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1.0 INTRODUCTION

Hillcrest Glebedale School is a specialist service providing education for children and young people aged 8 – 19 with a range of complex Social, Emotional and Mental Health needs ; many of whom may also have additional needs including; Asperger’s Syndrome, dyspraxia, ADHD, as well as impaired social or cognitive functioning due to early life trauma and attachment difficulties.

All children deserve the opportunity to achieve their potential and to be protected from abuse, neglect and exploitation from anyone including professionals working with them.

Hillcrest Glebedale School is committed to the principles contained in the DfE Statutory Guidance – revised in September 2019 ‘Keeping Children Safe in Education: Information for all School and College Staff and the Children’s Act (1989 & 2004), “Safeguarding Children in Education” DfES/0027/2004 and Working Together to Safeguarding Children July 2018. This revision emphasises the following:

- That safeguarding and welfare concerns are taken into account if physical intervention is needed to be used on children with Special Educational Needs and/or disabilities (SEND). For further information please refer to our Positive Behaviour Policy and the Special Educational Needs and/or disabilities policy.
- The requirement for more than one emergency contact number for pupils on the school roll
- ‘county lines’ – criminal exploitation
- honour-based violence, sexual violence and sexual harassment between children
- peer on peer abuse

Hillcrest Glebedale School is committed to working in partnership with all agencies involved in the protection of looked after children. This is in accordance with the outcomes framework outlined in Every Child Matters: Change for Children DfES/1081/2004 in which every child has the right to: be healthy; stay safe; enjoy & achieve; make a positive contribution and achieve economic well-being. The importance of successfully



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working in partnership is crucial to enable both Hillcrest Glebedale staff and those of other agencies to carry out their varying responsibilities for safeguarding children and young people.

All concerns relating to the protection of children whilst they are placed at Hillcrest Glebedale School will be dealt with in a sensitive manner that seeks to enhance honest and reflective practice.

The responsibility for decision making over an issue of safeguarding/ child protection is the responsibility of the local safeguarding board in which the school is located. The school contributes fully towards and works within the multi-agency framework set out in the Stoke on Trent Safeguarding Children's Board (SSCB) procedures. This is run with neighbouring authority Staffordshire. The school is aware of our responsibility within the new safeguarding partner arrangements. Partnership arrangements are to be fully implemented by 29th September 2019. Within each locality the three partners (the local authority, a clinical commissioning group for the local area and the chief officer for the police in the local area) will make arrangements to work together with appropriate relevant agencies to safeguard and promote the welfare of local children, this will include identifying and responding to their needs.

Implementation: It is the responsibility of line managers to ensure that staff members are aware of and understand this policy and any subsequent revisions.

Compliance: This policy complies with all relevant regulations and other legislation as detailed in the *Compliance with Regulations & Legislation Statement*.

2.0 LEGAL STATUS

This policy is also in accordance with the Stoke on Trent/Staffordshire Local Safeguarding Children Board (LSCB) locally agreed inter-agency procedures, their safeguarding processes and procedures.



3.0 KEY ORGANISATIONAL PRINCIPLES

- This organisation believes that children must be protected from harm at all times.
- We believe every child should be valued, safe and happy. We want to make sure that children we have contact with know this and are empowered to tell us if they are suffering harm.
- We want children who use or have contact with this organisation to enjoy what we have to offer in safety.
- We want parents and carers who use or attend our organisation to be supported to care for their children in a way that promotes their child's health and well-being and keeps them safe.
- We will achieve this by having an effective child protection procedure and following National and Local guidance; Working Together to Safeguard Children 2018 (Department for Children Schools and Families - DCFS) and the Staffordshire and Stoke on Trent Safeguarding Children Board Child Protection Procedures – www.staffsscb.org.uk; www.safeguardingchildren.stoke.gov.uk
- If we discover or suspect a child is suffering harm we will notify social services or the police in order that they can be protected if necessary. See Appendix A for the categories of abuse
- This child protection policy and our child protection procedure apply to all staff, volunteers and users of Hillcrest Glebedale School and anyone carrying out any work for us or using our premises.
- We will review our child protection policy and procedures at least every 2 years to make sure they are still relevant and effective.

