injury or other forms of abuse and sharing any possible concerns.

It is the responsibility of professionals to report concerns, NOT to decide whether it is or is not child abuse.
When all agencies share concerns about the child and family with social services, informed decisions can be reached and appropriate assistance can be made available if necessary. Professional concerns about “false allegations” need to be set aside as the need to protect the child must be paramount.

Indicators of physical abuse
Most healthy children will collect bruises or other injuries from time to time. Accidental bruises will usually occur on the skin where it is covering bony prominence (e.g. shin, forehead, elbow, and hipbone). Also, a very small number of children may suffer from rare conditions, like haemophilia or brittle-bone disease, which makes them more susceptible to bruising and fractures.

Bruising that suggests the possibility of physical child abuse includes:
- bruising in children who are not independently mobile
- bruising in babies
- bruises that are seen away from bony prominences
- bruises to the face, back, abdomen, arms, buttocks, ears and hands
- multiple bruises in clusters
- multiple bruises of uniform shape
- bruises that carry an imprint – of an implement or cord
- bruises with petechiae (dots of blood under the skin) around them.

Non-accidental injury indicators:
Burns and scalds have:
- clear outline
- no or few splash marks
- unusual positions
- indicative shapes (e.g. cigarette, electric fire).

Injuries maybe suspicious if:
- bite marks
- large and deep scratches
- incisions.

Fractures if:
- numerous
- unreported
- healed at different times
- child under two.
Other Indicators of Abuse:
- Delay in seeking medical attention
- No explanation or inadequate explanation of injuries
- Child/parent/witness reports abuse
- Changing explanation of injuries
- Recurrent injuries - particularly if forming a pattern (e.g. always on Mondays)
- Inadequate parental concern
- Multiple injuries that occurred at different dates
- Child may be failing to thrive for no apparent reason.

Possible Behavioural Indicators of Abuse:
- Fear of adults generally or of certain adults in particular
- Poor peer relationships
- Social isolation and withdrawal
- Aggression and acting out/pseudo maturity
- Frozen awareness (a combination of a lack of expression, lethargy and watchfulness)
- Detachment or indiscriminate attachment
- Eating disorders
- Sleep disturbance
- Running away
- Sudden changes in behaviour or poor school performance
- Psychosomatic complaints
- Self-destructive behaviour (self-mutilation, substance abuse and suicide).

<table>
<thead>
<tr>
<th>Risk Factors Associated with Physical &amp; Emotional Abuse</th>
<th>Child</th>
<th>Social - linked to stress factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental</td>
<td></td>
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<tr>
<td>Drug and alcohol misuse</td>
<td>Has a disability</td>
<td>Unemployment</td>
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<td>Mental illness</td>
<td>Demanding as a baby</td>
<td>Bad housing</td>
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<td>Isolation or lack of support</td>
<td>Under 2’s are consistently the most vulnerable</td>
<td>No income</td>
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<td>Young parents</td>
<td>Child or siblings previously on child protection register</td>
<td>Domestic violence</td>
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<td>Lack of attachment/ unresponsive to child’s needs</td>
<td>Premature birth or poor feeders/sleepers</td>
<td>Unwanted pregnancy</td>
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<td>Lax and inconsistent parenting</td>
<td>Poor bonding</td>
<td>Recent accident/ill-health</td>
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<td>History of violence/abuse of children</td>
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<td>Failure to thrive</td>
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<td>Inappropriate expectation</td>
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<tr>
<td>Abused themselves</td>
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Appendix 2 – Types of child abuse and their symptoms

Child abuse can be categorised into four distinct types, i.e.:

1. Physical Abuse
2. Sexual Abuse
3. Emotional Abuse
4. Physical Neglect
5. Grave Concern / At Risk – this is not a distinct category but is dealt with separately

A pupil can be at risk from any combination of the four categories. These different types of abuse require different approaches. A pupil suffering from physical abuse may be in immediate and serious danger. Action should therefore be taken immediately. With other forms of abuse, there is a need to ensure that adequate information is gathered. There is also a need to make sure that grounds for suspicion have been adequately investigated and recorded. The need to collate information must be balanced against the need for urgent action. If there are reasonable grounds for suspicion, then a decision to monitor the situation should only be taken after consultation. A situation that should cause particular concern is that of a pupil who fails to thrive without any obvious reason. In such a situation a medical investigation will be required to consider the causes. Each of the five categories will now be explored in more detail.

