Child Protection Policy

This policy should be read in conjunction with the school's offer of Early Help (see Appendix 5), Health & Safety Policy, Attendance Policy, Conduct Policy, Behaviour Policy, Intimate Care Policy, Acceptable Use Policy and Anti- bullying Policy. *[Note: the Health & Safety Policy details the Health & Safety arrangements that are in place to protect staff and children and, the Anti-bullying Policy includes references to tackling and preventing discriminatory and derogatory language]*

This policy is written with due regard to:

'**Working Together to Safeguard Children' (March 2013)** (available at www.workingtogetheronline.co.uk) ;

'**Keeping Children in Safe Education' (September 2016)** (available on the School Intranet under Non-curriculum Policies) ;

'Inspecting Safeguarding in EY, Education and Skills Settings' (August 2016) (available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/547327/Inspecting_safeguarding_in_early_years_education_and_skills_settings.pdf)

'Prevent Duty Guidance' (June 2015) (available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799Revised_Prevent_Duty_Guidance__England_Wales_V2-Interactive.pdf)

Rationale

The School aims to create and maintain a safe environment for children and to manage situations where there are child welfare concerns. School staff, through their day-to-day contact with children and work with families, have an important role to play in noticing indicators of possible abuse or neglect. They can play a crucial part by referring concerns through the procedures outlined below.

The school will have a clearly laid down and recognised procedure for dealing with abuse or suspected abuse which is in line with :

Gloucestershire Safeguarding Children Board (GSCB) Child Protection Handbook – live version, - available at http://www.gscb.org.uk/CHttpHandler.ashx?id=31580&p=0

South West Safeguarding Children Proceedures, - available at http://www.swcpp.org.uk/swcpp/swcpp_procedures.htm

The Milestone School accepts that abuse, in whatever form, always constitutes serious harm to the child. All those involved with the provision of education at the school need to

be alert to the possibility of abuse and have knowledge of and use without delay, the system in place for dealing with actual or suspected abuse.

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

Procedures

Recognition of children at risk of abuse and neglect

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

Indicators of abuse are set out in **Appendix 1.**

When abuse is suspected / disclosed

Refer to **Gloucestershire Safeguarding Children Board (GSCB) Child Protection procedures – live version,** available at
http://www.gscb.org.uk/CHttpHandler.ashx?id=31580&p=0
See Chapter 2, 2.1, page 5 – "Procedure Where Abuse is Suspected / Disclosed"

Any member of staff who, either by virtue of a child's behaviour or appearance becomes suspicious of abuse or neglect or, is told that abuse has taken place, should immediately inform the school's **Designated Safeguarding Lead (DSL), Brian Roberts, or other Safeguarding officers – Diane Taylor (Senior Assistant Head), Liz Bates (Family Support Worker), Louise Nash (Family Support Worker).** The normal GSCB procedures will be followed.

If an injury requires immediate treatment, the designated person should arrange this without delay, in whichever way seems appropriate. The procedures set out below should then continue to be followed.

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

The concern or the child's comments should be accurately and legibly recorded in writing, using the Welfare Report form available on the school intranet, if possible.

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

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

Alleged abuse by members of staff / Whistle-blowing

If staff members have concerns about another staff member, they must contact the Headteacher or Designated Safeguarding Lead (DSL) immediately. The Government's Allegations Management Procedures (from Working Together 2010, www.workingtogetheronline.co.uk) will be implemented.

The Headteacher or Designated Officer will contact the **Local Authority Designated Officer for Allegations (LADO) on 01452 426994 or 01452 583638** for an Initial Discussion.

If a staff member has concerns about the Head teacher, the Chair of Governors or the governor with responsibility for Safeguarding must be contacted. They, in turn, will immediately contact the Local Authority Designated Officer for Allegations **(LADO) on 01452 426994 or 01452 583638.**

Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, staff are advised to contact:

1. The **Gloucestershire County Council whistleblowing phoneline** on 01452 427052 or, write to :

   The Director of Strategy and Challenge
   Gloucestershire County Council
   Shire Hall
   Gloucester
   GL1 2TG

   and / or,

2. The **NSPCC whistleblowing helpline - 0800 028 0285** – line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: **help@nspcc.org.uk9**

Resources

There will be a commitment to meeting the training needs of staff, with good quality in-service training provided on an ongoing basis. The School will ensure that designated Safeguarding staff are trained to the required level, with regular refresher training as appropriate.