Signed: _____ Date:

Chair of Governors



4.0 CHILD PROTECTION PROCEDURE FOR HILLCREST GLEBEDALE SCHOOL

1. The Designated Safeguarding Lead for Hillcrest Glebedale School is Karen Caswell. There are also an additional trained Designated Safeguarding Lead on site to ensure this role is fully covered at all times. The additional staff member is Deputy Head Paul Wheatley. For further details of their role please see **Appendix B. For contact details for DSL staff – please refer to Appendix C.**
2. All staff and volunteers will be carefully selected and vetted to try and ensure they do not pose a risk to children or vulnerable adults (**See Appendix C**). Those staff and volunteers who are involved in regulated activity with children, young people and vulnerable adults will be checked through the **Disclosure and Barring Service (DBS)**¹.
3. All staff and volunteers will receive information and basic training in safe conduct and what to do if they have concerns about a child. This will include information on recognising where there are concerns about a child, where to get advice and what to do if no one seems to have taken their concerns seriously. This training is refreshed on an annual basis.
4. We will endeavour to make this organisation a safe and caring place for children to be by having a code of conduct for staff and users. This will be given to all staff and users and they will be expected to comply with it. See **Appendix C**.
5. Any information given to users about activities of the organisation will include information about the child protection policy and procedure. Parents and carers of any children using supervised activities for children will be given specific information about the child protection policy and procedure. See **Appendix D**.

How to report concerns about a child:

If you have any concerns about a child please refer these immediately to the Designated Safeguarding Leads as outlined above.

1. Please record as much detail as you are able to and communicate to the DSL without delay
2. You will be asked to record on Clear Care
3. DSL's will offer support and guidance throughout the process

Accessing Early Help

All staff are prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years.

When a child, young person or family is in need of extra support it is important that we identify the best way forward at the earliest opportunity. The Early Help Assessment Form is a universal tool for practitioners from any service to use with the child/young person and their family to summarise and clearly record their circumstances, their strengths and their needs. This is then the basis for an agreed plan for working together to achieve the identified improvements in the life of that child and family.

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;

¹ The DBS was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).



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- 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 misusing drugs or alcohol themselves;
- Is at risk of modern slavery, trafficking or exploitation;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;
- is at risk of being radicalised or exploited;
- is a privately fostered child.



APPENDIX A: CATEGORIES OF ABUSE

Recognising the Signs and Symptoms of Abuse

It is important in this section to provide definitions of abuse and the organisation should advise that all staff need to familiarise themselves with these definitions. It is also important in this section that you reflect your organisations commitment to ensuring that all workers have a basic awareness of child abuse and how you will ensure this happens i.e. through training. More information regarding training can be sourced at:

www.staffsscb.org.uk/professionals/Inter-Agencytraining

www.safeguardingchildren.stoke.gov.uk

The Department for Children, Schools and Families document Working Together to Safeguard Children (2018) defines the main categories of child abuse, which is also used for the purposes of drawing up child protection plans for children at risk of harm. The categories are as follows:

Neglect

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

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Physical Abuse

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

Sexual Abuse

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

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing



them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone

Signs and Symptoms of Abuse

There is no clear dividing line between one type of abuse and another. The following section is divided into four areas to help categorise what may be seen or heard. Children/young people may show symptoms from one or all of the categories. This should not be used as a checklist. Workers and volunteers should be aware of anything unusual displayed by the child.

PHYSICAL SIGNS OF ABUSE	<ul style="list-style-type: none"> Bruise marks consistent with either straps or slaps Undue fear of adults - Fear of going home to parents or carers Aggression towards others Unexplained injuries or burns – particularly if they are recurrent and especially in non-mobile babies Any injuries not consistent with the explanation given for them Injuries that occur to the body in places which are not normally exposed to falls, rough games, etc. Reluctance to change for, or participate in games or swimming Bruises, bites, burns, fractures etc. which do not have an accidental/satisfactory explanation Cuts/scratches/substance abuse Hitting (with the hand or implement) smacking, punching, kicking, slapping, twisting/pulling ear, hair or fingers, holding/squeezing with a tight grip, biting, and burning Fabricated illness –see SSCB website for the procedure including signs and symptoms
NEGLECT	<ul style="list-style-type: none"> Exposure to danger/lack of supervision Neglect - under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care etc. Injuries that have not received medical attention Inadequate/inappropriate clothing Constant hunger Poor standards of hygiene Untreated illnesses Persistent lack of attention, warmth or praise



