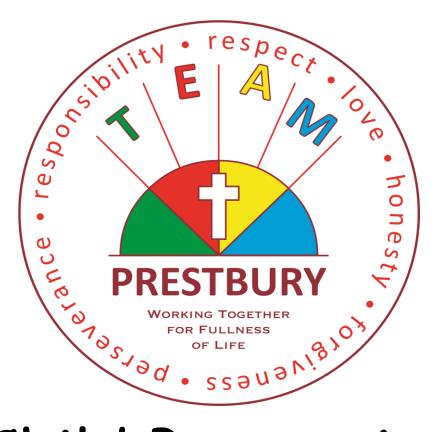
Prestbury St. Mary's Federation



Child Protection Policy 2022-23

Child Protection Policy 2022-23

Governors' Committee Responsible: Curriculum Committee

Governor Lead: Ruth Rudge

Nominated Lead Member of Staff: Matt Fletcher

Status & Review Cycle: Statutory Annual

Next Review Date: September 2023

1.0 Introduction

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment;
- preventing impairment of children's mental and physical health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school or college and/or can occur between children outside of these environments. All staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.

This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications: 'Working Together to Safeguard Children' 2018, Revised Safeguarding Statutory Guidance 2 'Framework for the Assessment of Children in Need and their Families' 2000, 'What to do if You are Worried a Child is Being Abused' 2015. The guidance reflects, both 'Keeping Children Safe in Education' 2022, and Gloucestershire Safeguarding Children Board GSCP Child Protection Procedures.

The Governing body takes seriously its responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.

We recognise that all adults, including temporary staff, volunteers and governors, have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern.

All staff believe that our school should provide a caring, positive safe and stimulating environment that promotes the social, physical and moral development of the individual child. All staff recognise that they have a responsibility to take action if they think a child is at risk and that they cannot assume someone else is taking action.

The aims of this policy are:

- To support the child's development in ways that will foster security, confidence and independence.
- To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.

- To raise the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse (Reference Appendices 1 and 2)
- To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those children.
- To emphasise the need for good levels of communication between all members of staff.
- To develop a structured procedure within the school which will be followed by all members of the school 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 staff working within our school who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check and a central record is kept for audit.

2.0 Safe School, Safe Staff

We will ensure that all members of the governing body understand and fulfil their responsibilities, namely to ensure that:

- there is a Child Protection policy together with a staff behaviour policy and code of conduct / whistleblowing policy
- the school operates safer recruitment procedures by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training
- the school has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.
- a senior leader has been appointed as the Designated Safeguarding Lead (DSL).
- on appointment, the DSL's undertake interagency training and the 'Update' Course every 2 years and in addition keep up to date with safeguarding developments annually
- all other staff have Safeguarding training every three years with regular updates every year in school
- any weaknesses in Child Protection are remedied immediately
- a member of the Governing Body, usually the Chair, is nominated to liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Executive Head Teacher
- Child Protection policies and procedures are reviewed annually and that the Child Protection policy is available on the school website and a hard copy can be obtained upon request from the school office
- the Governing Body has considered how children may be taught about safeguarding including online. It will be part of a broad and balanced curriculum covering relevant issues through personal social health and economic education (PSHE) and through sex and relationship education (SRE).
- that enhanced DBS checks are in place for Governors
- Governing bodies should ensure appropriate filters and appropriate monitoring systems are in place

The DS is Matt Fletcher, Executive Head Teacher. The Deputy DSL(s) are Alison Hopton (Deputy Head Teacher) and Charlie Lunnon (SENDCo). Kelly Garrod and Rose Arkell are the designated leads for Breakfast and After School Club at the Infant School and Junior School respectively. These Officers have undertaken the compulsory training followed by biannual updates.

The DSL and the DDSL will always be available to discuss safeguarding concerns. The designated safeguarding lead will arrange adequate and appropriate cover arrangements for any out of hours/out of term activities if they cannot be contacted. The school has made arrangements with that the DSL's or Deputy DSL's of Holy Apostles School, St. Johns School and Oakwood School. If the DSL or Deputy DSL's from our school were not available to discuss safeguarding concerns then cover arrangements would be made with one of these schools.

The DSL's who are involved in recruitment and at least one member of the governing body will also complete Safer Recruitment Training. This will be repeated every 5 years.

All members of staff are provided with child protection awareness information at induction, their induction pack includes, Keeping Children Safe in Education 2022, Child Protection Policy, Child on child abuse Policy, Behaviour Policy, Code of Conduct and Whistleblowing Policy, Staff Behaviour Policy, Offer of Early Help, SEND Policy, Physical Intervention Policy, Procedure for missing children, Guidance for safer working practices, Acceptable Use of Internet and ICT Policy and a quick reference guide to safeguarding. This will take place within 7 days of employment to the school. They will be also asked to complete on line Child Protection training.

Volunteers are provided with Keeping Children Safe 2022, The Child Protection and Safeguarding Policy, Guidance for Safer Working Practices, Acceptable use of Internet and ICT Policy and a quick reference guide to safeguarding.

All members of staff are trained in and receive regular updates in e-safety and reporting concerns All other staff and governors, have child protection awareness training, updated by the DSL as appropriate, to maintain their understanding of the signs and indicators of abuse.

All members of staff, volunteers, and governors know how to respond to a pupil who discloses abuse through the procedures set out in our school policy.

All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the school's Child Protection and Safeguarding Policy.

We will ensure that child protection type concerns or allegations against adults working in the school are referred to the LADO (Nigel Hatten 01452 426994) for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS) for consideration for barring, following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.

Our procedures will be regularly reviewed and up-dated.

The name of the Designated Safeguarding Lead and deputies, will be clearly advertised in the school, with a statement explaining the school's role in referring and monitoring cases of suspected abuse.

The policy is available publicly either on the school website and a hard copy is available on request from the office. Parents/carers are made aware of this policy and their entitlement to have a copy of it via the school website.

All staff will be asked to read Keeping Children Safe in Education 2022, the Staff Behaviour Policy, Behaviour Policy, Staff code of conduct and whistleblowing policy, Guidance for safer working practices, Child on child abuse policy, the Physical Intervention Policy and Missing child procedure for the school, Acceptable use of the internet and ICT, E-Safety Policy and the SEND policy and they will sign that they have read and understood it. The Governing Body will be asked to read Keeping Children Safe in Education 2022 and to sign that they have read and understood it.

<u>All</u> staff that have direct working with children should have access and have read Part one OR Annex A and Annex B (which provides further information specific forms of abuse and safeguarding issues) of this statutory guidance. Those staff who do not work directly with children should read either Part one or Annex A (a condensed version of Part one) of this guidance. This is entirely a matter for the school or college and will be based on their assessment of which guidance will be most effective for their staff to safeguard and promote the welfare of children. All Staff should also have the opportunity to seek clarity from designated staff for any content.

This is to assist staff to understand their role and discharge their responsibilities as set out in this guidance.

Link to KCSiE (DfE, 2022):

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999348/Keeping_children_safe_in_education_2022.pdf

3.0 Responsibilities

The DSL's are responsible for:

- Referring a child if there are concerns about possible abuse, to the Children and
 Families Help Desk 01452 426 565. Referrals should be made in writing, following
 a telephone call using the Multi Agency Referral Form (MARF) on the Liquid Logic Portal
 accessed via GSCP.org.uk
- Keeping written records of concerns about a child even if there is no need to make an immediate referral.
- Ensuring that all such records are kept confidentially and securely and are <u>separate</u> from pupil records, until the child's 25th birthday, and are forwarded on to the child's next school or college. All children who have any safeguarding related issues will have a Safeguarding File locked in the Executive Head Teacher's offices. All incident reports and related paperwork should be collated and referenced in the same manner i.e. chronological order. All incident reports must be passed to the DSL and Deputy DSL. The Federation will be introducing CPOMS, an electronic secure safeguarding system, in autumn 2022.
- A copy of the CP file will be retained by the school until such time that the new school acknowledges receipt of the original file. The copy can then be shredded. The social worker will be informed that the child has left the school. This is in line with the GDPR policy.
- Ensuring that an indication of the existence of the additional file above is marked on the pupil records.
- Liaising with other agencies and professionals.
- Ensuring that either they or the staff member attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with the parents.
- Ensuring that any pupil currently with a child protection plan who is absent in the
 educational setting without explanation is referred to their key worker's Social Care Team
 immediately.
- Organising child protection induction, and annual update training for all school staff.
- Providing, with the Executive Head teacher and Chair of Governors, and contributing to the "Audit of Statutory Duties and Associated Responsibilities" to be submitted to the Education Safeguarding Team at Gloucestershire County Council annually.
- To attend MAPPA (Multi Agency Public Protection Arrangement) and MARRAC (Multi Agency Assessment Conference) when needed.

When an allegation of Physical or Sexual Abuse is made

Any staff member to whom an allegation of physical or sexual abuse is made should:

Limit any questioning to the minimum necessary to seek clarification only, strictly avoiding 'leading' the pupil or adult who has approached them by making suggestions or asking questions that introduce their own ideas about what may have happened. (Do NOT ask questions like 'Did he do x to you? using instead a minimum number of questions of the 'Tell me what happened' type).

Stop asking any more questions as soon as the pupil or adult has disclosed that he or she believes that something abusive has happened to him or her, or to someone else.

Tell the informing pupil or adult that the staff member will now make sure that the appropriate people are brought in to follow the problem up (these will include the specialist social worker, and that worker may need to involve the police).

Ask the informing pupil or adult what steps they would like to be taken to protect them now that they have made an allegation, and assure them that the school will try to follow their wishes.

Refer the matter the same day, with all relevant details, to the DSL or Deputy DSLs immediately.

Make a handwritten record as soon as possible of what they have been told, and make a copy of this available to the DSL or Deputy DSL.