Health & Safety

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

Induction and Professional Development

All newly appointed staff are required to meet with the school's Designated Officer and to read :

(i) The school's Safeguarding Policy ;

(ii) "Guidance for Safer Working Practice for Adults Who Work with Children";

(iii) Safeguarding Induction – a Power-point presentation;

(iv) Keeping Children Safe in Education 2016.

All class-based staff will receive 2 hours of training – "Basic Introduction to Child Protection" – renewed every 3 years. This will be delivered by staff from Gloucestershire Safeguarding Children Board (GSCB). Newly appointed staff whose start dates do not coincide with GSCB-delivered training, will be required to undertake the on-line version of the training and to provide the school with a certificate to confirm completion **(see Appendix 2).**

Female Genital Mutilation (FGM)
Staff will be provided with information and training in connection with FGM (**see Appendix 3)**.

Prevent Duty
The school will work with the local Channel panels to prevent students from being drawn into extremism and radicalisation according to the Counter-Terrorism and Security Act. This will include providing appropriate Prevent training for all staff. (See **Appendix 4** for information on Prevent)

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

Children Missing from Education (CME)
Children missing from education is a potential indicator of abuse and neglect, and as such, these children are at potential risk of harm, exploitation and radicalisation.
The school will follow the latest DfE guidance, available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/395138/Children_missing_education_Statutory_guidance_for_local_authorities.pdf

Offer of Early Help
Details of the school's offer of early help – its commitment to trying to support young people and families as soon as problems emerge – may be found under **Appendix 5** below.

Child Sexual Exploitation (CSE)
"Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child

or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology." (***Revised Government statutory definition of child sexual exploitation - February 2017)***

CSE involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain -**'sexting' (see below)**. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Sexting

The term 'sexting' is derived from texting and refers to the sending of sexually provocative material (including photos, videos and sexually explicit text) from modern communication devices or applications, such as mobile phones, tablets, email, social networking sites and instant messaging services.

The Milestone School deems sexting as inappropriate and unsafe behaviour which threatens the social, emotional and/or physical safety of pupils. Sexting can result in the humiliation, bullying and harassment of pupils.

The school has a responsibility to prevent sexting and the dissemination of inappropriate or offensive material and to educate both students and staff about both the legal and social dangers of sexting.

The 'distribution of an intimate image' or to 'threat to distribute an intimate image' in is an offence under the law. The offence applies to the distribution of images of anyone under 18 years of age, and the distribution of images of adults without consent. The offence for distribution carries a penalty of up to two years in prison and the offence of threatening to distribute carries a penalty of up to one year in prison.

All staff members are required to notify the DSL upon becoming aware that sexting by, or featuring, a pupil is likely to have occurred.

Child Sexual Exploitation (CSE)

> "Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual

exploitation does not always involve physical contact; it can also occur through the use of technology." (***Revised Government statutory definition of child sexual exploitation - February 2017)***

CSE is the sexual exploitation of children and young people under 18. It involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability. (See **Appendix 6** – 'Indicators of CSE')

Review

This policy will be reviewed at least annually* as part of the policy review cycle of The Milestone School. The date of the next scheduled review will be November 2017.

[*This policy will be updated more frequently if necessary, to reflect changes made in the 'live' (i.e. the definitive version) of "**Gloucestershire Safeguarding Children Board (GSCB) Child Protection procedures"]**

Reviewed: November 2017
Next Review: November 2018

Appendix 1

Recognition of children at risk of abuse and neglect

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

It is the responsibility of professionals to report concerns, NOT to decide whether it is or is not child abuse.