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EMOTIONAL SIGNS OF ABUSE	<ul style="list-style-type: none"> • Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging. Also depression/ aggression, extreme anxiety • Nervousness, frozen watchfulness • Obsessions or phobias • Sudden under-achievement or lack of concentration • Inappropriate relationships with peers and/or adults • Attention-seeking behaviour • Persistent tiredness • Running away/stealing/lying • Humiliating, taunting or threatening a child whether in front of others or alone. • Persistent lack of attention, warmth or praise. • Shouting/yelling at a child • Radicalisation – use of inappropriate language, possession of violent extremist literature, behavioural changes, the expression of extremist views, advocating violent actions and means, association with known extremists, seeking to recruit others.
INDICATORS OF POSSIBLE SEXUAL ABUSE	<ul style="list-style-type: none"> • Language and drawing inappropriate for age. • Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour • Regularly engages in age inappropriate sexual play • Sexual knowledge inappropriate for their age • Wariness on being approached • Soreness in the genital area or unexplained rashes or marks in the genital areas • Pain on urination • Difficulty in walking or sitting • Stained or bloody underclothes • Recurrent tummy pains or headaches • Bruises on inner thigh or buttock. • Any allegations made by a child concerning sexual abuse • Sexual activity through words, play or drawing • Child who is sexually provocative or seductive with adults • Inappropriate bed-sharing arrangements at home • Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations • Eating disorders - anorexia, bulimia • Unaccounted sources of money • Telling you about being asked to 'keep a secret' or dropping hints or clues about abuse.
<p>Remember- Signs and symptoms often appear in a cluster, but also many of the indicators above may be caused by other factors- if in doubt check it out.</p> <p>The most important factor is a report by the child</p>	



Peer on Peer Abuse

All staff are aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to:

- Bullying (including cyberbullying)
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
- Sexual violence, such as rape, assault by penetration and sexual assault
- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse
- 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. **Upskirting is now a criminal offence and any instances must be reported as such.**
- Sexting (also known as youth produced sexual imagery) and
- Initiation/hazing type violence and rituals

Any concerns are to be raised immediately with the Designated Safeguarding Leads who will investigate appropriately. All incidents are logged using Clear Care.

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. These may include:

- increased absence from school,
- a change in friendships or relationships with older individuals or groups
- a significant decline in performance
- signs of self-harm / self-injurious behaviour
- unexplained injuries
- unexplained gifts or new possessions could also indicate that children have been approached or are associated with criminal networks or gangs

All staff to immediately report concerns to DSL's.

Child Sexual Exploitation

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or do not take part in education.



Female Genital Mutilation.

All staff need to be vigilant in reporting any concerns regarding the possible abuse of any pupil regarding Child Sexual Exploitation or Female Genital Mutilation. Staff are aware of their legal obligations within Keeping Children Safe in Education (September 2019) to report any concerns. Further detailed below.

FGM mandatory reporting duty FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at Mandatory reporting of female genital mutilation procedural information. Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should also still consider and discuss any such case with the school or college’s designated safeguarding lead and involve children’s social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures. The following is a useful summary of the FGM mandatory reporting duty: FGM Fact Sheet.

Honour Based Violence

Further information on so-called ‘honour based’ violence So-called ‘honour-based’ violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

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

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

Sexual violence and sexual harassment between children in schools and colleges

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

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual



harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Staff should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.
- Any concerns should be immediately reported to the DSLs.

What is Sexual violence and sexual harassment?

When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003/19 as described below:

- Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.
- Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.
- Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

What is consent?

Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom.

Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

Sexual harassment

By referring to sexual harassment we mean ‘unwanted conduct of a sexual nature’ that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child’s dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment. Whilst not intended to be an exhaustive list, sexual harassment can include:

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- sexual “jokes” or taunting;

Children and Young People’s Mental Health



Nationally, mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives. Hillcrest Glebedale School supports children who have experienced early childhood trauma and complex needs. Within the staff team we have ELSA Trained staff who are able to offer additional support.

The Prevent Duty

Preventing Radicalisation in school

Building resilience in our young people and the promotion of fundamental British values is at the heart of preventing Radicalisation. We do this by providing a safe place in which children can discuss controversial issues, and we give them the knowledge and confidence to challenge extremist beliefs and ideologies.

The Prevent Duty is carried out under the Counter-Terrorism and Security Act 2015, which legally requires us to take steps to prevent pupils from being drawn into terrorism. We take this duty seriously and carry out the four main actions responsibly, namely: risk assessment, working in partnership, staff training and IT policies. If we assess a child as at risk, we will refer to the Channel Programme, which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism.

All staff have accessed comprehensive Prevent training and have an awareness of signs, symptoms and how to deal with concerns.

