



# BHES

## *Safeguarding and Child Protection Policy*

Note: in this policy reference to governing body or governors refers to the management committee and its members.

Where contextually appropriate for school read service.

### **Bristol Hospital Education Service**

Established over thirty years ago, Bristol Hospital Education Service is an Outstanding educational provision designed to support young people who are unable to access mainstream education because of medical needs.

Date adopted: [Click here to enter a date](#)

## HISTORY OF POLICY CHANGES

Date	Page	Details of Change
September 2020	All	Updated and re-written to reflect COVID-19, new statutory guidance Keeping Children Safe in Education, and for ease of reading (BCSB)
September 2021	All	Keeping Children Safe in Education current update
March 2022	All	Removal of Meriton logo Removal of Appendix F – COVID 19 Addendum Policy in the event of lockdown – now in standalone policy Low Level Concerns policy – added to linked list Reviewed – no changes to body of information

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# Part 1: Policy

## Definitions

**Safeguarding** is defined as:

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

**Child Protection** is defined in the Children Act 1989 (s.47) as when a child is suffering, or is likely to suffer significant harm. Under statutory guidance and legislation action must be taken to safeguard and promote the child's welfare.

## Introduction

At **Bristol Hospital Education Service**

- Safeguarding and promoting the welfare of children is **everyone's** responsibility. **Everyone** who comes into contact with children, their families and carers, has a role to play.
- In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the **best interests** of the child.
- We take an '**it can happen here**' approach where safeguarding is concerned.
- **Everyone** who comes into contact with children has a role to play in identifying concerns, sharing information and taking prompt action.

**Bristol Hospital Education Service** is committed to safeguarding and promoting the welfare of children by:

- The provision of a safe environment in which children and young people can learn;
- Acting on concerns about a child's welfare immediately;
- Fulfilling our legal responsibilities to identify children who may be in need of early help or who are suffering, or are likely to suffer, significant harm.

## **Ethos and values**

- Our aim and purpose is to reduce the impact that chronic illness or being a young parent has on students' life chances.
- We provide education to students when their illness or the demands of being a young parent stops them from attending their on-roll school.
- We work in partnership with health, education and social care colleagues to deliver co-ordinated intervention plans.
- Our goal for all of our students is that they return to their on-roll school as soon as possible.
- We believe that students make the best progress when they are fully aware of the purpose of the work that we do with them.
- Ensuring students understand the journey that they will make through our service and what their next steps are is key to our work.
- We make sure that this happens through involving students and parents in reviews and the use of interactive feedback from staff.

### **The values we hold to support our ethos**

- Openness, honesty, equity, self-help, social responsibility and caring for others.

## **Structure of BHES**

### **Riverside Mental Health Unit**

Riverside Mental Health Unit is the lead safeguarding body on this site. Riverside's NHS safeguarding policy takes precedent over BHES safeguarding policy, they hold ultimate responsibility for safeguarding in this setting. Staff working on this site must understand the Riverside's Safeguarding policy, procedures and flowchart. This should be delivered as part of a staff meeting to ensure all staff have clarity. New staff must have the same discussion when they are inducted. All SLT at BHES must read the full documentation.

### **Bristol Children's Hospital**

Bristol Children's Hospital is the lead safeguarding body on this site. BCH's NHS safeguarding policy takes precedent over BHES safeguarding policy, they hold ultimate responsibility for safeguarding in this setting. Staff working on this site must understand their Safeguarding policy, procedures and flowchart. This should be delivered as part of a staff meeting to ensure all staff have clarity. New staff must have the same discussion when they are inducted. All SLT at BHES must read the full documentation.

### **1:1 tuition**

As well as following this policy 1:1 tutors and inclusion staff must read, understand and follow the Lone working policy and ensure a risk assessment is completed.

### **Students on dual registers**

Students are dual registered when accessing BHES. BHES is the secondary education provider with the on-roll school retaining the lead responsibility in safeguarding. BHES has a responsibility to inform and liaise with the on-roll school on all safeguarding and attendance issues. Safeguarding concerns will be passed on to the DSL at the on-roll school in a timely manner.