When an Allegation is passed on

On receiving an allegation of physical, emotional or sexual abuse, the DSL or the Deputy DSLs will:

- 1. Take steps needed to protect any pupil involved from risk of immediate harm. (This may involve allocating an appropriate member of staff, as far as possible a person chosen by the pupil him/herself, to stay with him or her. Similarly a staff receiving an allegation of abuse at the school may stay with the pupil concerned until suitable arrangements for his/her protection are made.)
- 2. Not interview or investigate the allegation further, but refer the matter the same day to the Children and Families Help Desk 01452 426 565. The person reporting the matter should speak personally to a member of the team and not rely on leaving a message.
- 3. Consult the Children and Families Help Desk Team and follow his/her advice about contacting parents, other staff, police, doctor or alleged perpetrator or witnesses direct. Agree with the Team Manager any necessary next steps in relation to:
- 4. Informing a pupil's parents (there are circumstances where it would be inappropriate to inform parents immediately an allegation has been made).
- 5. Medical examination or treatment for the pupil (again, there are circumstances where medical evidence will be needed). Immediate protection that may be needed for a pupil who has been the victim of abuse.
- 6. The pupil who has given information about abuse, and a pupil against whom an allegation has been made (each of these may now be at risk).
- 7. Informing only the members of staff that need to know about the allegation and its investigation. (Experience has shown that knowledge of an allegation or impending investigation can lead to a serious risk to the informant from the alleged perpetrator, 'covering up' of evidence that may be sought by police such as collections of child pornographic photographs), or to pressure being applied to others to remain silent.
- 8. Inform the pupil or adult who made the initial allegation of what the next steps are to be, having agreed these with the Team Manager.
- 9. Inform the Executive Head Teacher (unless he is the subject of the allegations or suspicions) of the allegations and the action taken as above, and agree necessary further action in line with these standards.
- 10. Take any steps for the longer term protection and support of each pupil who has made allegations abuse, or is alleged to have suffered from abuse, taking his or her wishes into account.

11. Take any necessary steps to protect and support a pupil who is alleged to have abused another. (See Child on child abuse policy)

Child on child abuse

Peer abuse is behaviour by an individual or group, intending to physically, sexually or emotionally hurt others.

All staff should recognise that children are capable of abusing their peers.

All staff should be aware of safeguarding issues from peer abuse including:

- bullying (including cyberbullying)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
- sexual violence and sexual harassment
- sexting (also known as youth produced sexual imagery); The DfE provides Searching Screening and Confiscation Advice for schools. The UK Council for Internet Safety (UKCIS) Education Group has published Advice for Schools and Colleges on Responding to Sexting Incidents
- initiation/hazing type violence and rituals.
- upskirting, which typically involves taking a picture under a person's clothing without them
 knowing, with the intention of viewing their genitals or buttocks to obtain sexual
 gratification, or cause the victim humiliation, distress or alarm; Anyone of any gender can
 be a victim.

This abuse can:

- Be motivated by perceived differences e.g. on grounds of race, religion, gender, sexual orientation, disability or other differences
- Result in significant, long lasting and traumatic isolation, intimidation or violence to the victim; vulnerable children are at particular risk of harm (see Vulnerable Children Policy -Appendix A

Children or young people who harm others may have additional or complex needs e.g.:

- Significant disruption in their own lives
- Exposure to domestic abuse or witnessing or suffering abuse
- Educational under-achievement
- Involved in crime

Stopping violence and ensuring immediate physical safety is the first priority of the school but emotional bullying can sometimes be more damaging than physical. School staff, alongside their Designated Safeguarding Lead and/or Deputy, have to make their own judgements about each specific case and should use this policy, the SE abuse Policy and guidance to help.

PLEASE SEE CHILD ON CHILD POLICY that includes the following:-

- 1. how allegations of child on child abuse are recorded, investigated and dealt with
- 2. the process as to how victims, perpetrators and any other child affected by child on child abuse will be supported
- 3. recognition of the gendered nature of child on child abuse (i.e. that it is more likely that girls will be victims and boys perpetrators), but that all child on child abuse is unacceptable and will be taken seriously and
- 4. the different forms child on child abuse can take
- 5. procedures to minimise the risk of child on child abuse

Responsibility

Keeping Children Safe in Education (KCSIE), September 2022 states that 'Governing bodies and proprietors should ensure their child protection policy includes

procedures to minimise the risk of child on child abuse and sets out how allegations of child on child abuse will be investigated and dealt with '.

It also emphasises that the voice of the child must be heard

'Governing bodies, proprietors and school or college leaders should ensure the child's wishes and feelings are taken into account when determining what action to take and what services to provide. Systems should be in place for children to express their views and give feedback. Ultimately, all system and processes should operate with the best interests of the child at their heart.'

At Prestbury St. Mary's Federation we continue to ensure that any form of abuse or harmful behaviour is dealt with immediately and consistently to reduce the extent of harm to the young person, with full consideration to the impact on that individual child's emotional and mental health and well-being. Some of the common difficulties faced by children are anxiety, depression and eating disorders. Please see Appendix 8 for facts and figures about young people's mental health. Our school policy on Child on child abuse is set out in a separate document. All staff are aware that children with SEND and / or differences/perceived differences are more susceptible to being victims of abuse. We keep a record of child on child abuse incidents. We define bullying as: STOP -Several Times on Purpose. A deliberate act done to cause distress solely in order to give a feeling of power, status or other gratification to the bully. Our response is unequivocal - child on child abuse in all its forms, including racial, religious, cultural, disablist, sexual, gender, physical, cyber, homophobic, emotional, will not be tolerated. Pupils are encouraged to inform their teacher or any of the staff working in school, who will take immediate action in line with our Child on child abuse policy. Hate Crime is defined as any crime that is perceived by the victim or any other person to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability.

Any decision made about Sexual Violence and Sexual Harassment will be made on a case-by-case basis, with the designated safeguarding lead (or a deputy) taking a leading role, using their professional judgement and being supported by other agencies, such as children's social care and the police as required. The police will be important partners where a crime might have been committed. Where a report of rape, assault by penetration or sexual assault is made, the starting principle is that this should be referred on to the police. Whilst the age of criminal responsibility is ten, if the alleged perpetrator is under ten, the starting principle of reporting to the police remains. The police will take a welfare, rather than a criminal justice approach in these cases. Referrals to the police will often be a natural progression of making a referral to children's social care.

Staff should also refer to Part five of KCSiE (DfE 2022) - 'Child on child sexual violence and sexual harassment':

https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

Serious violence

All staff should be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime.

- Increased absence from school
- Change in friendships or relationships with older individuals or groups
- Significant decline in performance
- Signs of self-harm or significant change in wellbeing
- Signs of assault or unexplained injuries
- Unexplained gifts/new possessions

3 Supporting Children

We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self worth.

We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm.

We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

Our school will support all children by:

- Encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying.
- Promoting a caring, safe and positive environment within the school.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
- Notifying Social Care as soon as there is a significant concern.
- Providing continuing support to a child about whom there have been concerns who leaves the school by ensuring that appropriate information is copied under confidential cover to the child's new setting and ensuring the school medical records are forwarded as a matter of priority.

Children potentially at greater risk of harm

Children who need a social worker (Child in Need and Child Protection Plans)

Children may need a social worker due to safeguarding or welfare needs. Children may need this help due to abuse, neglect and complex family circumstances. A child's experiences of adversity and trauma can leave them vulnerable to further harm, as well as educationally disadvantaged in facing barriers to attendance, learning, behaviour and mental health.

Local authorities should share the fact a child has a social worker, and the designated safeguarding lead should hold and use this information so that decisions can be made in the best interests of the child's safety, welfare and educational outcomes. This should be considered as a matter of routine. There are clear powers to share this information under existing duties on both local authorities and schools and colleges to safeguard and promote the welfare of children.

Where children need a social worker, this should inform decisions about safeguarding (for example, responding to unauthorised absence or missing education where there are known safeguarding risks) and about promoting welfare (for example, considering the provision of pastoral and/or academic support, alongside action by statutory services).

Early Help - taken from Gloucestershire's Early Help and Safeguarding Information

Prestbury St. Mary's Federation - Early Help Offer

Early help is about children, young people and families getting the right help at the right time, before issues get worse.

All children receive Universal Services however some children will need extra support in order to be healthy, safe and to achieve their potential.

We want all our children and young people to achieve the best possible outcomes and receive the support they need when they need it most. Any child may benefit from early help, but all school and college staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited

- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- · is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child

We recognise that pupils with SEND and have communication difficulties can be more prone to peer isolation than other children and can have possible abuse put down to their SEND and communication difficulties. We are committed to giving these children pastoral support to these children. We recognise the importance of contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.

Gloucestershire have built one integrated, holistic Graduated Pathway of Early Help and Support. This pathway will enable practitioners to work with children, young people and their families ensuring they receive the right support when they need it most.

The purpose of early help is to prevent issues and problems becoming serious and harmful to the child, young person, family and community. When children and families need this extra support, they need it quickly. Provision of early help support can be at all stages of a child's life; pre-birth, during pregnancy, childhood or adolescence.

Early Help in Gloucestershire - utilised by Prestbury St. Mary's Federation

We believe that families are best supported by those who are already working with them, with additional support from local partners arranged as needed. Children and families are entitled to early help if and when they need it. It may also be provided through an increase in the levels of universal services, or services provided or commissioned in localities.

When children and families need additional support, a coordinated multi-disciplinary approach led by a Lead Practitioner is usually best.

When families -and professionals who are helping them - need more support, this can be requested from Early Help Partnerships. There are six Early Help Partnerships across Gloucestershire and each has a fortnightly Allocations Group. These are made up of representatives of services who decide the help that's needed and offer advice, guidance and support to Practitioners. These groups are supported by Families First Plus teams in each District.

To access support, a Request for Support form needs to be completed along with a Consent form from the family and sent to your locality Families First Plus inbox. These forms can be found here In Gloucestershire, with partners, we have built on the positives of the Common Assessment Framework and SEND Graduated Pathway to develop one, holistic pathway of early help and support that meets the needs of all children and their families with additional needs. The developed pathway and supporting tools can be found at glosfamiliesdirectory.org.uk. For more information please contact your local Families First Plus team:

Locality	Email	Telephone
Cheltenham	cheltenhamearlyhelp@gloucestershire.gov.uk	01452 328160
Cotswolds	cotswoldsearlyhelp@gloucestershire.gov.uk	01452 328101
Forest of Dean	forestofdeanearlyhelp@gloucestershire.gov.uk	01452 328048
Gloucester	gloucesterearlyhelp@gloucestershire.gov.uk	01452 328076
Stroud	stroudearlyhelp@gloucestershire.gov.uk	01452 328130
Tewkesbury	tewkesburyearlyhelp@gloucestershire.gov.uk	01452 328250

The graduated pathway can be found on the following page.

Graduated Pathway Flowchart - Early Help and Support for Children, Young People and Families What to do and How

Graduated Early Help and Support involves: identification; assessment; planning; providing services; and reviewing the plan.

At any time in early help work, if it is considered that a child is at immediate risk of significant harm, the practitioner must contact the Children & Families Help Desk.