We recognise that we play a vital role in keeping children safe from harm, including from the risks of extremism and Radicalisation, and in promoting the welfare of children in our care.

County Lines

Criminal exploitation is also known as 'county lines' and is when gangs and organised crime networks exploit children to sell drugs. Often these children are made to travel across counties, and they use dedicated mobile phone 'lines' to supply drugs.

The Children's Commissioner estimates there are at least 46,000 children in England who are involved in gang activity. It is estimated that around 4,000 teenagers in London alone are being exploited through child criminal exploitation, or 'county lines'.

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism. The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking or modern slavery and ensuring they receive the appropriate support.

Criminal exploitation of children:

- can affect any child or young person (male or female) under the age of 18 years
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;



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- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources

Any concerns should be passed immediately to the DSL, who will take swift and appropriate action.

Teaching our pupils to keep safe and healthy

As part of our broad and balanced curriculum, it is important that we also make sure our children are aware of dangers and risks within society. All pupils access PSHE and Citizenship Studies and follow national curriculum programmes of study.

Relationships Education and Relationships and Sex Education (formerly known as Sex and Relationship Education) will be delivered as part of our extensive PSHE curriculum. The government has made the following regulations:

Relationships Education compulsory for all primary pupils from September 2020

Relationships and Sex Education compulsory for all secondary pupils from September 2020

Health Education mandatory for all pupils from September 2020.

Additional sessions will also be provided either on a one to one basis or in small workshop settings where the school feels pupils will benefit from additional support.

Careful consideration has been given to online safety within the school. Appropriate filters and monitoring systems are in place.



APPENDIX B: DESIGNATED CHILD PROTECTION LEAD

1. This school has two dedicated person (s) to take responsibility for child protection matters.
2. All DSL's have received appropriate training relevant to the role and responsibility
3. Their role is to;
 - Ensure the organisation's child protection policy and procedures are followed.
 - Ensure they know how to make contact with First Response- Staffordshire or for Stoke – Advice and Referral Team and the police who are responsible for dealing with child protection concerns both during and after office hours.
 - Report any concerns to First Response- Staffordshire or for Stoke – Advice and Referral Team or the police. (N.B. Urgent concerns should be reported immediately by those aware of them even if the designated person is not available.)
 - Where concerns involve a LAC child and the child has a designated Social Worker, ensure all concerns are also reported to the child's home authority via the Social Worker.
 - Act as a source of advice on all child protection matters and seek further advice and guidance from local statutory agencies as needed.
 - Ensure that a record is kept of any concerns about a child or adult and of any conversation or referrals to statutory agencies.
 - Maintain and regularly update their knowledge of child protection and safeguarding children through relevant training (See above)
 - Conduct regular audit activity to ensure your organisation is working in line with current practice **See Appendix F**



APPENDIX C: GUIDANCE FOR STAFF AND VOLUNTEERS

This organisation believes that **EVERYONE** has a responsibility to safeguard children from harm. Please read this guidance carefully. It will tell you what you need to know to safeguard children.

All staff and volunteers are expected to follow this guidance.

1. The Child Protection designated leads for Hillcrest Glebedale School are Karen Caswell and Paul Wheatley.
2. Please see below for contact details:

Karen Caswell	01782 320 773 and 07710858014
Paul Wheatley	01782 320773

If you have any queries around the welfare of any child please contact them.

3. Please read and Sign: -
 - This guidance
 - Part A of Keeping Children Safe in Education – September 2019

You must follow the advice given in the documents above. If there is anything that you do not understand or do not agree with please talk to the Child Protection designated lead about this.

4. Please attend any training that you are invited to.
5. All staff and volunteers must inform the Child Protection designated lead if they are: -
 - Charged with a criminal offence involving a child, violence, breach of trust or a criminal offence relevant to their duties, for example driving offence if they are driving as part of their duties.
 - Investigated by any authority due to concerns that you may have had involvement in causing harm to a child.
 - Diagnosed with any medical condition that may affect your ability to carry out your role with children safely, for example psychotic illness.
6. Make sure you know what to do if a child tells you or you suspect that they are being harmed.

Key points are:-

DO NOT

- Carry out your own investigation by talking to parents or carers etc.
- Put words in any child's mouth by asking direct questions such as "Did your dad do it?"
- Feel that you must inform parents/carers if you think it may put the child at risk of further harm or cause them to be silenced.
- Ignore your worry.

