

## Littledean Church of England Primary School

### Child Protection and Safeguarding Policy

Littledean C of E Primary School is committed to safeguarding and promoting the welfare, both physical and emotional, of every child both inside and outside of the school premises. The Governors and staff fully recognise that safeguarding and promoting the welfare of children is **everyone's** responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively and if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

This policy has been created with due regard to all relevant legislation including, but not limited to the following:

#### Legislation

- Children Act 1989
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- The Education (School Teachers' Appraisal) (England) Regulations 2012 (as amended)
- Sexual Offences Act 2003
- General Data Protection Regulation (GDPR)
- Data Protection Act 2018
- The Childcare (Disqualification) and Childcare Regulations 2018
- Voyeurism (Offences) Act 2019

#### Statutory Guidance

- HM Government (2013) 'Multi-agency practice guidelines: Handling cases of Forced Marriage'
- DfE (2018) 'Working Together to Safeguard Children'
- DfE (2015) 'The Prevent Duty'
- DfE (2019) 'Keeping children safe in education'
- DfE (2018) 'Disqualification under the Childcare Act'

#### Non-Statutory Guidance

- DfE (2015) 'What to do if you're worried a child is being abused'
- DfE (2018) 'Information sharing'
- DfE (2017) 'Child sexual exploitation'
- DfE (2018) 'Sexual violence and sexual harassment between children in schools and colleges'

#### Definitions

**Children and child** refers to anyone under the age of 18.

**Safeguarding and protecting the welfare of children** means:

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

- Taking action to enable all children to have the best outcomes.

**Child Protection** refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

**Abuse** refers to a form of maltreatment of a child. Somebody might abuse or neglect a child by inflicting harm or by failing to prevent harm. Children may be abused in a family or in an institutional community or setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.

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

**Emotional Abuse** is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's development. It may involve conveying to the child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capacity as well as overprotection and limitation of exploration and learning, or preventing a child participating in normal social interaction. It may involve them seeing or hearing the ill treatment of another. It may involve serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

**Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities might involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline sexual abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education, known as Peer on Peer Abuse.

**Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment), protect a child from physical or emotional harm or danger, ensure adequate supervision (including the use of inadequate care-givers), or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

See Appendix 1 for signs of abuse and neglect.

## Roles and Responsibilities

This policy applies to all staff, including temporary staff, volunteers and governors at Littledean C of E Primary School and is consistent with the procedures of the Gloucestershire Children's Safeguarding Executive (GCSE). Our policy and procedures also apply to extended school and off-site visits.

### **The Designated Safeguarding Lead is:**

Mrs Hayley McGoldrick – Head Teacher

[head@littledean.gloucs.sch.uk](mailto:head@littledean.gloucs.sch.uk) 01594 822171

### **Deputy Designated Safeguarding Leads:**

Miss Laura May – Deputy Head Teacher

[lmay@littledean.gloucs.sch.uk](mailto:lmay@littledean.gloucs.sch.uk) 01594 822171

Mrs Suzanne Webb – Family Support Worker

[swebb@littledean.gloucs.sch.uk](mailto:swebb@littledean.gloucs.sch.uk) 01594 822171

These members of staff have received the relevant training and will continue to receive regular updated training and support for this role. The Deputy DSL's carry out the functions necessary to ensure the on-going safety and protection of the children. However, the senior DSL holds lead responsibility. The DSL, School Business Manager and a governor representative all have an up-to-date safer recruitment certificate.

All staff will read part 1 of the Department for Education's statutory safeguarding guidance, 'Keeping Children Safe in Education' at least annually and will sign to say that they have read and understood the guidance. They will also attend the Local Authority Safeguarding update training as and when required.

### **The Designated Safeguarding Lead and Deputy Safeguarding Lead are responsible for:**

- Always being available for staff to discuss any safeguarding concerns.
- Adhering to the Local Authority (LA) and school procedures with regard to referring a child if there are concerns about possible abuse.
- 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 separate from children's records.
- Ensuring that any child who is subject to a Child Protection Plan who is absent without explanation is referred to Children's Services.
- Undergoing training that provides them with the knowledge and skills to carry out the role which is updated every two years.
- Keep knowledge and skills updated, (for example via e-bulletins, meeting other safeguarding leads, or taking time to read and digest safeguarding developments), at regular intervals, and at least annually, to keep up with any developments relevant to their role.
- Ensuring staff receive regular training, updates and support in all elements of safeguarding including Early Help and the Prevent Duty and their role in it.
- Acting as the main point of contact with the three safeguarding partners.
- Understanding and keeping up-to-date with local safeguarding arrangements.
- Coordinating action within the school in regards to safeguarding/child protection.
- Adhering to and following procedures outlined in the Local Safeguarding Children's Board Procedures
  - To help identify signs and symptoms of abuse.