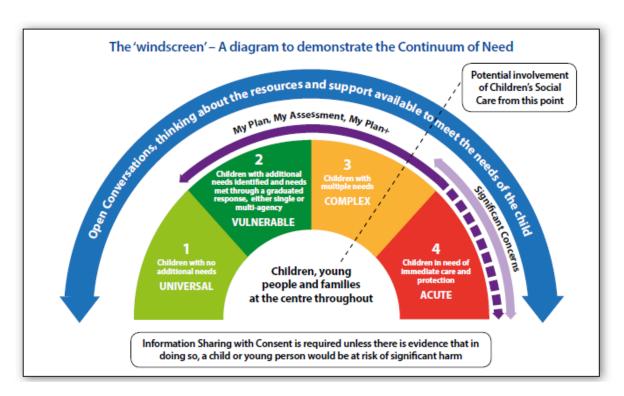
sent final closure summary

Throughout any work with children, young people and their families, where practitioners have concerns or differences in opinion about the decisions or practice of others that they cannot resolve on their own, they can refer to the Gloucestershire Safeguarding Children Board Escalation Policy.

Practitioner observes or is informed that child has a need. significant Practitioner has conversation with their line manager, safeguarding lead, SENCO as applicable, to identify harm If this support is not available, your Early Help Coordinator, Community Social Worker or Early Help Adviser At any time in early help work, if it is considered that the child is at risk Decision on what response is needed practitioners must follow the GSCB Practitioner considers whether: Child Protection Needs can be met through universal services - if yes, contact appropriate service directly or contact Family Universal Information Service: Local Offer: Services Practitioner Own agency can meet the need without additional resources – if yes, proceed with usual agency response only discusses concerns with Own agency cannot singly meet the need but the other agencies involved with the child could offer coordinated support – if yes, consider complexity and impact of presenting need and progress towards a multi-agency My Plan or My Assessment & My Plan+ supervisor or Designated Safeguarding Lead to decide next My Assessment & My Plan+ My Plan should have a Discuss need/s with child & family and gain their consent for the activity to be undertaken Discuss needs with the child & family and gain their consent to have conversations with other practitioners involved the family and seek their consent and All agencies, with the child & family identify Register the assessment & plan with your locality Families First Plus team explain what steps they will take next outcomes or goals to be achieved and actions to achieve these Lead on a My Assessment Identify other agencies currently involved and consider a TAC/TAF to inform (if this does not out Keep clear records, set a date to review the child at further Register the plan with your Early Help Partnership risk or affect a Identify outcomes or goals to be achieved, keep clear records (noting investigation) Share assessment with those who contributed including child & family Where a child or Following the assessment identify the Team Around the Child/Team Around young person is at the Family (TAC/TAF) which should include the child & family immediate risk of significant ham the professional Hold a multi agency meeting and use the assessment to inform the plan Identify who will be the Lead Practitioner (this may not be the person who must contact the Children and Identify SMART actions to achieve outcomes or goals Set a date to review the plan on 01452 426565 Share the plan with TAC/TAF including the child & family Practitioners can contact their local R&A Team or Community Social Worker to discuss Meet the need - Do Meet the need - Do and receive advice about Take action identified in the plan to provide the All practitioners are responsible for contributing to progressing the plan whether a referral service, action or intervention to meet the need/s Everyone has a responsibility to carry out their agreed actions from the plan (this might be providing more of an existing service, a new provision or service; or changing how something is done) Conversations take place between TAC/TAFs as required to progress the plan alternative ways The review may be brought forward if the plan is not progressing of addressing Unless a child or young person is at immediate risk of **Review Progress Review Progress** TAC/TAF meets to review the plan Monitor and review progress made and discuss this with the child & family and others involved significant harm. the practition Review is led by lead practitioner completes a Multi The decision could be one of the following: TAC/TAF feedback on their actions and discuss if plan is achieving outcomes Agency Request needs are now being met and additional provision The Decision is made to continue as is/to amend plan/to end as needs are fully met or to end the plan and a single agency will meet the need or or that is no longer needed: the same or amended provision continues until only universal services are required If the plan continues, further reviews take place essment is needed to further understand If the plan is not progressing: review and update the assessment, develop a new plan, access additional Early Help resources, consider who else may need need and impact to be involved - this may include the Community Social Worker/SEN Casework End of action to meet the need End of My Plan+ If, following the review of progress, the outcome is that the action or intervention is no longer When the child & family, TAC/TAF agree that needs have been met the My Plan+ will end, the child, family and TAC/TAF will be consulted and informe needed; this must be clearly recorded in the agency's files for the child The end of involvement by an agency will be communicated to the child/family and TAC/TAF The child & family must be informed Locality Families First Plus Team is informed and sent final closure summary · Locality Families First Plus Team is informed and

The child & family have clear information about where they can access support

Children and young people deserve to achieve the best possible outcomes and this is at the heart of all our work. As part of everyone's responsibility for safeguarding children and promoting their welfare, we want to ensure that children and young people with additional needs are identified at the earliest possible stage and work is undertaken in a coordinated manner to prevent their needs from escalating. The Levels of Intervention guidance is intended to provide practitioners with guidance about making decisions according to the level of need. It aims to make sure that the appropriate level of support will be put in place to ensure that a child or young person's needs are met in a robust and timely way. Levels of intervention act as a guide to professional decision making and are there to make sure that children, young people and families are able to access the right support to increase life chances and keep children and young people safe. They should not be seen as a barrier but as a clear continuum across the levels of need and as a way of providing appropriate support to meet that need. Children and families have different levels of need at different times across a range of problems. Having a graduated approach ensures that support will be proportionate and at the lowest level of intervention. Children might also have a range of needs across different levels. It is important to take all needs into consideration when determining the type of support that might be required and the professionals who should be involved.



Prestbury St. Mary's Federation makes use of the Gloucestershire Safeguarding Children Board's (GSCP) multi-agency training which includes how to identify and respond early to the needs of vulnerable children. Through this multi-agency training programme and further briefings, Prestbury St. Mary's Federation has learnt lessons from local and national Serious Case Reviews. We have learnt the importance of early sharing of information to enable professionals to provide effective early help where there are emerging problems.

The GSCP co-ordinates the early intervention processes for young people's substance misuse, by offering a practical screening tool for practitioners, with workforce-wide training on how to use it and a hub for referrals, assessment and monitoring.

GSCP performance monitoring includes the continuum of need from early intervention through to children in care. Responsibility for quality assuring early help rests, as for all services, initially with Prestbury St. Mary's Federation. We complete the GSCP annual section 175 audit assessment to confirm our arrangements to safeguarding promote the welfare of children.

The GSCP's strategic approach to securing a Multi-Agency Safeguarding Hub (MASH) includes a clear focus on improved information sharing at an early point to support early help. For example, the MASH enquiry process will include first time Domestic Abuse (DA) victims, as well as high risk repeats, to provide for early intervention and prevention.

Gloucestershire Multi Agency Safeguarding Hub (MASH) is a team working to keep children and vulnerable adults safe in the county which will increase coordination and improve information sharing across partners with a safeguarding responsibility. It will help partners take early action to support people at risk from harm and coordinate investigations across different organisations working to keep people safe. If you are worried about the safety of a child or vulnerable adult please continue to report concerns in the same way, giving as much detailed information as possible.

What will happen when I report a safeguarding concern?

Once you have contacted the Adult or Children Helpdesk with a concern about a vulnerable adult or child, this will be referred to safeguarding professionals working within the Gloucestershire Multi Agency Safeguarding Hub (MASH). By working closely together and sharing information, professionals working in Gloucestershire MASH can build a clearer picture about the needs of vulnerable people. As a result, Gloucestershire MASH will give practitioners the information they need to make decisions about what action is needed to help keep people safe. By giving professionals working with children and vulnerable adults the information they need to plan support we can get people the right help at the right time, making things better for them. You can find out more about Gloucestershire MASH by visiting the professionals section of the Gloucestershire Safeguarding Adult Board and the Gloucestershire Safeguarding Children Board websites.

GSCP promotes early help through its commitment to forging stronger links with the voluntary and faith sectors; encouraging local organisations to join the national "Safe Network"; strengthening links with local Madras, churches and with Adult Safeguarding.

GSCP performance monitoring includes the continuum of need from early intervention through to children in care. This includes a performance dashboard and 'Spotlight' section that examines services or processes in more detail.

Gloucestershire Children's Partnership (GCP)

The 2015-18 Children & Young People's Partnership Plan' (CYPPP), as with the previous plans, has been agreed and will be monitored by the partnership known as the <u>Gloucestershire's Children's Partnership</u> (GCP). This is a partnership of the key organisations providing services for, and which have an impact on, children and young people and families in Gloucestershire. The Plan focuses on areas where better partnership working will really make a difference to the outcomes for our vulnerable children and young people. The Plan is linked to the strategy of the Health & Wellbeing Board. It will be reviewed each year to meet new challenges.

🔼 Gloucestershire Early Help and Children and Young People's Partnership Plan: 2015-18 [1Mb]

Early help to address Domestic Abuse

Whilst domestic abuse remains a major challenge and is a feature of work with many families there has been a determined effort to both identify and respond to incidents and provide relevant services. The aim of the Domestic Abuse Referral process (DARP) is to reduce harm caused by domestic abuse to children. DARP was developed in order to provide a multi agency response to referrals of domestic abuse where children are involved, and to offer early intervention and support to the victims and children. The cases discussed at DARP are ones where children are **not already open** to Social Care.

If professionals become aware that a child or young person is witnessing domestic abuse they should always follow their child protection process. The definition of harm (Children Act 1989) was amended by the Adoption and Children Act 2002 to include impairment suffered from seeing or hearing the ill-treatment of another. Domestic Abuse falls into this category.

The Multi-agency response team consists of representatives from the Police, CYPD, Health and CARP (Domestic Abuse Helpline for victims). They meet on a regular basis to discuss the cases, share information and make informed decisions about actions.

MARAC meetings are held in county fortnightly to discuss high level incidences of domestic abuse. Meetings are held in 4 localities; Cheltenham and Tewkesbury,

Gloucester,

Forest,

Stroud and Cotswolds.

The purpose of MARACs are 'to share information to increase the safety, health and well-being of victims - adults and their children, to construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm.

Encompass Gloucestershire enables the sharing of information between police and school where there has been a reported incident of domestic abuse. The school will be informed of an incident between 8am and 9am each morning if an incident has occurred the previous day. This enables the school to be ready to receive children the next day who may have witnessed domestic abuse.

Professional support to enable practitioners to deliver Early Help

GSCP employs a dedicated team of skilled staff to deliver the Family Information Service; they develop and maintain a web based directory including the offers of Early Help in Gloucestershire. There have been 25,500 visits to the site in the year to December, a third of which specifically visited the Early Help pages. The Early Help section includes, as well as self-help options, support available from providers across the county and beyond; groups of young people gave very useful feedback which has been incorporated. The team offer telephone advice to families and professionals; a brokerage service and will research services requested.