## CPOMS

### What is CPOMS?

CPOMS is the market leading software application for monitoring child protection, safeguarding and a whole range of pastoral and welfare issues. Working alongside a school's existing safeguarding processes, CPOMS is an intuitive system to help with the management and recording of child protection, behavioural issues, bullying, special educational needs, domestic issues and much much more. Using CPOMS, schools can ensure that students are safe and fully supported, whilst school staff can focus on teaching and providing support, instead of administration.

Every member of staff across school has an obligation to report any concerns which they may have. CPOMS allows them to record information in a central repository and have relevant people alerted immediately. Senior leaders are able to build a chronology around a student and can produce reports on vulnerable pupil groups for Case Conference Meetings, Governors and Ofsted at the touch of a button.

For further information: <http://www.cpoms.co.uk/>

All action taken by **Bristol Hospital Education Service** will be in accordance with:

- **Current legislation** (these are summarised within [Working Together to Safeguard Children: statutory framework](#))
- **Statutory, national and local guidance – this includes:**
  - **Working Together to Safeguard Children (2018)**, which sets out the multiagency working arrangements to safeguard and promote the welfare of children and young people and protect them from harm; in addition it sets out the statutory roles and responsibilities of schools.
  - **Keeping Children Safe in Education** is statutory guidance issued by the Department for Education which all schools and colleges must have regard to when carrying out their duties to safeguard and promote the welfare of children.
- **Local Guidance from the Local Safeguarding Partnership:** around particular safeguarding topics are available on the [Keeping Bristol Safe Partnership Website](#).
- **Government guidance issued in relation to COVID19.** The full collection is available on the [government website](#). **Bristol Hospital Education Service** have created an addendum to this document to reflect changes made during lockdown or in the event of a further lockdown.

**This policy should be read in conjunction with the following policies:**

- Recruitment and Selection
- Whistleblowing and Public Interest Disclosure
- Code of Conduct for Staff/ Staff Behaviour Policy
- Anti-Bullying /Peer on Peer Abuse
- Behaviour (and Exclusions Policy if a separate document)
- E-Safety
- Self-Harm
- Policy on Supporting Children in Care
- Attendance (including the safeguarding response to children who go missing from education)
- Health and Safety
- Low Level concern policy

**This list is not exhaustive.**

## **Equalities Statement**

With regards to safeguarding we will consider our duties under the Equality Act 2010 and our general and specific duties under the Public Sector Equality Duty. General duties include:

1. Eliminate discrimination, harassment, victimisation and other conduct that is prohibited by the Equality Act 2010.
2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it.
3. Foster good relations across all protected characteristics – between people who share a protected characteristic and people who do not share it.

Details of our specific duties are published under **Bristol Hospital Education Service's** equality statement and measurable objectives.

We adhere to both the [Bristol Equality Charter](#) and [Bristol Children's Charter](#) with a view to contribute towards the [One City Plan](#).

Staff are aware of the additional barriers to recognising abuse and neglect in children with Special Educational Needs and Disabilities (SEND).

## Overall Aims

This policy will contribute to the safeguarding of children at **Bristol Hospital Education Service** by:

- Clarifying safeguarding expectations for members of the education setting's community, staff, governing body, children and their families;
- Contributing to the establishment of a safe, resilient and robust safeguarding culture in the setting built on shared values; that learners are treated with respect and dignity, taught to treat each other and staff with respect, feel safe, have a voice, and are listened to.
- Supporting contextual safeguarding practice recognising that the setting's site can be a location where harm can occur.
- Setting expectations for developing knowledge and skills within the setting's community (staff, children, parents/carers) to the signs and indicators of safeguarding issues and how to respond to them.
- Early identification of need for vulnerable learners and provision of proportionate interventions to promote their welfare and safety.
- Working in partnership with children, parents and other agencies in the Local Safeguarding Partnership.
- Ensuring all policies which address issues of power and potential harm, for example anti-bullying, equalities, use of reasonable force, positive behaviour, will be linked to ensure a whole school approach.

**Bristol Hospital Education Service** is named as a relevant agency in the Local Safeguarding Partnership. This policy sets out its statutory duty to co-operate, follow and comply with published arrangements as set out by the Keeping Bristol Safe Partnership.