- Refer suspected cases of abuse to Social Care/Police.
- Ensuring the school has an up-to-date child protection policy which is consistent within the GCSE procedures. The policy should be reviewed annually.
- Attending and representing the school at child protection meetings.
- Securely managing child protection files, compiling reports, recording and sharing information appropriately.
- Ensuring that all information and records are kept confidentially and securely.
- Developing good working relationships/links with Social Care and other relevant professionals.
- Ensuring that child protection files are transferred to the receiving school as soon as possible using secure transit, with confirmation of receipt obtained.

### **The Governing Body**

Littledean C of E Primary School Governing Body must ensure that they comply with their duties under legislation. They must also have due regard to this guidance to ensure that the policies, procedures and training in the school is effective and complies with the law at all times.

The nominated governing body member for safeguarding and child protection is: Mr Richard Prescott and Mrs Emma Nice.

The Governing Body ensures that the school:

- Creates a culture where the welfare of children is paramount and staff are confident to challenge any concerns.
- Complies with their duties under legislation – including the Prevent Duty.
- Contributes to inter-agency working and plans.
- Has a nominated governor who liaises with the DSL.
- In the event of an allegation being made against the Head Teacher the Chair of Governors will liaise with the Local Authority Designated Officer (LADO).
- Has an effective safeguarding and child protection policy (updated annually and on the website) as well as a staff handbook and code of conduct and both are provided to and followed by all staff in a timely manner.
- Has an appropriate response to children who go missing from education and inform and report to the LA when required.
- Appoints a DSL who is a member of the senior leadership team, trained every 2 years, and that the responsibilities are explicit in the role holder's job description. The DSL should be given time, funding and training to support this.
- Has thought about how children are taught about safeguarding – PHSCE/SRE.
- Systems are in place to gain children's views.
- Appoints designated Children in Care (CiC) Teacher – Miss Laura May – and ensures appropriate training. Ensure staff have awareness of this group and their needs including contact arrangements.
- Have procedures for dealing with allegations of abuse made against members of staff including allegations made against the Head Teacher and allegations against other children.
- Has procedures in place for referral to the DBS disclosure and barring service.
- Has safer recruitment procedures that include statutory checks on staff suitability to work with children and ensures recording of this. Ensures volunteers are appropriately supervised. Ensures at least one person on recruitment panel is safer recruitment trained.
- Develops a training strategy that ensures all staff receive information about the school's safeguarding arrangements on induction and appropriate child protection training, which is regularly updated in line with any requirements of the GCSE.

- Ensure appropriate online filter and monitoring systems are in place and ensure online safety is included in lessons.

### **The Head Teacher**

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

- Ensuring that staff (including temporary staff) and volunteers are informed of this policy as part of their induction.
- Communicating this policy to parents when their child joins the school and via the school website.
- Ensuring there is always adequate DSL cover.
- Ensuring all staff undertake appropriate safeguarding and child protection training and update this regularly.
- Acting as 'case manager' in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate.
- Ensuring relevant staffing ratios are met, where applicable.
- Ensuring each child in the pre-school is assigned a key person.

### **All Staff**

All staff members have a responsibility to:

- Safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.
- Provide a safe environment in which children can learn.
- Act in accordance with school procedures with the aim of eliminating unlawful discrimination, harassment and victimisation, including those in relation to peer-on-peer abuse.
- Maintain an attitude of '**it could happen here**' where safeguarding is concerned.
- Be aware of the signs of abuse and neglect.
- Be aware of the early help process and their role within it.
- Be aware of, and understand, the process for making referrals to Children's Social Care Services (CSCS).
- Make a referral to CSCS and/or police immediately, if at any point there is risk of immediate serious harm to a child.
- Be aware of and understand the procedure to follow in the event that a child makes a disclosure about being neglected or abused.
- Maintain appropriate levels of confidentiality when dealing with individual cases and always act in the best interest of the child.
- Follow the school's procedure for, and approach to, preventing radicalisation (Prevent Duty).
- Challenge senior leaders over any safeguarding concerns, where necessary.

### **Supporting Staff**

We recognise that staff working in 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 or upsetting. We will support staff by providing an opportunity to talk through their anxieties with the DSL's and seek further support as necessary.

### **Gloucestershire Encompass Commitment**

As part of Littledean C of E Primary School's commitment to keeping children safe we have signed up to implement the principles and aims of the **Gloucestershire Encompass Model**. In signing up to Gloucestershire Encompass the Governing Body and Senior Leadership Team:

- Endorse the Gloucestershire Encompass Model and support the key adults in the school to fulfil the requirements of the Gloucestershire Encompass Protocol.
- Promote and implement Gloucestershire Encompass processes and use these in accordance with internal safeguarding children processes.
- Recognise the sensitive nature of the information provided and ensure that this is retained in accordance with the principles of data protection.