Gloucestershire Guidance Booklet for Practitioners Working with Children and Young People (0 - 25 yrs) with Additional Needs including Special Educational Needs and Disabilities http://www.glosfamiliesdirectory.org.uk/kb5/gloucs/glosfamilies/family.page?familychannel=3_2

Children Missing in Education

The following procedure will be followed for children who are missing from school:-

- If a child has an unexplained absence from school, the school secretary will contact parents / carers as soon as the registers are checked at 9.15 am.
- If the child is identified as one of our vulnerable children and parents cannot be contacted then social services may be contacted.
- If the pupil has a child protection plan and is absent in the educational setting without explanation it will be referred to their key worker's Social Care Team immediately.

- If the child has
 - 1. 10 or more days of continuous absence from school without explanation.
 - 2. has not taken up an allocated place as expected or
 - 3. left school suddenly and the destination is unknown, then a **school CME referral form** will be completed and sent to the LA.

4 Confidentiality

We recognise that all matters relating to child protection are confidential.

The Executive Head teacher or DSLs will disclose any information about a child to other members of staff on a need to know basis only.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.

We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with an Assistant Team Manager at the Children's Services Area Team on this point.

5 Supporting Staff

We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.

We will support such staff by providing an opportunity to talk through their anxieties with the DSLs and to seek further support as appropriate.

6 Allegations against staff

The following procedure will be used if a member of staff, supply staff or volunteer has

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates he or she **may** pose a risk of harm to children.
- behaved or may have behaved in a way that indicates that they may not be suitable to work with children: transferable risk an incident outside of school that did not involve children but could have an impact on their suitability to work with children (for example, an incident of domestic abuse).
 - All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.
 - All Staff should be aware of the school's Staff Behaviour Policy and the Code of Conduct and Whistleblowing Policy.
 - Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction.
 - We understand that a pupil may make an allegation against a member of staff.

- If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Executive Head Teacher.
- The Executive Head Teacher on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO) at the earliest opportunity.
- If the allegation made to a member of staff concerns the Executive Head Teacher, the person receiving the allegation will immediately inform the Chair of Governors who will consult as above, without notifying the Executive Head Teacher first.
- The school will follow Gloucestershire Safeguarding Board procedures for managing allegations against staff.
- Suspension of the member of staff, excluding the Head teacher, against whom and allegation
 has been made, needs careful consideration. The Executive Head Teacher will make the
 decision whether to suspend from duty, pending investigation, any staff member who is
 alleged to have abused a pupil or pupils. During the process of investigation the Executive
 Head Teacher will work closely with the LADO.
- In the event of an allegation against the Executive Head Teacher, the decision to suspend will be made by the Chair of Governors with advice as above.
- Whilst schools are not the employer of supply teachers, they should ensure allegations are dealt with properly. Prestbury St. Mary's will always take the lead in any investigation because agencies do not have access to children or other school staff, so they will not be able to collect facts or liaise with the LADO.

The following definitions will be used when determining the outcome of allegation investigations:

- Substantiated: there is sufficient evidence to prove the allegation;
- Malicious: there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive;
- False: there is sufficient evidence to disprove the allegation;
- Unsubstantiated: there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence;
- Unfounded: to reflect cases where there is no evidence or proper basis which supports the allegation being made.

7 Whistle-blowing

- We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so. All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the school, they should speak in the first instance, to the LADO following the Whistleblowing Policy.
- Whistle-blowing re the Executive Head Teacher should be made to the Chair of the Governing Body whose contact details are readily available to staff (as pertinent to setting).

8 Physical Intervention

- We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.
- Such events should be recorded and signed by a witness. A log of Physical Interventions will be kept.
- Staff who are likely to need to use physical intervention will be appropriately trained.
- We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.
- We recognise that touch is appropriate in the context or working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.

9 Racist Incidents

We keep a record of racist incidents.

10 Radicalisation and Extremism

- Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.
- Prestbury St. Mary's Federation values freedom of speech and the expression of beliefs / ideology as fundamental rights underpinning our society's values. Both pupils/students and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.
- The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. Prestbury St. Mary's Federation is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.
- Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in Appendix 3.
- Prestbury St. Mary's Federation seeks to protect children and young people against the
 messages of all violent extremism including, but not restricted to, those linked to Islamist
 ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and
 Loyalist paramilitary groups, and extremist Animal Rights movements.
- The school governors, the Executive Head Teacher and the Designated Safeguarding Lead (DSL) will assess the level of risk within the school and put actions in place to reduce that risk. Risk assessment may include, the use of school premises by external agencies, antibullying policy and other issues specific to the school's profile, community and philosophy.

• This will be reviewed as part of the annual "Audit of Statutory Duties and Associated Responsibilities" that is monitored by the local authority and the Gloucestershire Safeguarding Children Board.

Response

When any member of staff has concerns that a pupil may be at risk of radicalisation or involvement in terrorism, they should speak with the Executive Head Teacher and/ or to the DSL. They should then follow normal safeguarding procedures. If the matter is urgent then Police must be contacted by dialling 999. In non urgent cases where police advice is sought then dial 101. The Department of Education has also set up a dedicated telephone helpline for staff and governors to raise concerns around Prevent (020 7340 7264).

Numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism, but most young people do not become involved in extremist action. For this reason the appropriate interventions in any particular case may not have any specific connection to the threat of radicalisation, for example they may address mental health, relationship or drug/alcohol issues.

All schools and colleges are subject to the Prevent 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." Pg 133 KCSiE (DfE 2022).

11 Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act (2003). It is a form of child abuse and violence against women. From 31 October 2015 a mandatory reporting duty requires teachers to report 'known' cases of FGM in under 18s, which are identified in the course of their professional work, to the police.

The duty applies to all persons in Prestbury St. Mary's Federation who is employed or engaged to carry out 'teaching work' in the school, whether or not they have qualified teacher status. Please refer to the Home Office and Department for Education's procedural information for full details https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

If a teacher is informed by a girl under 18 that an act of FGM has been carried out on her or a teacher observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth, the teacher should call 101 and make a report to the police force in which the girl resides.

The duty applies to the individual who becomes aware of the case to make a report. It should not be transferred to the Designated Safeguarding Lead, however the DSL should be informed and a report to the police should be made by the close of the next working day.

Where there is a risk to life or likelihood of serious immediate harm the teacher should report the case immediately to the police, including dialling 999 if appropriate.

There are no circumstances in which a teacher or other member of staff should examine a girl.

If a **teacher** (persons employed or engaged to carry out teaching work at schools and other institutions in England), in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 the **teacher** must report this to the police via 101. **This is a mandatory reporting duty.** KCSiE (DfE 2022) pg. 131-132

12 Prevention

We recognise that the school plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults, supportive friends and an ethos of protection.

The school community will therefore:

- Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Include regular consultation with children e.g. through safety questionnaires, participation in anti-bullying week, asking children to report whether they have had happy/sad lunchtimes/playtimes.
- Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
- Include safeguarding across the curriculum, including PSHE, opportunities which equip
 children with the skills they need to stay safe from harm and to know to whom they should
 turn for help. In particular this will include anti-bullying work, e-safety, road safety,
 pedestrian training.
- Ensure all staff are aware of school guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.

13 Domestic Abuse

The definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; and emotional.

Domestic abuse represents one quarter of all violent crime. It is actual or threatened physical, emotional, psychological or sexual abuse. It involves the use of power and control by one person over another. It occurs regardless of race, ethnicity, gender, (definition of gender based violence see appendix 6), class, sexuality, age, religion, mental or physical ability. Domestic abuse can also involve other types of abuse.

We use the term domestic abuse to reflect that a number of abusive and controlling behaviours are involved beyond violence.

Slapping, punching, kicking, bruising, rape, ridicule, constant criticism, threats, manipulation, sleep deprivation, social isolation, and other controlling behaviours all count as abuse.

The signs and symptoms of a child suffering or witnessing domestic abuse are similar to other forms of abuse or neglect. (See Appendix 2)

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. Exposure to domestic abuse and/or violence 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.

Operation Encompass

Operation Encompass operates in the majority of police forces across England. It helps police and schools work together to provide emotional and practical help to children. The system ensures that when police are called to an incident of domestic abuse, where there are children in the household who have experienced the domestic incident, the police will inform the key adult (usually the designated safeguarding lead) in school before the child or children arrive at school the following day. This ensures that the school has up to date relevant information about

the child's circumstances and can enable support to be given to the child according to their needs. Prestbury St. Mary's signs up to Operation Encompass.

Children affected by parental drug/ or alcohol abuse

Children can be adversely affected by parental drug and / or alcohol use in many ways and the potential for significant harm as a results should not be underestimated. Although not all children whose parents abuse drugs and / or alcohol will be adversely affected. Please refer to Appendix 7 for early indicators of potential harm.

14 Health & Safety

Prestbury St. Mary's Federation has a Health and Safety Policy which is monitored by the Governors' Premises Committee. A copy of this policy is available with 24 hours notice. The Governors' Premises Committee carry out regular Health & Safety Inspections. Each term there is a Fire Drill that practises efficient evacuation from the building. The school also conducts regular Fire Risk Assessments.

15 School Trips/ Visits

Staff consult the Educational Visits and School Journey Guidelines (Glos. CC) when planning an educational visit. All arrangements for school journeys will be made under the direction of and in agreement with the Executive Head Teacher in consultation with the above document. When using private cars for transporting pupils, staff should satisfy themselves that their cars have the necessary insurance cover and are not overloaded. If children have to travel in the front passenger seat, they must be of sufficient size to ensure effective restraint by the seat belt. When moving children as pedestrians, staff must make procedures and responsibilities clear to helpers before starting out.

16 First Aid

All members of staff are routinely updated in First Aid Training, with nominated First Aiders having more advanced training and includes Paediatric First Aiders. The school is well stocked with First Aid Kits and there are accident books in the hall and first aid rooms. When a child is unwell, or has suffered an accident in school or on the playground, there is a protocol for staff to follow:

- · First Aiders on duty are consulted
- The injury is logged in the First Aid book
- For significant head injuries, the parent is contacted by telephone & seen at the end of the day (if not before)
- If there is any doubt about an injury at all, parents are contacted.

If a child has been prescribed a medicine then staff will administer the medication if the parents/carers have filled out a Parental agreement for school to administer medicine form. The form can be obtained from the school office. Staff will only be administering medication at set times that have been agreed and signed by the parent concerned. Staff will not be administering liquid paracetamol where the decision for administering the medication is with the class teacher.

For matters of an intimate nature, staff are informed and will deal with a child with the utmost sensitivity and always seek guidance from the Executive Head Teacher or Deputy Head. In almost all situations, parents will be asked to come into school immediately so that they are part of the decision making process for such matters. In rare circumstances, the school nurse or ambulance service will be contacted as a matter of utmost emergency before the parent. A member of staff with Paediatric First Aid training should always accompany any offsite visit.