When all agencies share concerns about the child and family with social services, informed decisions can be reached and appropriate assistance can be made available if necessary. Professional concerns about "false allegations" need to be set aside as the need to protect the child must be paramount.

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

Bruising that suggests the possibility of physical child abuse includes:

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

Non-accidental injury indicators:

- Burns and scalds have:
  - clear outline
  - no or few splash marks
  - unusual positions
  - indicative shapes (e.g. cigarette, electric fire).
- Injuries maybe suspicious if:
  - bite marks
  - large and deep scratches
  - incisions.
- Fractures if:
  - numerous
  - unreported
  - healed at different times

- child under two.

Other Indicators of Abuse:

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

Possible Behavioural Indicators of Abuse:

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

Risk Factors Associated with Physical & Emotional Abuse

Parental	**Child**	**Social - linked to stress factors**
Drug and alcohol misuse	Has a disability	Unemployment
Mental illness	Demanding as a baby	Bad housing
Isolation or lack of support	Under 2's are consistently the most vulnerable	No income
Young parents	Child or siblings previously on child protection register	Domestic violence
Lack of attachment/ unresponsive to child's needs	Premature birth or poor feeders/sleepers	Unwanted pregnancy
Lax and inconsistent parenting	Poor bonding	Recent accident/ill-health
History of violence/abuse of children	Failure to thrive	
Inappropriate expectation		
Abused themselves		

While none of these indicators would be 100% diagnostic of abuse in itself, each would be a cause for some concern that would need to be explored with the family and with other agencies.

Indicators of child sexual abuse:
A child's verbal allegations must always be treated with the greatest respect. Children are entitled to be listened to, and to have their allegations treated seriously. Although there can be occasions when children invent allegations, as a result of adult pressures or for a variety of other reasons, research suggests that such fabricated allegations are rare and that children are in fact more likely to claim they are not being assaulted when they are, than vice versa.

Once concerns are reported it is important that the indicators are weighed in terms of significance and in the context of the child's life, before the assumption is made that the child is or has been sexually assaulted. Some indicators take on greater or lesser weight depending on the child's age. It is essential you do not question the child but record carefully what is said and contact Social Services. Do not discuss with a suspected abuser.

Indicators suggesting that there is a high likelihood of sexual abuse

- The child's own verbal allegation ("disclosure") that an assault has occurred
- Physical symptoms for which the only explanation is sexual activity, including genital tearing, sexually transmitted diseases, and pregnancy in younger children
- Children's sexual abuse of other children
- Suicide attempts
- Compulsive masturbation in an inappropriate setting
- Vivid details of sexual activity in talk/play/drawings, showing awareness of penetration, ejaculation, oral or anal sex (younger children).

Indicators suggesting cause for concern and a need to investigate - in order to find a satisfactory explanation

- Pregnancy and sexually transmitted diseases
- Drug and alcohol abuse
- Persistent running away
- Sexualised stories/poems
- Self-mutilation
- Chronic urinary/vaginal infections or soreness
- Exposure of genitals
- Eating disorders
- Clinical depression
- Unexplained money or gifts
- Fear of particular people or situations
- Obsessional behaviour
- Developmental regression.

Appendix 2

Basic Child Protection – On-line training instructions

To log on to the course…….

Ensure you work on a computer attached to a printer (please note that you are not able to print your certificate off at a later date)

Log on to the KWANGO website at **www.Kwango.com**

Type the username and password into the logon boxes:

Username : **GlosEd-Spec1z**

Password : **GSCBEdSpec920g**

You will be taken straight to the 'launch page' for the e-learning course.

Press the 'Launch' button and the course will begin.

Approximate time required: 1.5 – 2.0 hours

Certificate: please print, and provide a copy for the school's Designated Safeguarding Lead

Appendix 3

Female Genital Mutilation (FGM)

From 31st October 2015 school staff along with doctors, nurses and midwives have been required to report cases of female genital mutilation (FGM) to the police. We are also required to report to Social Services, girls who are considered to be 'at risk' of FGM.

The rules apply in England and Wales when girls under 18 say they have been cut or staff recognise the signs.