## Offer of Early Help

Everyone needs help at some time in their lives and therefore an ethos of early help is important for any school. Within Gloucestershire the Early Help Partnership is co-ordinated by Families First but all organisations working with children and young people should view themselves as part of the Early Help Partnership.

We believe that early interventions for children and families, in many cases, will prevent children from experiencing harm. We have a Family Support Worker who is able to work with children and families who are struggling with a range of difficulties or sign-post them to appropriate agencies or organisations.

Expert and professional organisations are best placed to provide up-to-date guidance, support and intervention on specific safeguarding issues when and if they arise. School will refer to appropriate agencies when help is required to support children, young people or families to prevent harm. All staff must be made aware of the offer of early help. At all times staff should consider if there is any offer of early help that we can make in order to help a child to thrive. The GSCE 'Continuum of Need' windscreen is an important diagram to keep in mind for all children along with the Levels of Intervention Guidance (see Appendix 2 for the windscreen and link to Levels of Intervention Guidance).

Our aim is to help children and families as early as possible when issues arise: 'the right help at the right time to stop any issues getting worse'. Early help is an approach not necessarily an action. It included prevention education as well as intervention when necessary or appropriate. In some cases immediate urgent action might be necessary if a child or young person is at risk of immediate harm.

Our school will support **all** children by:

- providing safeguarding training at all levels;
- working with outside agencies to provide early intervention and support;
- offering preventative signposting and access to a community social worker;
- working with the Multi-Agency Safeguarding Hub (MASH);
- holding Team Around the Child (TAC) meetings;
- leading and supporting families on a My Plan+/Education Health and Care Plan (EHCP);
- listening to the voice of the child;
- using and responding to Gloucestershire Health Living and Learning (GHLL) on-line pupil survey;
- nurture group and 1:1 activities provided by our Family Support Worker;
- promoting a caring, safe and positive environment within the school;
- notifying Social Care as soon as there is a significant concern;
- providing continued support to a child who leaves school about whom there have been concerns. Ensuring that appropriate information is copied under confidential cover to the child's new setting and also that the school medical records are forwarded as a matter of priority.

All cases will be kept under constant review and consideration given to a referral to social care for assessment for statutory services, if the child's situation does not appear to be improving or is getting worse. The school's Offer of Early Help is available on the school website and hard copies available on request.

## **Acting on Concerns**

If a staff member has concerns about a child they should raise them with the DSL or Head Teacher. All concerns should be recorded as soon as possible on 'My Concern' our secure safeguarding system. This will be checked daily by the DSL and DDSL's and actions taken as necessary, as a result. All information recorded on 'My Concern' must be factual and explain the key points of the concern.

On occasions, a referral is justified by a single incident such as an injury or a disclosure of abuse. More often however, concerns accumulate over a period of time and are evidenced by building up a picture of harm over time; this is particularly the case with emotional abuse and neglect.

If a child makes a disclosure to you, you should:

- Listen to and believe them. Allow them time to talk freely and do not ask leading questions.
- Stay calm and do not show that you are shocked, upset or embarrassed. Tell the child it is not their fault.
- Tell the child that they have done the right thing in telling you. Do not tell them they should have told you sooner.
- Explain what will happen next and that you will have to pass this information on in order to help them. Do not promise to keep it a secret.
- Encourage the child to talk but do not ask 'leading questions' or press for information. Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you and communicate to them that they have the right to be safe and protected
- Write up your conversation as soon as possible in the child's own words. Stick to the facts, and do not put your own judgement on it.
- If appropriate you might make a referral to Children's Social Care and/or the police directly and tell the DSL as soon as possible that you have done so.

## **The Child Protection Referral Process**

The GSCB (Gloucestershire Safeguarding Children's Board) soon to be the Gloucestershire Children's Safeguarding Executive (GCSE) website sets out all of the child protection referral processes and also all of the relevant forms. There is a live website which is regularly updated so should not be printed out, [www.gscb.org.uk](http://www.gscb.org.uk).

If you think that a child is at immediate risk of significant harm you should phone the Children's Helpdesk on: 01452 426565 or [childrenshelpdesk-gcsx@gloucestershire.gov.uk](mailto:childrenshelpdesk-gcsx@gloucestershire.gov.uk) or in an emergency always call 999. Do not wait to discuss with the DSL if you think a child is at risk of immediate harm but do so as soon as possible afterwards.

In general the following process applies:

1. A member of staff should raise any concern with the DSL or one of the DDSL's by recording the concern on our online system 'My Concern'. This will then be discussed with DSL's in order to decide the next steps. The person raising the concern will be kept informed of

agreed actions to be taken. If they are not happy it is their responsibility to challenge the DSL/DDSL's decision and if still not happy they can ring Children's Social Care directly.