1. Physical abuse

This involves physical injury to a pupil, including deliberate poisoning, where there is definite knowledge or a reasonable suspicion, that the injury was inflicted or knowingly not prevented. Typical signs of Physical Abuse are:

- Bruises and abrasions – especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the pupil. Some types of bruising are particularly characteristic of non-accidental injury especially when the pupil’s explanation does not match the nature of injury or when it appears frequently.
- Slap marks – these may be visible on cheeks or buttocks.
- Twin bruises on either side of the mouth or cheeks – can be caused by pinching or grabbing, sometimes to make a pupil eat or to stop a pupil from speaking.
- Grip marks on arms or trunk – gripping bruises on arm or trunk can be associated with shaking a pupil. Shaking can cause one of the most serious injuries to a pupil; i.e. a brain haemorrhage, as the brain hits the inside of the skull. X-rays and other tests are required to fully diagnose the effects of shaking. Grip marks can also be indicative of sexual abuse.
- Black eyes – are most commonly caused by an object, such as a fist, coming into contact with the eye socket. NB A heavy bang on the nose, however, can cause bruising to spread around the eye but a doctor will be able to tell if this has occurred.
- Damage to the mouth – e.g. bruised/cut lip or torn skin where the upper lips join the mouth.
- Bite marks
• Fractures
• Poisoning or other misuse of drugs – e.g. overuse of sedatives
• Burns and/or scalds – a round, red burn on tender, non-protruding parts, like a mouth; inside arms and on the genitals will almost certainly have been deliberately inflicted. Any burns that appear to be cigarette burns should be cause for concern. An experienced person will notice skin splashes caused when a pupil accidentally knocks over a hot cup of tea. In contrast, a pupil who has been deliberately ‘dipped’ in a hot bath will not have splash marks.

2. Sexual abuse
The involvement of dependent, developmentally immature pupils and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles. Typical signs of Sexual Abuse are:
• detailed sexual knowledge inappropriate to the age of the pupil
• behaviour that is excessively affectionate or sexual towards other pupils or adults
• attempts to inform, by making a disclosure about the sexual abuse, often begin by the initial sharing of limited information with an adult. It is also very characteristic of such pupils that they have an excessive preoccupation with secrecy and try to bind the adults to secrecy or confidentiality
• fear of medical examinations
• fear of being alone – this applies to friends/family/neighbours/baby-sitters etc
• sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa
• excessive masturbation
• promiscuity
• sexual approaches or assaults – on other pupils or adults.
• urinary tract infections (UTI), sexually transmitted disease (STD) are cause for immediate concern in pupils if his/her partner cannot be identified.
• bruising to the buttocks, lower abdomen, thighs and genital/rectal areas. Bruises may be confined to grip marks where a pupil has been held so that sexual abuse can take place.
• Discomfort or pain particularly in the genital or anal areas.
• Drawing of pornographic or sexually explicit images.

3. Emotional abuse
The severe adverse effect on the behaviour and emotional development of a pupil caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment – this category should be used where it is the main or sole form of abuse.

4. Physical neglect
The persistent or severe neglect of a pupil (for example, by exposure to any kind of danger, including cold and starvation), which results in serious impairment of the pupil’s health or development, including non-organic failure to thrive.
Persistent stomach aches, feeling unwell and apparent anorexia can be associated with Physical neglect. However, typical signs of Physical Neglect are:

- **Underweight** – a pupil may be frequently hungry or pre-occupied with food or in the habit of stealing food or with the intention of procuring food.
- There is a particular cause for concern where a persistently, underweight pupil gains weight when away from home, for example, when in hospital or on a GAPS trip.
- **Inadequately clad** – a distinction needs to be made between situations where pupils are inadequately clad, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where the lack of care is preventing the pupil from thriving.

Physical Neglect is a difficult category because it involves the making of a judgement about the seriousness of the degree of neglect. Much parenting falls short of the ideal but it may be appropriate to involve Child Protection procedure in the case of neglect where the pupil’s development is being adversely affected.