17 Toileting/Changing a Child

The normal process of toileting/changing a child who has wet or soiled themselves should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the changing process to ensure that abuse does not take place. We do not have the staffing resources to provide two members of staff to change a child and DBS checks are carried out to ensure the safety of children with staff employed in the Federation. If a member of staff needs to change a child they should make sure another member of staff is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are

visible and/or audible. However, a student on placement **should not** change a child unsupervised.

All members of staff are encouraged to remain highly vigilant for any signs of improper practice and report to the Executive Head Teacher.

Guidelines are as follows:

- All staff are DBS checked and may accompany children to the toilets either to toilet or change a child.
- Changing will take place in the disabled toilet.
- No gels or creams are to be applied unless the child has a Care Plan which states that it is necessary.
- Clean underwear is kept in the hall in a clearly labelled box. Soiled underwear is to be placed in a plastic bag and returned to the parent.
- To avoid infection, all areas should be wiped down with the hard surface area cleaning product which is clearly labelled and stored in the cleaner's cupboard.
- Any marks or injuries which are noticed by the TA should be reported to the class teacher who will then inform the Executive Head Teacher.
- The TA should also inform the class teacher if the child is unduly distressed by the experience.
- The class teacher should inform the parents at the end of the day and hand over any soiled clothing.
- More complex continence needs are planned for through an Individual Care Plan.
- No adult helpers (even if they are DBS checked) should toilet/ change a child or assist in changing a child or accompany a child into the toilets. (Please also see Risk Assessments for Educational Visits)

18 Extended Services

Where extended school activities are provided by and managed by the school, our own safeguarding and child protection policy and procedures apply. If other organisations provide services or activities on our site we will check that they have appropriate procedures in place, including safer recruitment procedures.

When our children attend off-site activities, we will check that effective child protection arrangements are in place.

19 Induction of Volunteers

All voluntary helpers must also undergo DBS clearance. If they have unsupervised contact with children, a full DBS check will be conducted with a barred list check for children. Visitors who do not yet have clearance will under no circumstances be left alone with a child or a group of children. All volunteers are required to read the Safeguarding Policy and sign as evidence. Through a 'Notes for Adults who help in school', all volunteers are informed where to find the Gloucestershire Safeguarding Children Board (GSCP) procedures.

20 Welcoming Visitors

The DCSF publication of Safeguarding Children and Safer Recruitment in Education refers specifically to (page 53, paragraph 4.76) individuals such as psychologists, nurses, dentists, police, centrally employed teachers and other public sector staff and requires them to have been checked

by their employing organisation. It states that it is not necessary for Schools/Colleges to see their DBS Disclosure as appropriate checks will have been carried out.

21 The Curriculum

The curriculum deals with safeguarding in two ways. Firstly, the curriculum in subjects such as Personal, Social and Health Education discusses relevant issues with the children. Topics include themes such as Drugs and Stranger Danger. Children are encouraged to explore and discuss these issues at an age appropriate level.

Secondly, the curriculum is designed so that safety issues within subjects or within the topic are discussed and safe practices taught eg. using equipment safely in PE and D&T. There are appropriate staffing levels when the curriculum is being delivered out of school, appropriate and agreed pupil/adult ratios are maintained and follow GCC guidelines. Class teachers always assess visits as to the level of risk and all visits are finally authorised by the Executive Head Teacher.

22 Photography and Videoing

There has been a lot of recent controversy about adults photographing and filming young people. While these concerns may be genuine, we aim to adopt a sensible, balanced approach, which allows parents to photograph and film providing they follow certain guidelines.

- Parents' consent to school taking photographs, and photos for local press etc is obtained upon entry to school.
- Parents are allowed to take photos and short camcorder clips of their own child when involved in a school production or class service. Parents are asked to only use the photos for family memorabilia and not, under any circumstances, to put them on the internet. Reminders to this effect are sent to parents about school events.

23 Mobile Phones, Cameras etc.

Children are not allowed mobile phones in school. All adults in school are informed that mobile phones must be switched off or on silent while they are working. Visiting Parents/Guardians photographing or recording any images including children in school or on an educational visit on a camera, camcorder or mobile phone is also strictly forbidden. Information is all stored on the federation server, which is backed up by cloud technology and is encrypted for access in school and when using remotely away from school. Egress Switch is used to send and receive confidential emails.

24 Monitoring and Evaluation

Our Child Protection Policy and Procedures will be monitored and evaluated by:

- · Governing Body visits to the school
- SLT 'drop ins' and discussions with children and staff
- Pupil surveys and questionnaires
- Scrutiny of Attendance data
- Scrutiny of range of risk assessments
- Scrutiny of GB minutes
- Logs of bullying/racist/behaviour incidents for SLT and GB to monitor
- Review of parental concerns and parent questionnaires

25 Children who are lesbian, gay, bi, or trans (LGBT)

The fact that a child or a young person may be LGBT is not in itself an inherent risk factor for harm. However, children who are LGBT can be targeted by other children. In some cases, a child who is perceived by other children to be LGBT (whether they are or not) can be just as vulnerable as children who identify as LGBT.

Risks can be compounded where children who are LGBT lack a trusted adult with whom they can be open. It is therefore vital that staff endeavour to reduce the additional barriers faced and provide a safe space for them to speak out or share their concerns with members of staff.

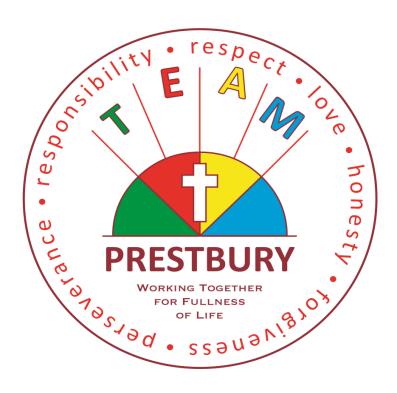
LGBT inclusion is part of the statutory Relationships Education, Relationship and Sex Education and Health Education curriculum and there is a range of support available to help schools counter homophobic, biphobic and transphobic bullying and abuse.

This policy also links to our policies on:

Behaviour,
Code of conduct and Whistleblowing,
Health & Safety
Attendance,
PSHE and RSHE
Teaching and Learning
Drug Education
Sex and Relationships Education

E-Safety, including staff use of mobile phones Staff Behaviour Policy Child on child Abuse Policy Vulnerable Children Policy SEND Policy

Prestbury St. Mary's Federation



Child Protection
Policy
2022-23

Appendices

Appendix 1

Recognising signs of child abuse

Categories of Abuse:

- · Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

Signs of Abuse in Children:

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- · Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- · Child Sexual Exploitation.

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- · Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

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

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

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment

- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self esteem and lack of confidence
- Withdrawn or seen as a "loner" difficulty relating to others

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Bullying (physical, name calling, homophobic etc.)

Bullying is unwanted, aggressive behaviour among school aged children that involves a real or perceived power imbalance. The behaviour is repeated, or has the potential to be repeated, over time. Both young people who are bullied and who bully others may have serious, lasting problems.

In order to be considered bullying, the behaviour must be aggressive and include:

- · An Imbalance of Power: Young people who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.
- · Repetition: Bullying behaviours happen more than once or have the potential to happen more than once.

Bullying includes actions such as making threats, spreading rumours, attacking someone physically or verbally or for a particular reason e.g. size, hair colour, gender, sexual orientation, and excluding someone from a group on purpose.

Gender identity and sexuality; sexist, sexual and transphobic bullying

A quick guide to Safe to Learn: Preventing and responding to sexist, sexual and transphobic bullying 2009

'Sexist, sexual and transphobic bullying occurs when a pupil (or group), usually repeatedly, harms another pupil or intentionally makes them unhappy because of their sex or because they may not be perceived to conform to normal gender roles. The root cause of sexist and sexual bullying is gender inequality.

Sexist bullying can be defined as bullying based on sexist attitudes that when expressed demean, intimidate or harm another person because of their sex or gender. These attitudes are commonly based around the assumption that women are subordinate to men, or are inferior. Young people's expectations and attainment can be limited by sexist attitudes. Sexist bullying may sometimes be characterised by inappropriate sexual behaviours.

Sexual bullying can be defined as bullying behaviour that has a specific sexual dimension or a sexual dynamic and it may be physical, verbal or non-verbal/psychological. Behaviours may involve suggestive sexual comments or innuendo including offensive comments about sexual reputation; or using sexual language that is designed to subordinate, humiliate or intimidate. It is also commonly underpinned by sexist attitudes or gender stereotypes. Sexual bullying can be seen as sexual harassment in the school.

Transphobic bullying stems from a hatred or fear of people who are transgender. 'Transgender' is as an umbrella term that describes people whose sense of their gender or gender identity is seen as being different to typical gender norms.

Where children and young people are perceived not to be conforming to the dominant gender roles that may be widely expected of them, schools should be alert for signs of bullying. Anyone whose expression of their gender identity may be interpreted as different from wider cultural or social norms of being male or female may experience bullying related to this.

Young women and girls are disproportionately experiencing sexual and sexist bullying. Young women and girls report that it has become a normal part of their everyday lives. It is because of the gender stereotypes and social norms surrounding female identity that they experience sexual, sexist bullying.

Guidance for schools on preventing and responding to sexist, sexual and transphobic bullying

Transphobic bullying is commonly underpinned by sexist attitudes. Boys and girls may be equally affected. An individual may also experience transphobic bullying as a result of perceptions that a parent, relative or other significant figure displays gender 'variance' or is transgender.

Behaviours displayed in these forms of bullying are in many cases similar to those of other forms of bullying, but there is the additional element of inappropriate or coercive sexual behaviours, which can in extreme cases constitute criminal behaviour such as sexual abuse. Some of the behaviours associated with sexist, sexual or transphobic bullying, such as the use of sexist or inappropriately sexual language, can sometimes go unchallenged in schools as school staff are unsure how to respond appropriately. Examples of some behaviours which may be seen in instances of sexist, sexual or transphobic bullying include: inappropriate and unwanted touching, spreading rumours of a sexual nature, use of humiliating or offensive sexist, sexual or transphobic language (eg. reversing he/she pronouns) and the display or circulation of images of a sexual nature.

Sexual and sexist bullying is a form of violence against women and girls as it disproportionately impacts on girls and young women. Girls are more commonly at risk from sexual and sexist bullying and this is a crucial issue to address because of its relationship to the broader issue of violence against women in society. However, boys have also reported being subjected to sexual or sexist bullying (as shown in data provided by ChildLine), and transphobic bullying may be targeted towards young people of either sex. It is important to note the links to homophobic bullying as young men are bullied when they do not fit in to heterosexual gender roles.