2. Professionals can have a tailored conversation with the Rapid Assessment Team without parental consent. The DSL/DDSL's, in line with Gloucestershire's procedures, must refer concerns to Children's Social Care through the completion of a MARF (Multi Agency Referral Form). The DSL/DDSL's should refer to the Levels of Intervention guidance on the GSCB website.
3.
  - a) In the case where a staff member thinks that a child is at immediate risk of significant harm they should always contact the Children's Helpdesk on: 01452 426565 or in an emergency always call 999.
  - b) In some cases the concern will be logged but no further action taken at the time. The DSL/DDSL's will make sure there is a 'watching brief' to make sure that no further concerns arise. Any further concerns will be discussed and this process followed again from the beginning.
  - c) For some concerns an offer of 'early help' might be made to the family or young person to assist in making sure the issue or concern doesn't grow any greater. A consent form will need to be gained from the parents/carers in order for this to proceed.
4. When a MARF is submitted to the Children's Helpdesk their process will then be followed. Early Help can be offered at this point in order to address concerns, however, if the MARF is accepted it could lead to a Single Assessment.

At a Strategy discussion outcomes could be:

- No further action
- Offer of Early Help
- Child in Need Plan (CIN)
- Progress to Initial Child Protection Conference (ICPC). The case will then be transferred into the Children and Families Team and the first Core Group must be held within 10 working days of the conference.

Child in Needs Sections:

- Child in need of services, Section 17, are required when there are health or development concerns. These are determined through a Single Assessment update and are appropriate when the child is deemed not to be at risk of significant harm or any previous concerns have been resolved.
- Child in need of protection. A Section 47 enquiry is required when it is deemed that a child is at risk of significant harm. The case is then passed to the Children's Assessment Team where a Single Assessment is completed. It may then be decided that a Child Protection Conference is required, which should be held within 15 working days.

### **Escalation Policy**

We use the GSCB Escalation Policy which facilitates the resolution of professional difficulties. This policy and the information therein will be used if a member of staff feels that the response they have received from Children's Social Care has not effectively addressed their concerns for the child. Advice about procedural issues including the professional differences procedures can be obtained through the Safeguarding Children Service on 01452 583629.



## **Notifying Parents**

Where appropriate we will discuss any concerns about a child with the child's parents/carers. The DSL/DDSL's will do this in the event of any suspicion or a disclosure. If we believe the notifying the parents would increase the risk to a child, we will discuss this with the LA Children's Safeguarding Team before doing so. In the case of allegations of abuse being made against other children, we will normally notify the parents of all the children involved.

## **Concerns about a Staff Member or Volunteer**

If you have concerns about a member of staff or a volunteer, speak to the Head Teacher. The Head Teacher will discuss the content of the allegation with the Local Authority Designated Officer (LADO): **Nigel Hatten (01452 426994)**. He is supported by Tracy Brooks, the Allegations Management Co-ordinator (01452 426320)

If you have concerns about the Head Teacher, speak to the Chair of Governors, Mike Barnsley [chair@littledean.gloucs.sch.uk](mailto:chair@littledean.gloucs.sch.uk), who will in turn consult with the LADO as above, without notifying the Head Teacher first.

The school has a Whistle-blowing policy which is displayed in the staffroom.

## **Allegation of Abuse Made Against Other Children**

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as 'banter' or 'just part of growing up'. Most cases of children hurting other children will be dealt with under our school's behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- Is serious and potentially a criminal offence
- Could put children in school at risk
- Is violent
- Involves children being forced to use drugs or alcohol
- Involves sexual exploitation or sexual abuse, such as indecent exposure, sexual assault, or sexually inappropriate pictures or videos (including sexting)

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

- You must tell the DSL and record the allegation, but do not investigate it
- The DSL will contact the LA Children's Social Care Team and follow it's advice, as well as the police if the allegation involves a potential criminal offence
- The DSL will put a risk assessment in place for all children concerned –with a named person they can talk to if needed
- The DSL will contact the children's mental health service CYPs, if appropriate

We will minimise the risk of peer-on-peer abuse by:

- Challenging any form of derogatory or sexualised language or behaviour
- Being vigilant to issues that particularly affect different genders – for example sexualised or aggressive touching or grabbing towards girls, and initiation or hazing type violence with respect to boys
- Ensuring our curriculum helps to educate children about appropriate behaviour and consent
- Ensuring that children know they can talk to staff confidentially
- Ensuring that staff are trained to understand that a child harming another child could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy.

## **Multi-Agency Working**

Information sharing is vital in identifying and tackling all forms of abuse and neglect. All staff must be aware that they have a professional responsibility to share information with other agencies and to promote the welfare of children and protect them from harm. This includes providing a coordinated offer of early help when additional needs of children are identified and contributing to inter-agency plans to provide support to children subject to child protection plans. We allow access for Children's Social Care from the host Local Authority and, where appropriate, from a placing Local Authority, for that authority to conduct, or consider whether to conduct, a section 17 or a section 47 assessment.