5. **Grave concern/at risk**

This is not a separate category of child abuse as such but covers a number of situations where a pupil may be at risk. It is in reference to pupils whose situations do not currently fit the above categories but where social and medical assessments indicate that they are at significant risk of abuse. Grave concern may be felt where a pupil shows symptoms of stress or distress and any of the following circumstances apply:

- There is a known child abuser in the family.
- Another child in the family is known to have been abused.
- The parents are involved with pornographic material to an unusual degree.
- There is an adult in the family with a history of violent behaviour.
- The pupil is exposed to potential risk or exploitation via the Internet e.g. pornographic material or chat rooms.

**The symptoms of stress and distress**

When a pupil is suffering from any one or more of the previous four ‘Categories of Abuse’, or if the pupil is ‘at risk’, he/she will nearly always suffer from/display signs of stress and distress. An abused pupil is likely to show signs of stress and distress as listed below:

- A lack of concentration and a fall-off in School performance.
- Aggressive and hostile behaviour.
- Moodiness, depression, irritability, listlessness, fearfulness, tiredness, temper tantrums, short concentration span, acting withdrawn or crying at minor occurrences.
- Difficulties in relationships with peers.
- Regression to more immature forms of behaviour, e.g. thumb sucking.
- Self harming or suicidal behaviour.
- Low self esteem.
- Wariness, insecurity, running away or truancy – pupils who persistently run away from home may be escaping from sexual or physical abuse.
- Disturbed sleep.
- General personality changes such as unacceptable behaviour or severe attention seeking behaviour.
- A sudden change in school performance.

**Parental Signs of Child Abuse:**

Particular forms of parental behaviour that could raise or reinforce concerns are:

- Implausible explanations of injuries.
- Unwillingness to seek appropriate medical treatment for injuries.
- Injured pupil kept away from GAPS until injuries have healed without adequate reason.
- A high level of expressed hostility to the pupil.
- Grossly unrealistic assumptions about child development.
- General dislike of child-like behaviour.
- Inappropriate labelling of pupil’s behaviour as bad or naughty.
- Leaving children unsupervised when they are too young to be left unattended.
Appendix 3 – Specific Identified forms of abuse

All staff should be aware of safeguarding issues and the specific identified forms of abuse listed on this page (26) through to the end of this section on page 32. GAPS Child Protection/Safeguarding policy compliments and supports a range of other policies, for instance:

- Behaviour (including physical interventions)
- Attendance
- Racist Incidents
- Anti-Bullying (including Cyberbullying)
- Special Educational Needs
- Trips and Visits
- Work Experience and Extended Work Placements
- First Aid and Administration of Medicines
- Health & Safety
- Sex and Relationships Education
- Site Security
- Equal Opportunities
- Toileting/Intimate Care
- E-Safety

The above list is not exhaustive but when undertaking development or planning of any kind the school considers the implications for safeguarding and promoting the welfare of children.

Staff should be aware that behaviour linked to the certain behaviours such as drug taking, alcohol abuse, truanting and sexting put children in danger. Issues can also manifest via peer on peer abuse. This is most likely to include, but limited to: bullying (including cyber bullying), gender based violence/sexual assaults and sexting. All staff should have an awareness of safeguarding issues – some of which are listed below and refer to this and the above policies where relevant:

Bullying, including cyberbullying: See Antibullying policy:

Children missing education: - All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area. A child going missing from education is a potential indicator of abuse or neglect. School staff should follow procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in future. 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, Female Genital Mutilation and forced marriage. See also Attendance policy:
Child missing from home or care:

Child sexual exploitation (CSE): is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, 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 can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Some of the following signs may be indicators of sexual exploitation: • Children who appear with unexplained gifts or new possessions;
• Children who associate with other young people involved in exploitation;
• Children who have older boyfriends or girlfriends;
• Children who suffer from sexually transmitted infections or become pregnant;
• Children who suffer from changes in emotional well-being;
• Children who misuse drugs and alcohol;
• Children who go missing for periods of time or regularly come home late; and
• Children who regularly miss school or education or do not take part in education.