The government is committed to ending the "abusive and illegal practice" within a generation.

UNDERSTANDING THE ISSUES AROUND FGM

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

FGM is prevalent in 28 African countries as well as in parts of the Middle East and Asia. It is estimated that approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.

FGM is practised by families for a variety of complex reasons but often in the belief that it is beneficial for the girl or woman.

FGM constitutes a form of child abuse and violence against women and girls, and has severe short-term and long-term physical and psychological consequences.

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child.

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

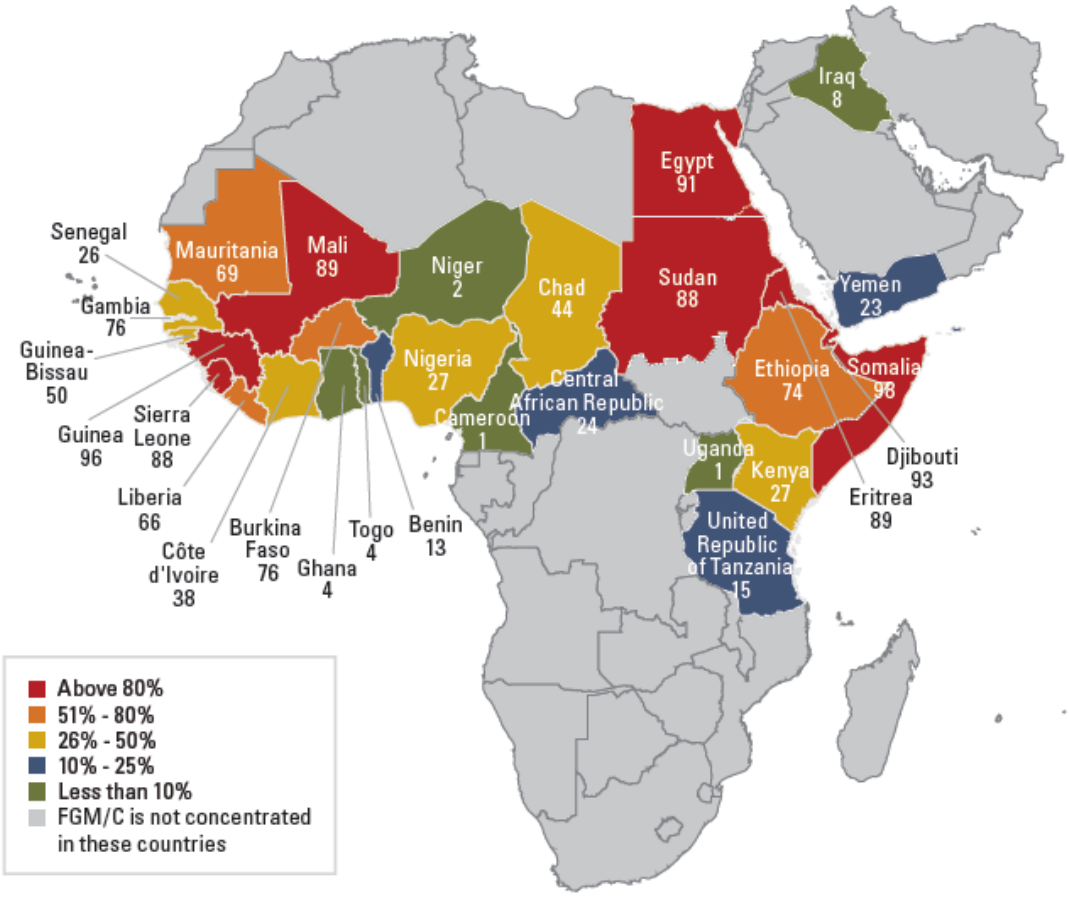
Any person found guilty of an offence under the Female Genital Mutilation Act 2003 is liable to a maximum penalty of 14 years imprisonment or a fine, or both.

FGM is a deeply rooted tradition, widely practised mainly among specific ethnic populations in Africa and parts of the Middle East and Asia, which serves as a complex form of social control of women's sexual and reproductive rights.
The World Health Organization estimates that between 100 and 140 million girls and women worldwide have experienced female genital mutilation and around 3 million girls undergo some form of the procedure each year in Africa alone. See below for African countries' prevalence.