## Professional expectations, roles, and responsibilities

### Role of all staff

- All staff will read and understand Part 1 of statutory guidance Keeping Children Safe in Education. Those working directly with children will also read Appendix A.
- In addition to this all staff will be aware of the systems in place which support safeguarding including; reading this Safeguarding/Child Protection Policy; the Behaviour Policy; the Staff Behaviour Policy (code of conduct); safeguarding response to children who go missing from education; and the role of the Designated Safeguarding Lead (DSL).
- Know who and how to contact the DSL and any deputies, the Chair of Governors, and the Governor responsible for safeguarding.
- All staff will be able to identify vulnerable learners and take action to keep them safe. Information or concerns about learners will be shared with the DSL where it includes those:
  - who need a social worker and may be experiencing abuse or neglect
  - requiring mental health support,
  - may benefit from early help
  - where there is a radicalisation concern
  - where a crime may have been committed
- Be clear as to the setting's policy and [procedures with regard to peer on peer abuse](#), children missing education and [those requiring mental health support](#).
- Be involved, where appropriate, in the implementation of individual plans to further safeguard and achieve best outcomes for learners.
- Record concerns appropriately and in a timely manner by using the setting's safeguarding systems.
- Are aware of the need to raise to the senior leadership team any concerns they have about safeguarding practices within the school.

### Role of the Designated Safeguarding Lead (DSL)

Duties are further outlined in Keeping Children Safe in Education (Appendix B)

Details of our DSL and Deputy DSL are available on the **Bristol Hospital Education Service website and the notice board in reception.**

- The DSL is a senior member of staff who undertakes lead responsibility for safeguarding and child protection within the school.
- Activities include the management of work undertaken by any Deputy DSLs.
- Manages early identification of vulnerability of learners and their families from staff through cause for concerns or notifications. This will ensure detailed, accurate, secure written records of concerns and referrals.

- Manages referrals to local safeguarding partners where learners with additional needs have been identified. These can include those –
  - who need a social worker and maybe experiencing abuse or neglect
  - requiring mental health support,
  - who may benefit from early help
  - where there is a radicalisation concern
  - where a crime may have been committed

The DSL will also:

- Work with others – acting as a point of contact for outside agencies with regard to safeguarding.
- Support and advise other staff in making referrals to other agencies
- When required, liaise with the case manager and the Local Authority Designated Officer (LADO) in relation to child protection cases which concern a staff member.
- Coordinate safeguarding training for all those in section 5, in line with section 6 of this document.
- Raise awareness and understanding to the school community around policies and practice in relation to safeguarding.
- Help promote educational outcomes by sharing information about vulnerable learners with relevant staff. This includes ensuring that staff:
  - know who these children are,
  - understand their academic progress and attainment and maintain a culture of high aspirations for this cohort;
  - are supported to identify the challenges that children in this group might face
  - make reasonable adjustments so that they act to best support these children.
- Ensure a prompt and successful transfer of the Safeguarding/Child Protection File when a learner moves on to a new setting.
- Ensure appropriate safeguarding cover and availability during term time/ any out of hours/out of term activities managed by the school.

## **Role of the Governing Body –**

**Duties are further outlined in Keeping Children Safe in Education Part 2.**

**There is a senior board level lead who takes responsibility for the setting's safeguarding responsibility.**

- Ensure that safeguarding and child protection practice, process and policy (including online safety) is effective and is compliant with legislation, statutory guidance and local safeguarding arrangements.
- The appointed Safeguarding Governor will liaise with the Head Teacher/Principal and the DSL to produce an annual report for governors and complete the S. 175 (annual safeguarding) audit for the Keeping Bristol Safe Partnership;
- Ensure that the school remedies any deficiencies or weaknesses brought to its attention without delay;
- Ensure that this document is updated annually (or when there are significant updates)
- Ensure that the DSL is an appropriate senior member of setting's senior leadership team and ensure that they have adequate time and resourcing to carry out their roles.
- Ensure that the training and learning for the school community is robust and effective.
- Ensure that learners are taught about safeguarding including online safety.
- Prevent people who pose a risk of harm from working with children by ensuring that statutory checks are made on staff who work with children.
- Ensure that there are procedures in place to manage safeguarding concerns or allegations against staff.
- Ensure that systems are in place for children to express their views and give feedback.
- Ensure that the setting has systems in place to prevent, identify and respond to peer on peer harm and mental health concerns.
- Appoint a designated teacher to promote the educational achievement for children in care and other care arrangements.