## **Children on Child Protection Plans**

We fully support children and families who have a child protection plan in place. We have good links with outside agencies involved with families and co-operate as required by them. The DSL/DDSL's attend child protection conferences and core groups. School will notify the relevant social worker if there is an unexplained absence of more than 2 days of a child who has a child protection plan.

## **Children in Care (CiC)**

The designated teacher for CiC is Miss Laura May. Staff work closely with the Virtual School and due regard is given to the statutory guidance 'The Designated Teacher for looked-after and previously looked-after children'.

## **Information Sharing**

The Seven Golden Rules for Safeguarding Information Sharing 2015:

- Data Protection/human rights laws are not a barrier to sharing information
- Be open and honest (unless unsafe or inappropriate)
- Seek advice (anonymise if necessary)
- Share with consent where appropriate
- Consider safety and well being
- Necessary, proportionate, relevant, adequate, accurate, timely and secure
- Keep a record of your decision and the reason for it (record on 'My Concern')

The Data Protection Act does not prevent school staff from sharing information with relevant agencies, where that information may help to protect a child. Ideally information sharing will be done in writing so that there is an evidence trail however there may be occasions where this method is too slow. In cases where agencies such as MASH (Multi Agency Safeguarding Hub) ring the school requesting information, staff will take a message and inform the DSL/DDSL's immediately, the DSL/DDSL will ensure they can identify who is requesting the information before sharing and then record, on 'My Concern', what has been shared, when, why and with whom.

Child protection records are normally exempt from the disclosure provisions of the Data Protection Act, which means that children and parents do not have an automatic right to see them. If any member of staff receives a request from a child or parent to see child protection records, they will refer the request to the Head Teacher.

Any personal safeguarding information shared with external agencies will be done securely e.g. by secure email, password protected or recorded/hand delivery.

## **Confidentiality**

- All staff recognise that all matters relating to child protection are confidential.

- Information must be shared on a need-to-know basis, but you do not need consent to share information if a child is suffering, or at risk of, serious harm.
- Child protection concerns and files are stored securely on 'My Concern'.
- The DSL/DDSL will only disclose information about a child to other members of staff or professionals on a need-to-know basis only.
- All staff must be aware they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff are aware that they cannot promise a child to keep secrets which might compromise a 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.

It is important that governing bodies are aware that among other obligations, the Data Protection Act 2018 and the GDPR place duties on organisations and individuals to process personal information fairly and lawfully and to keep the information they hold safe and secure.

**The Data Protection Act 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe.**

### **Mobile Phones and Cameras**

Staff are allowed to bring their personal mobile phones to school, however, they are not to be used when working with children. Staff will not store pictures or recording of children on their personal phones or cameras. We will follow the Data Protection Act when taking and storing photos and recordings for use in the school. The sending of any inappropriate messages or images from mobile devices is strictly prohibited.

Where photographs and videos will involve CiC children, adopted children or children for whom there are security concerns, the Head Teacher/DSL will liaise with the Designated CiC teacher to determine the steps involved. We will liaise with social workers and carers/adoptive parents to assess the needs and risks associated with the child.

### **Preventing Radicalisation**

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies. Protecting children from the risk of radicalisation is part of the school's wider safeguarding duties. The school will actively assess the risk of children being drawn into terrorism. Staff will be alert to changes in a child's behaviour which could indicate that they may be in need of help or protection. This could involve staff making a referral to the Channel Programme. The school will work with local safeguarding arrangements as appropriate. Any concerns over radicalisation will be discussed with the child's parents, unless the school has a reason to believe the child would be placed at risk as a result.

### **Training**

Staff will undertake Prevent awareness training to be able to protect children against the risk of radicalisation.

### **Risk Indicators of Vulnerable Groups**

Indicators of an identity crisis include the following:

- Distancing themselves from their cultural/religious heritage
- Uncomfortable with their place in society

Indicators of a personal crisis include the following:

- Family tensions
- A sense of isolation
- Low self-esteem
- Disassociation from existing friendship groups
- Searching for answers to questions about identity, faith and belonging

Indicators of vulnerability through personal circumstances include the following:

- Migration
- Local community tensions
- Events affecting their country or region of origin
- Alienation from UK values
- A sense of grievance triggered by personal experience of racism or discrimination

Any member of staff who identifies such concerns, because of observed behaviour or reports of conversations, will report these to the DSL. The DSL will consider whether a situation may be so serious that an emergency response is required. In this situation, a 999 call will be made; however, concerns are most likely to require a police investigation as part of the Channel Programme, in the first instance.

### **Children with Special Educational Needs and Disabilities (SEND)**

The school recognises that children with SEND can face additional safeguarding challenges and understands that further barriers may exist when determining abuse and neglect in this group.