For information only. Guidance will commence on 5 September 2016 53

Domestic violence

Drugs

Fabricated or induced illness

Faith abuse

Female genital mutilation (FGM)/Honour Based Violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM – see below), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubts staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV. Indicators of FGM/HBV:

There are a range of potential indicators that a child may be at risk of HBV. Guidance on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found on pages 38-41 of the Multi agency statutory guidance on FGM (pages 59-61 focus on the role of schools and colleges) and pages 13-14 of the Multi-agency guidelines: Handling case of forced marriage.

If staff have a concern regarding a child that might be at risk of HBV they should activate safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children’s social care. Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on all staff that requires a different approach (see following section):

FGM mandatory reporting duty

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-
lasting harmful consequences. From 31st October 2015 school staff along with doctors, nurses and midwives are legally required to report cases of female genital mutilation (FGM) to the police. We are also required to report to Social Services, girls who are considered to be ‘at risk’ of FGM.

The rules apply in England and Wales when girls under 18 say they have been cut or staff recognise the signs. The government is committed to ending the "abusive and illegal practice" within a generation.

UNDERSTANDING THE ISSUES AROUND FGM

FGM is illegal in the UK. For the purpose of the criminal law in England, Wales and Northern Ireland, FGM is mutilation of the labia majora, labia minora or clitoris.

FGM is prevalent in 28 African countries as well as in parts of the Middle East and Asia. It is estimated that approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM. FGM is practised by families for a variety of complex reasons but often in the belief that it is beneficial for the girl or woman. FGM constitutes a form of child abuse and violence against women and girls, and has severe short-term and long-term physical and psychological consequences. FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls’ and women’s bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk. Any person found guilty of an offence under the Female Genital Mutilation Act 2003 is liable to a maximum penalty of 14 years imprisonment or a fine, or both.

FGM is a deeply rooted tradition, widely practised mainly among specific ethnic populations in Africa and parts of the Middle East and Asia, which serves as a complex form of social control of women’s sexual and reproductive rights.

The World Health Organization estimates that between 100 and 140 million girls and women worldwide have experienced female genital mutilation and around 3 million girls undergo some form of the procedure each year in Africa alone. See below for African countries’ prevalence. FGM has also been documented in communities in Iraq, Israel, Oman, the United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan.

IDENTIFYING GIRLS AND WOMEN AT RISK

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl or woman being at risk of FGM, or already having undergone FGM. There are
a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.

Victims of FGM are likely to come from a community that is known to practise FGM. **Provided that the mutilation takes place in the UK, the nationality or residence status of the victim is irrelevant.**

Professionals should also note that the girls and women at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

**SPECIFIC FACTORS THAT MAY HEIGHTEN A GIRL’S OR WOMAN’S RISK OF BEING AFFECTED BY FGM**

There are a number of factors in addition to a girl’s or woman’s community or country of origin that could increase the risk that she will be subjected to FGM:

- The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM.
- Any girl born to a woman who has been subjected to FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl who has a sister who has already undergone FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.

**INDICATIONS THAT FGM MAY BE ABOUT TO TAKE PLACE SOON**

The age at which girls undergo FGM varies enormously according to the community. **The procedure may be carried out when the girl is newborn, during childhood or adolescence, at marriage or during the first pregnancy.** However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

It is believed that **FGM happens to British girls in the UK as well as overseas** (often in the family’s country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies. There can also be clearer signs when FGM is imminent:

- It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.
- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it (See below for commonly used terms in different languages).
- A girl may confide that she is to have a ‘special procedure’ or to attend a special occasion to ‘become a woman’.
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.
- Parents state that they or a relative will take the child out of the country for a prolonged period.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent (see Section 2.5 for the nationalities that traditionally practise FGM).
Parents seeking to withdraw their children from learning about FGM.

INDICATIONS THAT FGM MAY HAVE ALREADY TAKEN PLACE
It is important that professionals look out for signs that FGM has already taken place so that:

- the girl or woman affected can be supported to deal with the consequences of FGM.
- enquiries can be made about other female family members who may need to be safeguarded from harm.
- criminal investigations into the perpetrators, including those who carry out the procedure, can be considered to prosecute those breaking the law and to protect others from harm.

There are a number of indications that a girl or woman has already been subjected to FGM:

- A girl or woman may have difficulty walking, sitting or standing and may even look uncomfortable.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.