DO

- Ask open-ended questions to clarify your concern e.g. "What happened to your arm?"
- Listen to the child / your gut feelings.
- Take action.



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Action to take:-

1. If a child has a serious injury (for example involving pain and bleeding) or is in immediate danger (for example parent has arrived to collect a child and is unfit to care for them, or a child left alone at home) dial 999 and request assistance from the ambulance service and/or police. If you know or suspect the child has come to harm through the actions of another make sure that the professional staff you hand the child over to understand this and take their name and record it. It will generally be appropriate to inform the child's parent or carers what has happened once the child is safe with an appropriate professional.
2. If it seems that a child has been abused in any way including sexual abuse (but is not in immediate danger) report this immediately to the service for the area where they live. The numbers are;

Staffordshire's First Response

0800 1313 126

8.30am – 5.00pm Monday to Thursday, 8.30am- 4.30pm Friday

email: firstr@staffordshire.gov.uk

Caroline Boote - Education Safeguarding Advisor

Tel: 01785 895836

This service operates 08:30-17:00 Monday to Thursday and 08:30-16:30 Fridays
EDS (out of hours) Tel No. **0845 6042886**

Or email eds.team.manager@staffordshire.gov.uk

Police Child Protection Unit - 0300 123 44 55 or 101 for non emergency calls

Stoke on Trent Advice and Referral Team (ART)

01782 235100

8.30am – 5.00pm Monday to Thursday

8.30am- 4.30pm Friday

Emergency Duty Team (out of hours)

Tel No. 01782 234234

Police Child Protection Unit - 0300 123 44 55 or 101 for non-emergency calls

Local Authority Designated Officers (LADO):

Linda Hancock

01782 233857 all LADO calls should be reported through 01782 235100

3. If the concern is long term rather than immediate, for example a child who is often dirty, smelly or who has disruptive behaviour, you should discuss this with the child protection designated lead who will decide whether to make a referral.
4. If you have had to make an emergency referral tell the child protection designated lead as soon as possible. They should follow up and take further advice if they think the action that First Response/Advice and Referral Team take leaves the child in danger.
5. When making a referral to the DSL, please include contextual information. Consider the wider environmental factors affecting the child's life that may pose a threat to their safety and/or



6. Welfare. Please provide as much contextual information as possible apart of the referral process.

Code of Conduct for Staff, Volunteers and Visitors

1. Always remember that while you are caring for other people's children you are in a position of trust and your responsibilities to them and the organisation must be uppermost in your mind at all times.
2. Never use any kind of physical punishment or chastisement.
3. Do not smoke in front of any child or young person.
4. Do not use non-prescription drugs or be under the influence of alcohol.
5. Never behave in a way that frightens or demeans any child or young person.
6. Do not use any racist, sexist, discriminatory or offensive language.
7. Do not give your personal contact details / personal website details to children or young people.
8. Do not use internet or web-based communication channels to send personal messages to/ befriend children / young people.
9. Do not use mobile telephones or any other devices to take images of children and young people. You should always follow your organisations policy and procedures in relation to the taking or recording of images and informed written consent from parents / carers (and the child / young person) should always be sought. For further advice and guidance on the use of social networking sites/ mobile phones/ computers/ cameras, please visit www.ceop.police.uk
10. Generally you should not give children presents or personal items. The exceptions to this would be a custom such as buying children a small birthday token or leaving present or help to a family in need such as equipment to enable them to participate in an activity. Both types of gift should come from the organisation and be agreed with the named person for child protection and the child or young person's parent. Similarly do not accept gifts yourself other than small tokens for appropriate celebrations, which you should mention to the activity leader.
11. You should not invite a young person to your home or arrange to see them outside the set activity times.
12. You should not engage in any sexual activity (this would include using sexualised language) with a young person you meet through your duties or start a personal relationship with them, this would be an abuse of trust.
13. Exercise caution about being alone with a child or young person. In situations where this may be needed (for example where a young person wants to speak in private) think about ways of making this seem less secret for example by telling another worker or volunteer what you are doing and where you are, leaving a door ajar, being in earshot of others and lastly note the conversation in the log.
14. Physical contact should be open and initiated by the child's needs, e.g. for a hug when upset or help with toileting. Always prompt children to carry out personal care themselves and if they cannot manage ask if they would like help.
15. Do talk explicitly to children and young people about their right to be kept safe from harm.
16. Do listen to children and young people and take every opportunity to raise their self-esteem.
17. Do work as a team with your co-workers/volunteers. Agree with them what behaviour you expect from young people and be consistent in enforcing it.
18. If you have to speak to a child/young person about their behaviour remember you are challenging 'what they did' not 'who they are'.