Our School will respond to this type of bullying as we are responsible for safeguarding the health and well-being of our pupils. Sexist, sexual and transphobic bullying can damage lives. It may cause fear and anxiety, increase the likelihood of self-harm and limit aspirations and achievement. The effects of exposure to bullying can last well into adulthood.

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and irresponsive with no apparent medical cause failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

The GSCP have produced a neglect toolkit that can be used to help assess if a child is suffering neglect. It can be found at

http://www.GSCP.org.uk/media/15291/gloucestershire-child-neglect-toolkit-270417-final-vs.pdf

Child Sexual Exploitation

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

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.

The following guidance was published by the government in 2017

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf

Recognising signs of serious violent crime

All staff need to know the indicators that may signal that children are at risk from, or are involved with, serious violent crime. These include:

- Unexplained gifts or new possessions these can indicate that children have been approached by or involved with individuals associated with criminal networks or gangs
- Increased absence from school
- Change in friendship or relationships with others or groups
- Significant decline in performance
- Signs of self-harm or significant change in wellbeing
- Signs of assault or unexplained injuries

Appendix 2

Honour based Violence is a collection of practices used to control behaviour within families to protect perceived cultural or religious beliefs and honour. Violence can occur when offenders perceive that a relative has shamed the family or community by breaking their 'code of honour'. Honour Based Violence cuts across all cultures and communities: Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South and Eastern European for example. This is not an exhaustive list. Where a culture is heavily male dominated, HBV may exist.

Forced Marriage(FM)

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. Always call either the Contact Centre or the Forced Marriage Unit 020 7008 0151.

For more information see; http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/forced-marriage/

http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/forced-marriage/case-studies/safer-schools-partnership http://www.karmanirvana.org.uk/

Female Genital Mutilation (FGM)

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

What is FGM?

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

4 types of 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.

Why is it carried out?

Belief that:

- ❖ 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

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening are:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- · Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action without delay and make a referral to children's services.

Domestic Abuse

How does it affect children?

Children can be traumatised by seeing and hearing violence and abuse. They may also be directly targeted by the abuser or take on a protective role and get caught in the middle. In the long term this can lead to mental health issues such as depression, self harm and anxiety.

What are the signs to look out for?

Children affected by domestic abuse reflect their distress in a variety of ways. They may change their usual behaviour and become withdrawn, tired, start to wet the bed and have behavioural difficulties. They may not want to leave their house or may become reluctant to return. Others will excel, using their time in your care as a way to escape from their home life. None of these signs are exclusive to domestic abuse so when you are considering changes in behaviours and concerns about a child, think about whether domestic abuse may be a factor.

Appendix 3

INDICATORS OF VULNERABILITY TO RADICALISATION

- 1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
- 2. Extremism is defined by the Government in the Prevent Strategy as:

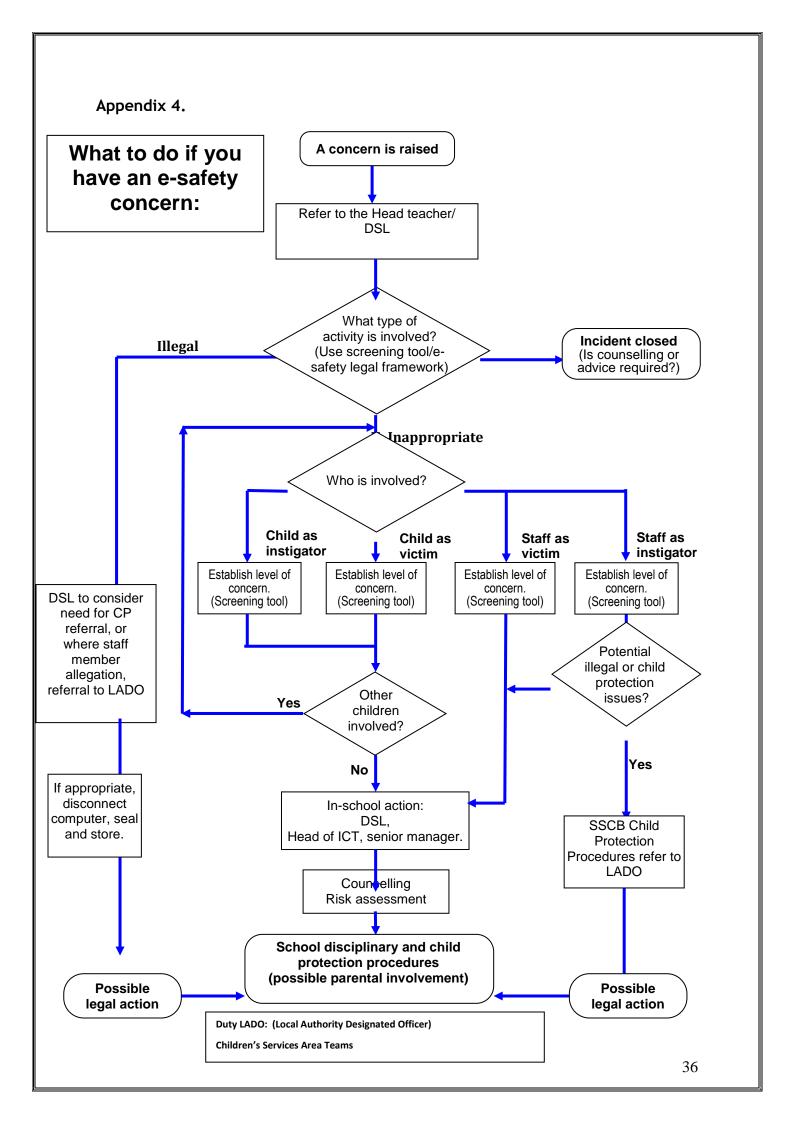
Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Extremism is defined by the Crown Prosecution Service as:

The demonstration of unacceptable behaviour by using any means or medium to express views which:

- Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
- Seek to provoke others to terrorist acts;
- Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
- Foster hatred which might lead to inter-community violence in the UK.
- 3. Terrorism is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause
- 4. There is no such thing as a "typical extremist": those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
- 5. Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.
- 6. Indicators of vulnerability include:
 - Identity Crisis the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
 - Personal Crisis the student / pupil may be experiencing family tensions; a sense of
 isolation; and low self-esteem; they may have dissociated from their existing friendship
 group and become involved with a new and different group of friends; they may be
 searching for answers to questions about identity, faith and belonging;
 - Personal Circumstances migration; local community tensions; and events affecting the student / pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
 - Unmet Aspirations the student / pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
 - Experiences of Criminality which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
 - Special Educational Need students / pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

- 7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.
- 8. More critical risk factors could include:
 - Being in contact with extremist recruiters;
 - Accessing violent extremist websites, especially those with a social networking element;
 - Possessing or accessing violent extremist literature;
 - Using extremist narratives and a global ideology to explain personal disadvantage;
 - Justifying the use of violence to solve societal issues;
 - Joining or seeking to join extremist organisations; and
 - Significant changes to appearance and / or behaviour;
 - Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis. The Department of Education guidance <u>The Prevent Duty</u> can be accessed via this link.



What is Private Fostering?

A private fostering arrangement is essentially

one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled)

by someone other than a parent or close relative

With the intention that it should last for 28 days or more.

Private foster carers may be from the extended family, such as a cousin or great aunt. However, a person who is a relative under the Children Act 1989 i.e. a grandparent, brother, sister, uncle or aunt (whether of the full or half blood or by marriage) or step-parent will not be a private foster carer. A cohabite of the mother or father would not qualify as a relative.

A private foster carer may be a friend of the family, the parent of a friend of the child, or someone previously unknown to the child's family who is willing to privately foster a child.

The period for which the child is cared for and accommodated by the private foster carer should be continuous, but that continuity is not broken by the occasional short break. Exemptions to this definition are set out in Schedule 8 to the Children Act 1989.

Private fostering arrangements can be a positive response from within the community to difficulties experienced by families. Nonetheless, privately fostered children remain a diverse and potentially vulnerable group.

Overarching responsibility for safeguarding and promoting the welfare of the privately fostered child remains with the parent or other person with parental responsibility. Local authorities do not formally approve or register private foster carers. However, it is the duty of local authorities to satisfy themselves that the welfare of children who are, or will be, privately fostered within their area is being, or will be, satisfactorily safeguarded and promoted. It is the local authority in whose area the privately fostered child resides which has legal duties in respect of that child.

Private fostering covers a diverse range of situations. Most educational settings will have children who are privately fostered, although the school/setting may not be aware that a child is privately fostered. Asking who has parental responsibility would give an indicator as to whether or not a child is privately fostered. Common private fostering situation include

- African, Asian and Afro Caribbean children with parents or families overseas
- Black and minority ethnic children with parents working or studying in the UK and living with a host family
- · Asylum seeking and refugee children
- Trafficked children
- Local children living apart from their families, perhaps because the family has broken down.
- Adolescents estranged from their parents
- Children attending Language Schools
- Children attending independent schools who do not return home for holiday periods
- Children living with host families for a variety of reasons, possibly to learn English or to receive medical treatment in the UK.
- Back door adoptions

If you think a child in the educational setting is being privately fostered, the Designated person should make a referral to the Children and Families Helpdesk - 01452 426565. Social care will undertake an assessment of the private fostering arrangement which will include safeguard checks on the carers and contacting the child's parents. A worker will be allocated until the child is 16 and the arrangement will be monitored and reviewed and the young person visited on a regular basis.

What is Gender Based Violence?

Gender based violence against women is violence directed against a woman because she is a woman or that affects women disproportionately. For girls, young and adult women, some types of gender based violence are:

Domestic/intimate partner violence Rape, sexual assault/abuse

Sexual harassment and bullying at work, school and in public

Domestic violence murders including murder committed in the name of honour Trafficking and sexual exploitation

Harmful traditional practices FGM and forced marriage Less documented forms acid attacks, ritual abuse.

Gender based violence can be against men, they can also become victims of violence in the family - by partners or children. They can also be the targets of physical, verbal and sexual abuse.