<table>
<thead>
<tr>
<th>TERMS USED FOR FGM IN OTHER LANGUAGES</th>
<th>Term used for FGM</th>
<th>Language</th>
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<tr>
<td>CHAD – the Ngama Sara subgroup Bagne</td>
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<td>Mandinka</td>
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<td>Chad</td>
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<td>SOMALIA</td>
<td>Gudiniin</td>
<td>Somali</td>
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</table>
Forced marriage
Gangs and youth violence
Gender based violence/violence against women and girls (VAWG)
Mental health
Missing children and adults (Strategy)
Private fostering

Preventing radicalisation: Protecting children from the risk of radicalisation should be seen as part of our schools wider safeguarding duties. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. 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 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. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

Prevent
From 1 July 2015 all schools are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (“the CTSA 2015”), in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism’. This is known as the Prevent Duty. Schools are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them. Schools should have clear procedures in place for protecting children at risk of radicalisation. These procedures may be set out in existing safeguarding policies. It is not necessary for schools to have distinct policies on implementing the Prevent duty. Please see Prevent Policy.

Channel
School and college staff should understand when it is appropriate to make a referral to the Channel programme. Channel guidance. E-learning channel awareness programme for staff is available at: Channel General Awareness. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be
vulnerable to radicalisation. An individual’s engagement with the programme is entirely voluntary at all stages. In addition to information sharing, if a staff member makes a referral to Channel, they may be asked to attend a Channel panel to discuss the individual referred to determine whether support is required.

- Relationship abuse
- Sexting
- Trafficking
Appendix 4

Basic Child Protection – On-line training instructions

To log on to the course
Ensure you work on a computer attached to a printer (please note that you are not able to print your certificate off at a later date)
Log on to the KWANGO website at www.Kwango.com
Type the username and password into the logon boxes:
Username: GlosEd-Spec1z
Password: GSCBEdSpec920g
You will be taken straight to the ‘launch page’ for the e-learning course.
Press the ‘Launch’ button and the course will begin.
Approximate time required: 1.5 – 2.0 hours
Certificate: please print, and provide a copy for the school’s DSL
Appendix 5: Safeguarding Reporting Form example:

Gloucester & Forest APS Reporting Form

INITIAL REPORTING FORM

<table>
<thead>
<tr>
<th>Full name of child:</th>
<th>CLASS</th>
<th>Year</th>
<th>D.O.B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date &amp; time of the incident/disclosure/concern</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Please provide details of the incident/disclosure/concern, including dates, description of injuries (body map included yes/no), if applicable, exact words spoken by the child, the views of the child and who else was present (please continue on the other side of this sheet if needed).

<table>
<thead>
<tr>
<th>Signed</th>
<th>Time and Date of reporting:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of staff member reported to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signed</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**ACTIONS TAKEN**

<table>
<thead>
<tr>
<th>Date</th>
<th>Person Taking action</th>
<th>Action Taken (include wishes of child as outlined in Safeguarding policy)</th>
<th>Outcome of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Concern logged with Safeguarding Children Service?</th>
<th>Yes/No</th>
<th>If no reason for not doing so:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Countersignature of DSL

Response from Safeguarding received on:

Shared documents/ChildrenandyoungpeoplesStrategy/Safeguarding Forms/Initial Reporting Form
### Safeguarding Concern

<table>
<thead>
<tr>
<th>Name of Student:</th>
<th>Year Group:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td></td>
</tr>
<tr>
<td>Date of Concern:</td>
<td>Time:</td>
</tr>
<tr>
<td>Details of Concern:</td>
<td></td>
</tr>
</tbody>
</table>

Name and signature of reporter:

Concern reported to (signature + date):

Actions:

Referral to Child Protection (please circle) Yes / No
Staff Declaration Form:

School name: GFAPS/SCAPS/CTAPS (delete as applicable)

Please sign and return to your Headteacher by Friday 15th September 2017

I, <insert name> have read and am familiar with the contents of the following documents and understand my role and responsibilities as set out in these document(s).

(1) The School/College's Child Protection Policy

I am aware that the DSLs for my school are:

................................................................................................................................................
................................................................................................................................................
................................................................................................................................................
................................................................................................................................................

and I able to discuss any concerns that I may have with them.

I know that further guidance, together with copies of the policies mentioned above, are available ......<insert location>..........

Signed..........................................................................................................................Date________________________