Staff will be aware of the following:

- Certain indicators of abuse, such as behaviour, mood, injury, may relate to the child's disability without further exploration; however, it should never be assumed that a child's indicators relate only to their disability
- Children with SEND can be disproportionately impacted by things like bullying, without showing any outward signs
- Communication barrier may exist, as well as difficulties overcoming these barriers

### **Children Missing from Education (CME)**

A child going missing from education is a potential indicator of abuse or neglect, as such, these children are increasingly at risk of being victims of harm, exploitation or radicalisation. CME refers to 'any child of compulsory school age who is not registered at any formally approved education activity e.g. school, alternative provision, elective home education, and has been out of education provision for at least 4 weeks'. CME also includes those children who are missing (family whereabouts unknown), and are usually children who are registered on a school roll/alternative provision. This might be a child who is not at their last known address and either:

- Has not taken up an allocated school place as expected, or
- Has 10 or more days of continuous absence from a school without explanation, or
- Left the school suddenly and the destination is unknown

Any member of staff concerned that a child is missing from education must discuss their concerns with the DSL who can make a referral to the Education, Performance and Inclusion Team (EPI) at Gloucestershire County Council.

## Alternative Provision

The school will remain responsible for a child's welfare during their time at an alternative provider. When placing a child with an alternative provider the school will obtain written confirmation that the provider has conducted all relevant safeguarding checks.

## Online Safety

As part of a broad and balanced curriculum, all children will be made aware of online risks and how to stay safe online. The school will ensure that suitable filtering systems are in place to prevent children accessing unsuitable content.

## Further Information

### Upskirting

Under the Voyeurism (Offences) Act 2019, it is an offence to operate equipment and record an image beneath a person's clothing without consent and with the intention of observing, or enabling another person to observe, the victim's genitals or buttocks (whether exposed or covered with underwear), in circumstances where their genitals, buttocks or underwear would not otherwise be visible, for a specified purpose.

A 'specified purpose' is namely:

- Obtaining sexual gratification
- To humiliate, distress or alarm the victim

Upskirting will not be tolerated by the school and any incidents of upskirting will be reported to the DSL who will decide on the next steps to take, which may include police involvement.

### Private Fostering

Where the school becomes aware of a child being privately fostered, they will notify the LA as soon as possible to allow the LA to conduct any necessary checks.

### Female Genital Mutilation (FGM)

For the purposes of this policy FGM is defined as the partial or total removal of the external female genitalia, or any other injury to the female genital organs. **FGM is considered a form of abuse in the UK and is illegal.** All staff will be alert to the possibility of a girl being at risk of FGM, or having suffered FGM. Teaching staff are legally required to report to the police any discovery, whether through disclosure by the victim or visual evidence, of FGM on a girl under the age of 18.

There are a range of indicators that a child may be at risk of FGM. While individually that may not indicate risk, if 2 or more indicators are present, this could signal a risk to the child. Victims of FGM are likely to come from communities that are known to adopt this practice.

Indicators that may show heightened risk of FGM include the following:

- The socio-economic position of the family and their level of integration into UK society
- Any girl with a mother or sister who has been subjected to FGM
- Any girl withdrawn from PHSCE

Indicators that may show that FGM could take place soon include the following:

- When a female family elder is visiting from a country of origin
- A girl may confide that she is to have a 'special procedure' or a ceremony to 'become a woman'

- A girl may request help from a teacher if she is aware or suspects that she is at immediate risk
- A girl, or family member, might talk about a long holiday to her country of origin or another country where the practice is prevalent

Indicators that FGM may have already taken place include the following:

- Difficulty walking, sitting or standing
- Spending longer than normal bathroom or toilet
- Spending long periods of time away from a classroom during the day with bladder or menstrual problems
- Prolonged or repeated absences from school followed by withdrawal or depression
- Reluctance to undergo normal medical examinations
- Asking for help, but not being explicit about the problem due to embarrassment or fear

## **Forced Marriage**

For the purpose of this policy a 'forced marriage' is defined as a marriage that is entered into without the full and free consent of one or both parties, and where violence, threats or any other form of coercion is used to cause a person to enter into the marriage. Forced marriage is classed as a crime in the UK. Signs of forced marriage could include, but are not limited to:

- Becoming anxious, depressed and emotionally withdrawn with low self-esteem
- Showing signs of mental health disorders and behaviours such as self-harm or eating disorders
- Displaying a sudden decline in their educational performance, aspirations or motivation
- Regularly being absent from school
- Displaying a decline in punctuality
- A family history of older siblings learning education early and marrying early.

If a member of staff has any concerns regarding a child who may have undergone, is currently undergoing or is at risk of, forced marriage, they will speak to the DSL and local safeguarding procedures will be followed.

## **Homelessness**

The DSL and DDSL's will be aware of the contact details and referral routes into the Local Housing Authority so that concerns over homelessness can be raised as early as possible. Indicators that a family may be at risk of homelessness include the following:

- Household debt
- Rent arrears
- Domestic abuse
- Anti-social behaviour
- Any mention of a family moving home because 'they have to'

Referrals to the Housing Authority do not replace referrals to Children's Services where a child is being harmed or at risk of harm.