Appendix 7

Indicators for children at risk of parental substance misuse

- Being left home alone or with inappropriate carers
- Emotional difficulties e.g. crying for no apparent reason, inexplicable feelings of anger
- Self harming/suicidal behaviour
- School problems e.g. truancy, levels of attainment dropping, difficulty in concentrating
- Offending behaviour
- Neglect and other forms of abuse, high levels of accidents in the home, possibly due to poor parental supervision
- Early use of substances minimisation of the risks associated with or a very strong dislike of substances $\,$
- Attachment issues and behavioural difficulties e.g. bullying
- Feelings of gloom, worthlessness, isolation, shame and hopelessness, poor self-esteem, disempowerment
- Unwillingness to expose family life outside scrutiny, social isolation, not taking friends home
- Tendency to keep secrets
- Developmental delay
- Role reversal and confusion e.g. protecting others, acting as a mediator and/or confidant, taking on an adult role
- Extreme anxiety and fear, fear of hostility, violence
- Family dislocation e.g. moving schools, relationship conflict, domestic abuse
- Presenting as not being used to a routine e.g. irregular attendance at nursery or school
- For children with disabilities there can be increased risks to their safety and inconsistent approach to the management of the child's medication.

Appendix 8 Mental Health

All staff should also be 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.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy.

Children requiring mental health support

Schools and colleges have an important role to play in supporting the mental health and wellbeing of their pupils. 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.

Governing bodies should ensure they have clear systems and processes in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability systems.

Schools and colleges can access a range of advice to help them identify children in need of extra mental health support, this includes working with external agencies. More information can be found in the mental health and behaviour in schools guidance, colleges may also wish to follow this guidance as best practice.

Facts about Mental Health

- In the UK, around 1 in 10 young people is diagnosed with a mental health disorder
- In the average class 3 young people have a mental health problem
- In 2011/12 Childline received 9,378 calls from children and young people about depression and mental health
- Nearly 80,000 children and young people suffer from severe depression, over 8,000 of these are under 10 years old
- Every day, on average eight children and young people talk to Childline specifically about suicide

Public Health England - Every Mind Matters

https://campaignresources.phe.gov.uk/schools/topics/mental-wellbeing/overview

Telephone numbers for concerns about the safety of a child.

Social Care

Report concerns to Children and Families Helpdesk Customer Service Operators on:

01452 426565

Report concerns to Adults Helpdesk Customer Service Operators on:

01452 426868

Referral and Assessment Teams. Children and Families Teams.

Gloucester Referral & Assessment Team

01452 427877

Gloucester Children & Families Team (South)

01452 427852

Gloucester Children & Families Team (North)

01452 328018

Forest Referral & Assessment Team

01594 820489

Forest Children & Families Team

01594 820577

Cheltenham & Tewkesbury Referral & Assessment Team

01242 532447

Cheltenham Children & Families Team

01242 532425

Stroud & Cotswolds Referral & Assessment Team

01452 583725

Stroud Children & Families Team

01452 583426

Cotswold Children & Families Team

01285 881029

Tewkesbury Children & Families Team

01452 328207

Safeguarding Children Service

01452 583636

Safeguarding Children Development Officer (education)

01452 426994

Assistant Safeguarding Children Development Officer (education)

01452 426221

Local Authority Designated Officer for Allegations

01452 426994

Child Death Review Co-ordinator

01452 426228

Safeguarding Adults Service

01452 427556

Police

Police - Child Abuse Investigation Team

01242 261112

Gloucestershire Police

101

Central Referral Unit

01242 247999

Further advice on child protection is available from:

NSPCC: http://www.nspcc.org.uk/

Childline: http://www.childline.org.uk/pages/home.aspx

CEOPSThinkuknow: https://www.thinkuknow.co.uk/

Anti-Bullying Alliance: http://anti-bullyingalliance.org.uk/

Beat Bullying: http://www.beatbullying.org/

Appendix 10

Prestbury St. Mary's Federation Designated Safeguarding Lead – Job Description

Title: Designated Safeguarding Lead for Child Protection Name:

Responsible to: Chair of Governors

Manage referrals

The designated safeguarding lead will:

- 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

The designated safeguarding lead will:

- liaise with the Executive Head Teacher or principal to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations;
- as required, liaise with the "case manager" (as per Part four) and the designated officer(s) at the local authority for child protection concerns in cases which concern a staff member;
- liaise with staff (especially pastoral support staff, school nurses, IT
 Technicians, and SENCOs or the named person with oversight for SEN in a college) on matters of safety and safeguarding (including online and digital

- safety) and when deciding whether to make a referral by liaising with relevant agencies; and
- act as a source of support, advice and expertise for all staff.
- promote educational outcomes by sharing the information about the
 welfare, safeguarding and child protection issues that children, including
 those with a social worker, are experiencing, or have experienced, with
 teachers and school staff.

Training

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

The designated safeguarding lead will undertake Prevent awareness training. In addition to the formal training set out above, their knowledge and skills will 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, and 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 statutory intervention, including local criteria for action and local authority children's social care referral arrangements.
- have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
- ensure each member of staff has access to, and understands, the school or college's 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;

- understand and support the school or college 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;
- are able to understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at school or college;
- can recognise the additional risks that children with SEN and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online;
- obtain access to resources and attend any relevant or refresher training courses; and
- encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

https://www.gov.uk/government/publications/harmful-online-challenges-and-online-hoaxes/harmful-online-challenges-and-online-hoaxes

Raise Awareness

The designated safeguarding lead will:

- ensure the school or college's child protection policies are known, understood and used appropriately;
- ensure the school or college's child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors 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 the local LSCB to make sure staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements.

Child protection file

Where children leave the school or college the DSL will ensure their child protection file is transferred to the new school or college as soon as possible. This will be transferred separately from the main pupil file, ensuring secure transit, and confirmation of receipt will be obtained. Receiving schools and colleges should ensure key staff such as designated safeguarding leads and SENCOs or the named person with oversight for SEN in colleges, are aware as required.

In addition to the child protection file, the designated safeguarding lead will also consider if it would be appropriate to share any information with the new school or college in advance of a child leaving. For example, information that would allow the new school or college to continue supporting victims of abuse and have that support in place for when the child arrives.

Availability

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

The designated safeguarding lead will arrange adequate and appropriate cover arrangements for any out of hours/out of term activities if they cannot be contacted.

Ofsted School Inspection Handbook September 2021

This handbook is primarily a guide for inspectors on how to carry out school inspections. However, it is made available to schools and other organisations to ensure that they are informed about the processes and procedures of inspection. It seeks to balance the need for consistency in inspections with the flexibility required to respond to the individual circumstances of each school.

On publication of this Child Protection Policy, September 2022, the federation has decided to provide the hyperlink only to the Ofsted School Inspection Handbook rather than the document in its entirety, due to the potential for updates to the content. https://www.gov.uk/government/publications/school-inspection-handbook-eif/schools-inspection-handbook-for-september-2021

Appendix 12

Sexual violence and sexual harassment between children in schools and colleges guidance (2021)

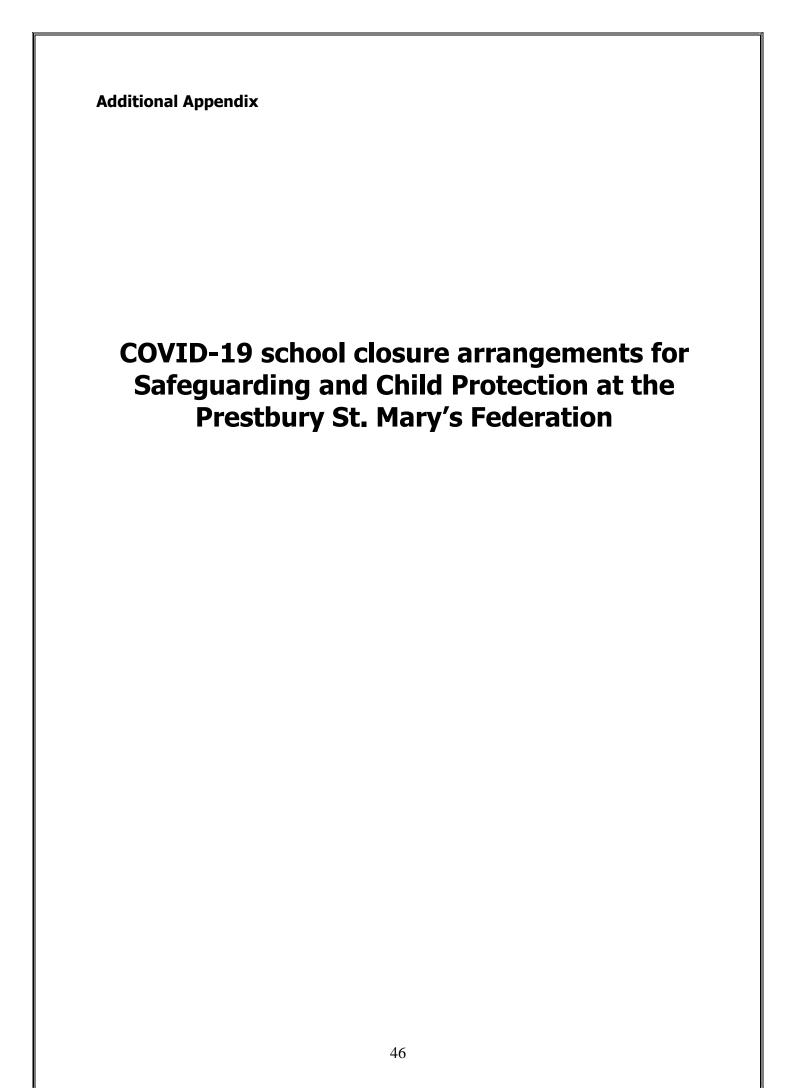
Child on child sexual violence and sexual harassment at schools and colleges. The advice covers children of all ages, from primary through to secondary stage and into colleges and online. For the purposes of this advice, a child is anyone under the age of 18. Whilst the focus of the advice is on protecting and supporting children, schools and colleges should of course protect any adult students and engage with adult social care, support services and the police as required.

The advice sets out what sexual violence and sexual harassment is, how to minimise the risk of it occurring and what to do when it does occur or is alleged to have occurred. The advice highlights best practice and cross-references other advice, statutory guidance and the legal framework.

It is for individual schools and colleges to develop their own policies and procedures. It is important that policies and procedures are developed in line with their legal obligations, including the Human Rights Act 1998 and the Equality Act 2010, especially the Public Sector Equality Duty, and their local multi-agency safeguarding arrangements. It is important that schools and colleges consider how to reflect sexual violence and sexual harassment in their whole school or college approach to safeguarding and in their child protection policy.

On publication of this Child Protection Policy, September 2022, the federation has decided to provide the hyperlink to the document rather than the document in its entirety, due to the potential for updates to the content.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_da_ta/file/999239/SVSH_2021.pdf



1. Context

From 20th March 2020 parents were asked to keep their children at home, wherever possible, and for schools to remain open only for those children of workers critical to the COVID-19 response - who absolutely need to attend.

Schools fully opened again in September 2020, but in case of partial or full closure again in the future, this additional appendix sets out safeguarding arrangements for this situation.