FGM has also been documented in communities in **Iraq, Israel, Oman, the United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan**.

PREVALENCE OF FGM AMONG WOMEN AGED 15-49 IN AFRICA AND THE MIDDLE EAST

(Source: UNICEF (July 2013), global databases based on data from Multiple Indicator Cluster Survey, Demographic and Health Survey and other national surveys, 1997–2012.)



IDENTIFYING GIRLS AND WOMEN AT RISK

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

Victims of FGM are likely to come from a community that is known to practise FGM.

Provided that the mutilation takes place in the UK, the nationality or residence status of the victim is irrelevant.

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

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

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

The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM.

Any girl born to a woman who has been subjected to FGM must be considered to be at risk of FGM, as must other female children in the extended family.

Any girl who has a sister who has already undergone FGM must be considered to be at risk of FGM, as must other female children in the extended family.

Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.

INDICATIONS THAT FGM MAY BE ABOUT TO TAKE PLACE SOON

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

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

There can also be clearer signs when FGM is imminent:

It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.

A professional may hear reference to FGM in conversation, for example a girl may tell other children about it (See below for commonly used terms in different languages).

A girl may confide that she is to have a ‘special procedure’ or to attend a special occasion to ‘become a woman’.

A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.

Parents state that they or a relative will take the child out of the country for a prolonged period.

A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent (see Section 2.5 for the nationalities that traditionally practise FGM).

Parents seeking to withdraw their children from learning about FGM.

INDICATIONS THAT FGM MAY HAVE ALREADY TAKEN PLACE

It is important that professionals look out for signs that FGM has already taken place so that:

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

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

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

TERMS USED FOR FGM IN OTHER LANGUAGES

Country	Term used for FGM	Language
CHAD – the Ngama Sara subgroup	Bagne	
	Gadja	
GAMBIA	Niaka	Mandinka
Kuyungo		Mandinka
Musolula		Mandinka
GUINEA-BISSAU	Fanadu di Mindjer	Kriolu
EGYPT	Thara	Arabic
	Khitan	Arabic
	Khifad	Arabic
ETHIOPIA	Megrez	Amharic
	Absum	Harrari
ERITREA	Mekhnishab	Tigregna
IRAN	Xatna	Farsi
KENYA	Kutairi	Swahili
	Kutairi was	Swahili
ichana		
NIGERIA	Ibi/Ugwu	Igbo
	Didabe fun omobirin/ ila kiko fun omobirin	Yoruba
SIERRA LEONE	Sunna	Soussou
	Bondo	Temenee
		Mendee
Bondo/sonde		
	Bondo	Mandinka
	Bondo	Limba
SOMALIA	Gudniin	Somali
		Somali
Halalays		
	Qodiin	Somali
SUDAN	Khifad	Arabic
	Tahoor	Arabic
TURKEY	Kadin Sunneti	Turkish

Appendix 4

Prevent Duty

From 1st July 2015, schools and education providers have been required to prevent young people from being drawn into terrorism. Staff must know how to identify children who are at risk of radicalisation and what to do if children are identified.
Staff should be aware of the following:

- **British Values**

  "Democracy, the rule of law, equality of opportunity, freedom of speech and the rights for all men and women to live free from persecution of any kind".

- **Extremism**

  "vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs".

- **Radicalisation**

  "the process by which a person comes to support terrorism and forms of extremism leading to terrorism".

What should I do if I have a concern?.....

Notice → Check → Share concerns

- Refer concern to the school's Safeguarding Officers.
- Safeguarding officer considers options that include seeking advice from Safeguarding Helpdesk. Duty social worker will advise (eg Social Care involvement; CP referral; school-based intervention; Channel referral via police*)

  [*specialbranch@gloucestershire.pnn.uk]

Channel

Channel is a programme that uses a multi-agency approach to protect vulnerable people by:

- Identifying individuals at risk (people of all ages).
- Assessing the nature and extent of that risk.
- Developing the most appropriate support plan for the individuals concerned.