## **County Lines Criminal Activity**

This refers to drug networks or gangs grooming and exploiting children to carry drugs and money from urban areas to suburban, rural areas and market and seaside towns. Staff will be made aware of children with missing episodes who may have been trafficked for the purposes of transporting drugs. Staff members who suspect a child may be vulnerable to, or involved in, this activity will immediately report all concerns to the DSL. The DSL will consider referral to the

National Referral Mechanism on a case-by-case basis. Indicators that a child may be involved in county lines activity include:

- Persistently going missing or being found out of their usual area
- Unexplained acquisition of money, clothes or mobile phones
- Excessive receipt of texts or phone calls
- Relationships with controlling or older individuals or groups
- Leaving home without an explanation
- Evidence of physical injury or assault that cannot be explained
- Carrying weapons
- Sudden decline in school results
- Becoming isolated from peers or social networks
- Self-harm or significant changes in mental state
- Parental reports of concern

## **Serious Violence**

Through training, all staff will be made aware of the indicators which may signal a child is at risk from, or involved with, serious violent crime. These indicators include, but are not limited to:

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

Staff will be made aware of some of the most significant risk factors that could increase a child's vulnerability to becoming involved in serious violent crime. These risk factors include, but are not limited to:

- A history of committing offences
- Substance abuse
- Anti-social behaviour
- Truancy
- Peers involved in crime and/or anti-social behaviour

Staff who suspect that a child may be vulnerable to, or involved in serious violent crime will immediately report their concern to the DSL.

## **Children with Family Members in Prison**

Children with family members in prison will be offered pastoral support as necessary.

**Written: September 2019**

**Approval: Full Governing Board 21<sup>st</sup> January 2020**

## **Appendix 1**

### **Indicators of Harm**

The following non-specific signs may indicate that 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 (CSE)

### **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 DSL/DDSL's
- May require consultation with and/or referral to Social Care

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 or carer/s
- Act in a way that is inappropriate to his/her age and development (although 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.

### **Physical Abuse – Indicators in the child**

#### **Bruising**

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

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)



- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour, possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hairbrush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or legs
- Petechiae haemorrhages (pinpoint blood spots under the skin), commonly associated with slapping, smothering/suffocation, strangling or squeezing.

### **Fractures**

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

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

Rib fractures are only caused in major trauma such as a road traffic accident, a severe shaking injury or a direct injury such as a kick. Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2-3 hours. All fractures of the skull should be taken seriously.

### **Mouth Injuries**

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

### **Poisoning**

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

### **Fabricated or Induced Illness**

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

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding/eating disorders, as a result of unpleasant feeding interactions
- The child develops abnormal attitudes towards their own health
- Non organic failure to thrive – a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders

- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

### **Bite Marks**

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child. A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Children and young people who have dog bites should always be referred to the Multi Agency Safeguarding Hub for further investigation.

### **Burns and Scalds**

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded. Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over large areas, scalds that have a line indicating immersion or poured liquid. Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet are indicative of dipping into hot liquid or bath. The following points are also worth remembering:

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

### **Scars**

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

### **Emotional/Behavioural Presentation**

- Refusal to discuss injuries
- Admission of punishment which seems excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

### **Indicators in the Parent/Carer**

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury

- Aggrieve towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much needed break not allowing anyone else to undertake their child's care
- May be unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties (or not) may be associated with this form of abuse
- Parent/carer has convictions for violent crimes

#### **Indicators in the Family Environment**

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

#### **Emotional Abuse – Indicators in the Child**

- Developmental delay
- Abnormal attachment between child and parent/carer e.g. anxious, indiscriminate or no attachment
- Child scapegoated within the family
- Frozen watchfulness particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' – difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents/carers being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behaviour problems e.g. aggression, attention seeking, hyperactivity, poor attention

#### **Indicators in the Parent/Carer**

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse
- Abnormal attachment to child e.g. overly anxious or disinterested in the child

- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, no normal social interaction through overprotection
- Wider parenting difficulties may (or may not) be associated with this form of abuse

### **Indicators in the Family Environment**

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

### **Neglect – Indicators in the Child**

#### **Physical Presentation**

- Failure to thrive or, in older children, short stature
- Underweight (could also be overweight)
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothes, clothing in poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent/untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice/scabies/diarrhoea
- Unmanaged/untreated health/ medical conditions including poor dental health
- Frequent accidents or injuries

#### **Development**

- General delay, especially speech and language delay
- Inadequate social skills and poor socialisation

#### **Emotional/Behavioural Presentation**

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

### **Indicators in the Parent/Carer**

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

### **Indicators in the Family Environment**

- History of neglect in the family
- Marginalised or isolated by the community
- History of poor mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgeries in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

### **Sexual Abuse – Indicators in the Child**

#### **Physical Presentation**

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs

#### **Emotional/Behavioural Presentation**

- Makes a disclosure
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm, eating disorders, self-mutilation and suicide attempts
- Poor self-image

- Reluctant to change for PE
- Running away from home
- Poor attention/concentration
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

#### **Indicators in the Parent/Carer**

- Comments made by the parent/carer about the child
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent/carer is a sex offender

#### **Indicators in the Family Environment**

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

### **Sexual Abuse by Young People**

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation.