Schools and all childcare providers were asked to provide care for a limited number of children - children who are vulnerable, and children whose parents are critical to the COVID-19 response and cannot be safely cared for at home.

From Tuesday 5th March 2021 parents were asked to keep their children at home, wherever possible, and for schools to remain open only for those children of workers critical to the COVID-19 response and vulnerable children - who absolutely need to attend. This was the second time schools were asked to close during the Covid-19 pandemic.

This additional Appendix of the Prestbury St. Mary's Federation Child Protection and Safeguarding Policy details of our individual safeguarding arrangements in the following areas:

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Key contacts

Role	Name	Contact number	Email
Designated Safeguarding Lead	Matt Fletcher	07584 189485	head@psm-school.co.uk
Deputy DSL	Ali Hopton	07870 176673	ahopton@psm-school.co.uk
	Charlie Lunnon	07776 302036	clunnon@psm-school.co.uk
Chair of Governors	Neil Penny	07980 075202	chair@st-marys-prestbury- inf.gloucs.sch.uk

Whilst a partial closure is in place, both school sites will remain open for vulnerable children and those whose parents are critical workers.

2. Vulnerable children

Vulnerable children include those who have a social worker and those children and young people up to the age of 25 with education, health and care (EHC) plans. This list was extended for the January 2021 school closure and can be found at the following link:

https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision

Those who have a social worker include children who have a Child Protection Plan and those who are looked after by the Local Authority. A child may also be deemed to be vulnerable if they have been assessed as being in need or otherwise meet the definition in section 17 of the Children Act 1989.

Those with an EHC plan will be risk-assessed in consultation with parents, to decide whether they need to continue to be offered a school place in order to meet their needs, or whether they can safely have their needs met at home. Many children and young people with EHC plans can safely remain at home.

Senior leaders, especially the Designated Safeguarding Lead (and deputies) know who our most vulnerable children are and will ensure provision is offered to them whilst the school is in partial closure.

The Prestbury St. Mary's Federation will continue to work with and support children's social workers to help protect vulnerable children. This includes working with and supporting children's social workers. The lead person for this will be: Matt Fletcher, Executive Head Teacher.

There is an expectation that vulnerable children who have a social worker can attend an education setting, so long as they do not have underlying health conditions that put them at risk. In circumstances where a parent does not want to bring their child to an education setting, and their child is considered vulnerable, the social worker and the Prestbury St. Mary's Federation will explore the reasons for this directly with the parent.

Where parents are concerned about the risk of the child contracting COVID19, the Prestbury St. Mary's Federation or the social worker will talk through these anxieties with the parent/carer following the advice set out by Public Health England.

The Prestbury St. Mary's Federation will encourage our vulnerable children and young people to attend a school, including remotely if needed. We will make their attendance a priority and work with parents to encourage full attendance if possible.

3. Attendance monitoring

Local authorities and education settings do not need to complete their usual day-today attendance processes to follow up on non-attendance.

The Prestbury St. Mary's Federation and social workers will agree with parents/carers whether any will be attending school and then follow up on any pupil that they were expecting to attend, who does not.

In all circumstances where a vulnerable child does not take up their place at school, or discontinues, the Prestbury St. Mary's Federation will notify their social worker.

4. Designated Safeguarding Lead

The Prestbury St. Mary's Federation has a Designated Safeguarding Lead (DSL) and two Deputy DSLs.

The Designated Safeguarding Lead is: Matt Fletcher

The Deputy Designated Safeguarding Leads are: Ali Hopton and Charlie Lunnon

The optimal scenario is to have a trained DSL (or deputy) available on site. Where this is not the case a trained DSL (or deputy) will be available to be contacted via phone or online video - for example when working from home.

Where a trained DSL (or deputy) is not on site, in addition to the above, a senior leader will assume responsibility for co-ordinating safeguarding on site.

It is important that all staff have access to a trained DSL (or deputy). On each day staff on site will be made aware of that person is and how to speak to them.

The DSL will continue to engage with social workers, and attend all multi-agency meetings, which can be done remotely.

5. Reporting a concern

Where staff have a concern about a child, they should continue to follow the process outlined in the school Child Protection and Safeguarding Policy.

In the unlikely event that a member of staff cannot have a direct conversation with the DSL or a Deputy DSL, they should email them to ensure that the concern is received.

Staff are reminded of the need to report any concern immediately and without delay.

Where staff are concerned about an adult working with children in the school, they should follow the process outlined in the school Child Protection and Safeguarding Policy.

Concerns around the Executive Head Teacher should be directed to the Chair of Governors: Mr Neil Penny.

6. Safeguarding Training and induction

DSL training is very unlikely to take place whilst there remains a threat of the COVID-19 virus.

For the period COVID-19 measures are in place, a DSL (or deputy) who has been trained will continue to be classed as a trained DSL (or deputy) even if they miss their refresher training.

All existing school staff have had safeguarding training and have read part 1 of Keeping Children Safe in Education (2020). The DSL will communicate with staff any new local arrangements, so they know what to do if they are worried about a child.

Where new staff are recruited they will continue to be provided with a safeguarding induction.

If staff are deployed from another education or children's workforce setting to our school, we will take into account the DfE supplementary guidance on safeguarding children during the COVID-19 pandemic and will accept portability as long as the current employer confirms in writing that:-

- the individual has been subject to an enhanced DBS and children's barred list check
- there are no known concerns about the individual's suitability to work with children
- there is no ongoing disciplinary investigation relating to that individual

Upon arrival, they will be given a copy of the receiving setting's child protection policy, confirmation of local processes and confirmation of DSL arrangements.

7. Safer recruitment/volunteers and movement of staff

It remains essential that people who are unsuitable are not allowed to enter the children's workforce or gain access to children. When recruiting new staff, The Prestbury St. Mary's Federation will continue to follow the relevant safer recruitment processes for their setting, including, as appropriate, relevant sections in part 3 of Keeping Children Safe in Education (2022) (KCSIE).

In response to COVID-19, the Disclosure and Barring Service (DBS) has made changes to its guidance on standard and enhanced DBS ID checking to minimise the need for face-to-face contact.

The Prestbury St. Mary's Federation will continue to follow the legal duty to refer to the DBS anyone who has harmed or poses a risk of harm to a child or vulnerable adult.

The Prestbury St. Mary's Federation will continue to consider and make referrals to the Teaching Regulation Agency (TRA) as per KCSIE and the TRA's 'Teacher misconduct advice for making a referral.

During the COVID-19 period all referrals will be made by emailing Misconduct.Teacher@education.gov.uk

Whilst acknowledging the challenge of the current National emergency, it is essential from a safeguarding perspective that any school is aware, on any given day, which staff/volunteers will be in the school or college, and that appropriate checks have been carried out, especially for anyone engaging in regulated activity. As such,

The Prestbury St. Mary's Federation will continue to keep the single central record (SCR) up to date as outlined in paragraphs 164 to 171 in KCSIE.

8. Online safety in schools and colleges

The Prestbury St. Mary's Federation will continue to provide a safe environment, including online. This includes the use of an online filtering system.

Where students are using computers in school, appropriate supervision will be in place.

9. Children and online safety away from school and college

It is important that all staff who interact with children, including online, continue to look out for signs a child may be at risk. Any such concerns should be dealt with as per the Child Protection and Safeguarding Policy and where appropriate referrals should still be made to children's social care and as required, the police.

The Prestbury St. Mary's Federation will ensure any use of online learning tools and systems is in line with privacy and data protection/GDPR requirements.

Below are some things to consider when delivering virtual lessons, especially where webcams are involved:

- No 1:1s, groups only
- Staff and children must wear suitable clothing, as should anyone else in the household.
- Any computers used should be in appropriate areas, for example, not in bedrooms; and the background should be blurred.
- The live class should be recorded so that if any issues were to arise, the video can be reviewed.
- Live classes should be kept to a reasonable length of time, or the streaming may prevent the family 'getting on' with their day.
- Language must be professional and appropriate, including any family members in the background.
- Staff must only use platforms agreed by the Senior Leadership Team to communicate with pupils
- Staff should record, the length, time, date and attendance of any sessions held.

10. Supporting children not in school

The Prestbury St. Mary's Federation is committed to ensuring the safety and wellbeing of all its Children and Young people.

Where the DSL has identified a child to be on the edge of social care support, or

who would normally receive pastoral-type support in school, they should ensure that a robust communication plan is in place for that child or young person.

The communication plans can include; remote contact, phone contact, door-step visits. Other individualised contact methods should be considered and recorded.

The Prestbury St. Mary's Federation and its DSL will work closely with all stakeholders to maximise the effectiveness of any communication plan.

This plan must be reviewed regularly (at least once a fortnight) and where concerns arise, the DSL will consider any referrals as appropriate.

The school will share safeguarding messages on its website and social media pages.

The Prestbury St. Mary's Federation recognises that school is a protective factor for children and young people, and the current circumstances, can affect the mental health of pupils and their parents/carers. Teachers at the Prestbury St. Mary's Federation need to be aware of this in setting expectations of pupils' work where they are at home.

The Prestbury St. Mary's Federation will ensure that where we care for children of critical workers and vulnerable children on site, we ensure appropriate support is in place for them.

11. Supporting children in school

The Prestbury St. Mary's Federation is committed to ensuring the safety and wellbeing of all its students.

The Prestbury St. Mary's Federation will continue to be a safe space for all children to attend and flourish. The Executive Head Teacher will ensure that appropriate staff are on site and staff to pupil ratio numbers are appropriate, to maximise safety.

The Prestbury St. Mary's Federation will refer to the Government guidance for education and childcare settings on how to implement social distancing and continue to follow the advice from Public Health England on handwashing and other measures to limit the risk of spread of COVID19.

The Prestbury St. Mary's Federation will ensure that where we care for children of critical workers and vulnerable children on site, we ensure appropriate support is in place for them.

Where The Prestbury St. Mary's Federation has concerns about the impact of staff absence – such as our Designated Safeguarding Lead or first aiders – will discuss them immediately with the trust.

12. Child on child Abuse

The Prestbury St. Mary's Federation recognises that during the closure a revised process may be required for managing any report of such abuse and supporting victims. Children who are in school during partial closure will be supervised at all times, to ensure they feel safe.

Where a school receives a report of child on child abuse, they will follow the principles as set out in part 5 of KCSIE and of those outlined within of the Child Protection and Safeguarding Policy.

The school will listen and work with the young person, parents/carers and any multi- agency partner required ensuring the safety and security of that young person. Concerns and actions must be recorded and appropriate referrals made.

Covid guidance into new academic year 2021-22: https://www.gov.uk/government/collections/guidance-for-schools-coronavirus-covid-19