CHILD PROTECTION AND SAFEGUARDING POLICY

POLICY FOLDER: HILLCREST SCHOOLS – HILLCREST GLEBEDALE SCHOOL

19. Do make sure you have read the Child Protection Procedure and that you feel confident that you know how to recognise when a child may be suffering harm, how to handle any disclosure and how to report any concerns.
20. Do seek advice and support from your colleagues, activity leaders or supervisors and your designated person for child protection.

Action to take if staff have concerns about safeguarding practices within the school

- **Please raise any concerns with DSL's in the first instance. All concerns are taken seriously and acted upon appropriately.**
- **Staff are also able to share any concerns with Sam Millward – Head of Service and Chair of Governors for the school.**
- **Please refer to the organisations Whistle Blowing Policy. Copies are available in the staff room or online via SharePoint. If you cannot access SharePoint, administration staff will be provide a copy.**
- **If a staff member feels unable to use any of the above channels, the <https://www.nspcc.org.uk/what-you-can-do/report-abuse/> dedicated helpline is available as an alternative route. A helpline is also available on 0800 028 0285 and concerns can be emailed directly to: help@nspcc.org.uk**



APPENDIX D: INFORMATION FOR PARENTS AND GUIDANCE FOR STAFF AND VOLUNTEERS

We want this organisation to be a safe place for children. We have a child protection policy and procedure. You can ask for a full copy of this. Below is a brief summary of the key points.

We aim to keep children safe by:

- Having a designated person for child protection who is Karen Caswell who can be contacted on 01782 230773 or 07710858014
- Please contact them if you have any concerns about any child or the behaviour of anyone within the organisation.
- Ensuring all staff and volunteers are properly checked and vetted.
- Making proper arrangements for all activities.
- Having a code of conduct for staff/volunteers and making sure that all staff and volunteers know what to do if they have concerns about a child.
- Having a code of conduct for everyone using the project.
- Following National and Local Child Protection Procedures and particularly do this by reporting any serious concerns to First Response or the Police as appropriate.

We would ask you to support us in keeping children safe by:

- Following the code of conduct and treating people with respect
- Supervising your child at all times unless they are in an organised activity, in which case we would ask you to provide basic details about your child and make sure that we can contact you if there is an emergency.
- Talking to the designated person for child protection if you have concerns about any child using the organisation or the behaviour of any adult in the organisation.



APPENDIX E: MANAGING ALLEGATIONS AGAINST STAFF

Allegations of abuse by staff will normally be carried out by the local Safeguarding board (SSCB) and the local Social Services Department, often in collaboration with the Police. Sometimes the placing authority will carry out the investigation. It is not the school's responsibility to determine who does what externally, only to provide everyone with the necessary information.