The ***Channel Vulnerability Assessment Framework*** is used to guide decisions about whether an individual needs support to address their vulnerability to being drawn in to terrorism as a consequence of radicalisation.

Stage 1: Engagement with a group, cause or ideology (psychological hooks)

- Feelings of grievance and injustice
- Feeling under threat
- A need for identity, meaning and belonging
- A desire for status
- A desire for excitement and adventure
- A need to dominate and control others
- Susceptibility to indoctrination
- A desire for political or moral change
- Opportunistic involvement
- Family or friends involvement in extremism
- Being at a transitional time of life
- Being influenced or controlled by a group
- Relevant mental health issues

Stage 2 : Intent to cause harm

Not all those who become engaged by a group, cause or ideology go on to develop an intention to cause harm, so this dimension is considered separately. Intent factors describe the mindset that is associated with a readiness to use violence and address what the individual would do and to what end. They can include:

- Over-identification with a group or ideology
- 'Them and Us' thinking
- Dehumanisation of the enemy
- Attitudes that justify offending
- Harmful means to an end
- Harmful objectives

Stage 3 : Capability to cause harm

Not all those who have a wish to cause harm on behalf of a group, cause or ideology are capable of doing so, and plots to cause widespread damage take a high level of personal capability, resources and networking to be successful. What the individual is capable of is therefore a key consideration when assessing risk of harm to the public. Factors can include:

- Individual knowledge, skills and competencies
- Access to networks, funding or equipment
- Criminal Capability

Appendix 5

The Milestone School Offer of Early Help

Providing early help is more effective in promoting the welfare of children than reacting later. 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. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.

Effective early help relies upon local agencies working together to:

• identify children and families who would benefit from early help;

• undertake an assessment of the need for early help; and

• provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

'Working Together to Safeguard Children (2015)' guidance re-emphasises the collective responsibility placed on all agencies – including schools – to identify, assess and provide effective targeted early help services. An aim is to ensure that professionals are clear when it is their responsibility to help children and families as problems emerge from families living in difficult circumstances.

When involved in assessing needs the school will, where possible, seek to obtain the views of the child about their experiences, and will ask for their thoughts and feelings about their circumstances. Assessments will also include as much information as possible about the family history, needs, risks and strengths. This should lead to sound conclusions and outcomes, based on a good analysis of the information.

The school's Family Support team are central to the school's commitment to support young people and families, offering early help to avoid an escalation of issues. The team aims to provide help as soon as problems start to emerge, or when there is a strong likelihood that problems will arise in the future.

The following are examples of the types of help available from the school:

- Benefits Advice
- Parent Counselling (subject to availability)
- Parent cafe / social groups / siblings groups
- Details of Out of School and holiday activities
- Provide contact details of other support services and agencies
- Parent Workshops, including Webster-Stratton
- Pastoral Support
- General care, support and advice
- A listening ear.

Contacts: Liz Bates and Louise Nash – 01452 874045

School attendance is monitored by the school's attendance officer, Rosie Williams (01452 874079), who is available to support families when necessary.

Pupils whose needs require unexpected additional targeted support at any time are reviewed by the school's Intervention Team, a group that includes the Head-teacher, the

Deputy-Head, the Senior Assistant Head, the Pastoral Team, the lead teacher of the school's exceptional needs unit (The Space) and PSHE co-ordinator. Meetings are held at least fortnightly.

Where a higher level of assessment and support for families or the professionals helping them is required, contact should be made with one of six Early Help Partnerships across Gloucestershire. These are made up of representatives of services who decide the help that's needed and offer advice, guidance and support to practitioners. These groups are supported by Families First Plus teams in each District. Details of the of the six Early Help Partnerships may be found at:

http://www.glosfamiliesdirectory.org.uk/kb5/gloucs/glosfamilies/family.page?familychannel=3_2_2

Appendix 6

Possible Indicators of Child Sexual Exploitation (CSE) :

- 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.