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

**Inappropriate Sexual Behaviour** can be inappropriate socially, inappropriate developmentally, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, worry, confusion, physical damage etc... It may also be that the behaviour is 'acting out' which may derive from other sexual situations to which the child or young person has been exposed. If an act appears to have been inappropriate, there may be the need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

**Abusive Sexual Activity** includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

## **Assessment**

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- Equality – consider differentials of physical, cognitive and emotional development, power, control and authority, passive and assertive tendencies
- Consent – agreement including all of the following:
  - Understanding what is proposed based on age, maturity, developmental level, functioning and experience
  - Knowledge of society's standards for what is being proposed
  - Awareness of potential consequences and alternatives
  - Assumption that agreements or disagreements will be respected equally
  - Voluntary decision
  - Mental competence
  - Coercion – the perpetrator who abused may use techniques like bribing, manipulation and emotional threats or secondary gains and losses, that is loss of love, friendship etc... Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should only be used as a guide and information sought from professional agencies as appropriate.

## **Child Sexual Exploitation (CSE)**

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

Signs include:

- Underage sexual activity
- Inappropriate sexual or sexualised behaviour
- Repeat sexually transmitted infections
- Sexually risky behaviour, 'swapping' sex
- In girls, repeat pregnancy, abortions or miscarriage
- Receiving unexplained gifts from unknown sources
- Having multiple mobile phones and worrying about losing contact via mobile
- Having unaffordable new things (clothes, mobile) or expensive habits (drugs, alcohol)
- 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 and out of different cars driven by unknown adults
- Having older boyfriends/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 CSE
- 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 with gangs, gang fights, gang membership
- Injuries from physical assault, physical restraint, sexual assault

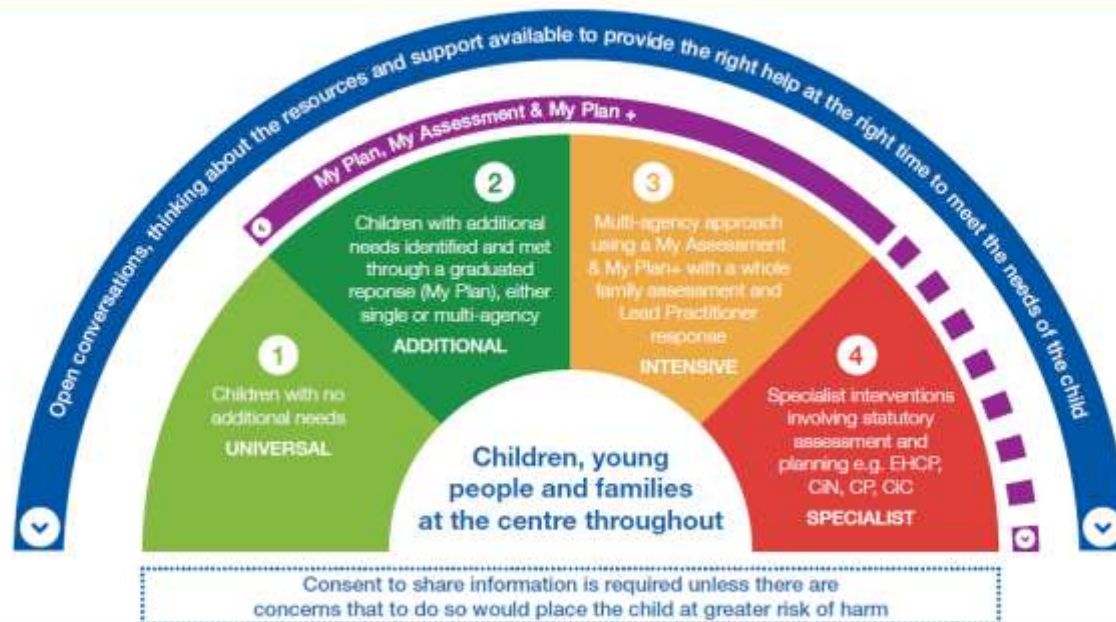
**Child Sexual Exploitation can happen to GIRLS and BOYS. Please use the CSE screening tool and talk to the DSL if you have any concern.**



## Appendix 2

### The Windscreen

A diagram to demonstrate the Continuum of Need



If you think a child or young person is at immediate risk of significant harm, contact The Front Door on 01452 426565 (option 1) - in an emergency always call 999

<https://www.gscb.org.uk/media/1517569/gloucestershire-revised-loi-guidance-version-30-final-300118.pdf>