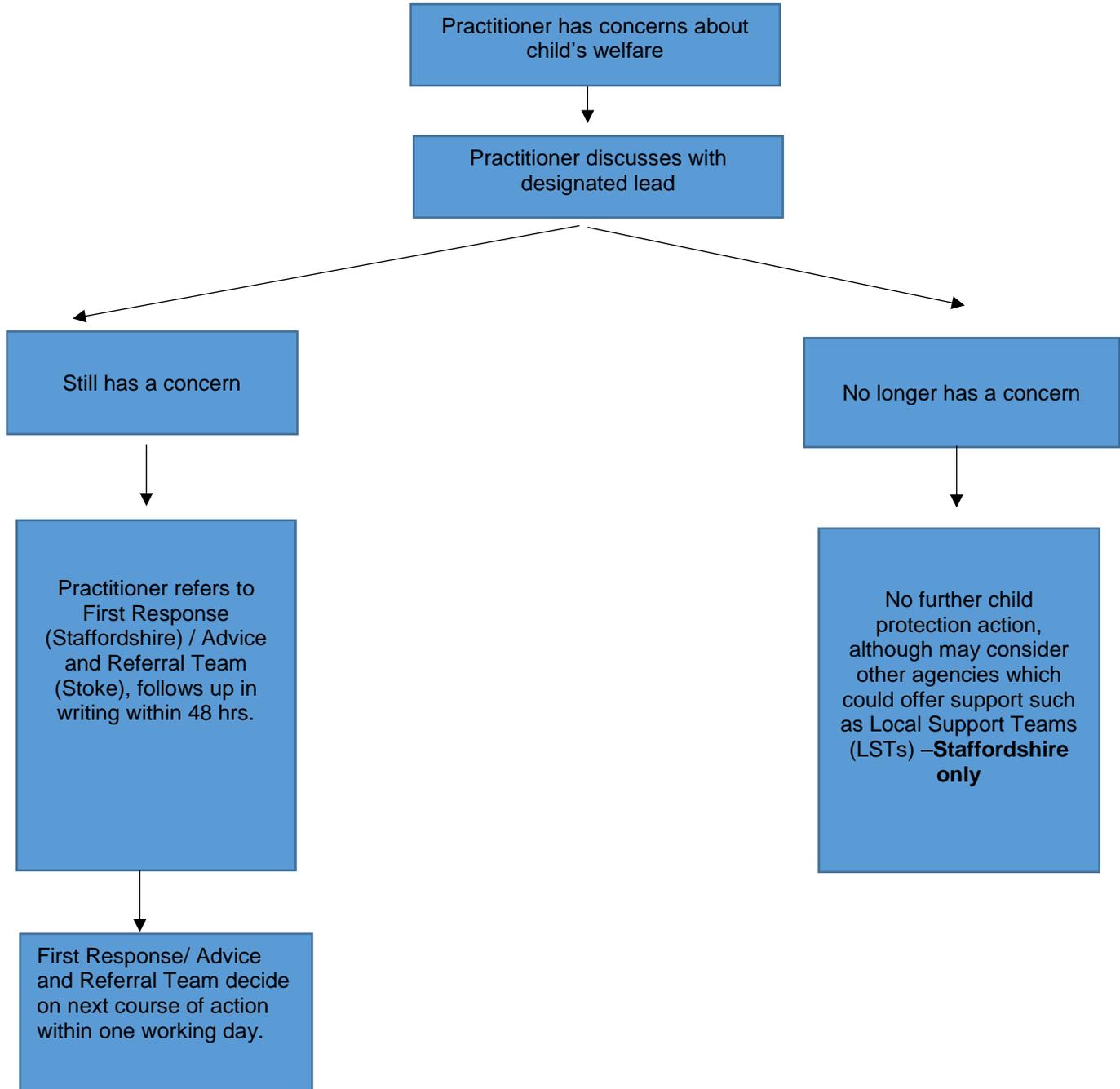
If a child alleges abuse then this must be recorded. In such a situation the child should **not** be questioned as this could contaminate evidence. Equally the child should not be silenced if she wishes to talk. If a child does want to talk then staff involved **must** avoid leading the child. You may have your own suspicions or anxieties about the perpetrator but do not voice these to the child.

Any allegations involving staff members, volunteers or visitors should be reported immediately to Karen Caswell – Head Teacher who is the Designated Safeguarding Lead and will liaise with the LADO. If the allegation is with regard to the Head Teacher then this needs to be referred immediately to Sam Millward – Head of Service. Should an allegation be raised against the Head of Service, this needs to be referred directly to the Local Authority Designated Officer.

- There are occasions when pupils accuse teachers or other members of staff of physically or sexually abusing them. In some cases those allegations are false or unfounded. Regrettably however in some cases the allegations are true. Colleagues need to be aware that such allegations may be made and to have procedures in place for dealing with them.
- Any instance of a pupil being abused by a teacher or any other member of staff is particularly serious. On the other hand, for an innocent person to be subject to what may be a lengthy period of suspension and investigation, coupled with the threat of possible arrest, is a serious ordeal which can result in long term damage to a person's health and career.
- Procedures for dealing with allegations should be in a line with the local safeguarding board practice (SSCB) and should not compromise child protection but should help to keep the damaging effects of false allegations to a minimum.
- It is important that the designated senior person is able to obtain advice and support when an allegation is made against a teacher or other member of staff. Local safeguarding procedures should clearly identify appropriate senior and experienced officers within the local safeguarding board who can be consulted in those circumstances.
- When an allegation is made, suspension of the person concerned should not be automatic. Suspension will be decided by **Sam Millward – Head of Service** and they should consider carefully whether it is the appropriate course in each instance. Although suspension on full pay is in law a neutral act, it is bound to be distressing for the accused person and disruptive for the service. The Head of Service will need to take into account the seriousness and plausibility of the allegation, the risk of harm to the pupil concerned or to other pupils, and the possibilities of tampering with evidence, as well as the interests of the person concerned and the school.



APPENDIX F: FLOW CHART – WHAT TO DO IF YOU HAVE CONCERN'S THAT A CHILD IS BEING ABUSED

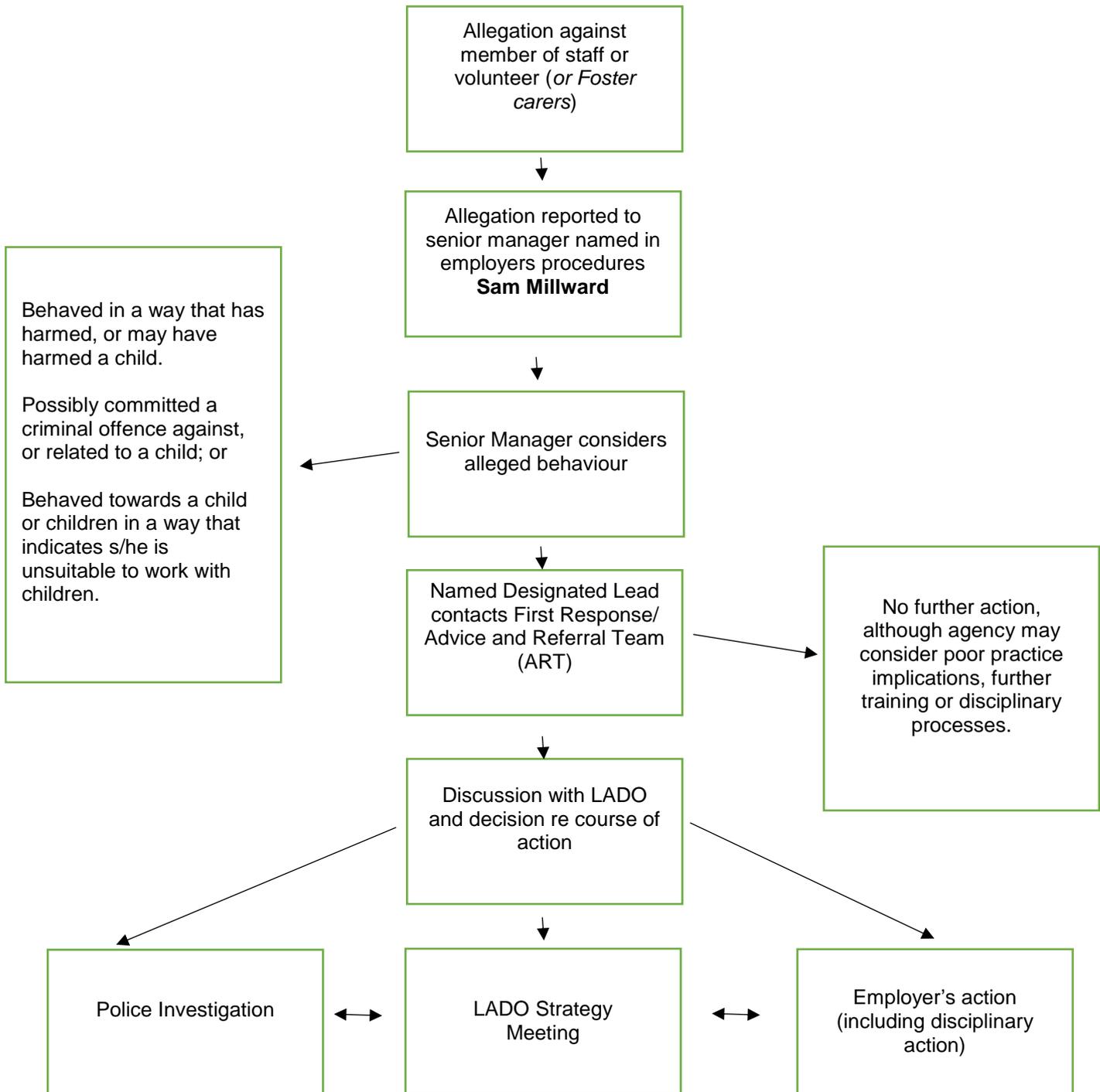


First Response Service (Staffordshire) can be contacted on 0800 1313 126 or the Police on 101.

Stoke Advice and Referral Team - 01782 234234 during normal office hours, or the Police on 101



APPENDIX G: FLOW CHART – MANAGING ALLEGATIONS AGAINST STAFF AND VOLUNTEERS



LADO tracks progress, monitors outcomes and reports to LSCB and Disclosure and Barring Service (DBS)