Head teachers and principals should ensure that the above policies and procedures, adopted by governing bodies and proprietors, are accessible, understood and followed by all staff.

## **Safeguarding training for staff**

### **All staff:**

- Governing bodies and proprietors will ensure that all staff members undergo safeguarding and child protection training at induction.
- Will receive appropriate safeguarding and child protection training, which is regularly updated.
- All staff must complete FGM awareness training and will understand their legal duty under the Mandatory Reporting Duty.
- All staff must complete PREVENT awareness training. This is to ensure that they are able to comply with the legal expectations under the PREVENT duty.
- In addition, **all** staff should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively (KCSIE).
- Staff training includes clear reference to internal whistleblowing policy and guidance for escalating concerns.

### **Training for DSLs and deputies:**

- Will undergo formal training to provide them with the knowledge and skills required to carry out the role. The training will be updated every two years.
- Deputies will be trained to the same level as the DSL.
- The DSL and any deputies will liaise with the Keeping Bristol Safe Partnership to ensure that their knowledge and skills are updated via e-bulletins, attend DSL network meetings and take time to read and digest safeguarding bulletins.

### **Other training considerations:**

- The governing body will ensure that at least one person on any appointment panel will have undertaken safer recruitment training, in line School Staffing (England) Regulations 2009.
- The Designated Teacher for Children in Care will undergo appropriate training to fulfil their role to promote the educational achievement of registered pupils who are in care.
- The mental health lead has access to appropriate training.
- Training around safeguarding topics in Appendix A (including online safety) will be integrated, aligned and considered as part of the overarching safeguarding approach.
- Appropriate colleagues have received appropriate training in relation to use of reasonable force and positive handling.

## **Safeguarding in the curriculum**

**Bristol Hospital Education Service** is dedicated to ensuring that learners are taught about safeguarding, including online safety. This is part of a broad and balanced curriculum.

### **PLEASE NOTE:**

Students at BHES receive short term input to enable them to return to their on-roll school, we do not always deliver all aspects of the school curriculum.

This includes:

- Working within statutory guidance in respect to Relationship, Sex and Health Education;
- Personal, Social, Health and Economic (PSHE) education, to explore key areas such as self-esteem, emotional literacy, assertiveness, power, building resilience to radicalisation, e-safety and bullying.
- Appropriate filters and monitoring systems are in place to ensure that ‘over-blocking’ does not lead to unreasonable restrictions as to what learners can be taught with regard to online teaching and safeguarding.
- The curriculum will be shaped to respond to safeguarding incident patterns in the setting identified by the DSL and safeguarding team (e.g., to respond to an increase in bullying incidents).
- Providing engagement opportunities with parents and carers to consult on key aspects of the curriculum.
- Learners have the opportunity to inform the curriculum via discussions with the school council and student body.

## **Safer recruitment and safer working practice**

### **Safer recruitment**

The school pays full regard to the safer recruitment practices detailed in ‘Keeping Children Safe in Education’

- This includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job.
- It also includes undertaking appropriate checks through the Disclosure and Barring Service (DBS), the barred list checks and prohibition checks (and overseas checks if appropriate), dependent on the role and duties performed, including regulated and non-regulated activity.

- References are always obtained, scrutinised and concerns resolved satisfactorily before appointment is confirmed.
- All recruitment materials will include reference to **Bristol Hospital Education Service**'s commitment to safeguarding and promoting the wellbeing of learners.

#### **Use of reasonable force**

- 'Reasonable force' refers to the physical contact to restrain and control children using no more force than is needed'. The use of reasonable force is down to the professional judgement of the staff member concerned and will be determined by individual circumstances and the vulnerability of any child with Special Educational Needs or Disability (SEND) will be taken into account.
- The use of reasonable force will be minimised through positive and proactive behaviour support and de-escalation and will follow government guidance ([Use of Reasonable Force in Schools 2013](#); [Reducing the need for restraint and restrictive intervention, 2019](#)).
- There is robust recording of any incident where positive handling or restraint has been used. Further review of the incident is carried out to reflect on how the incident could be avoided. This will involve the child and their family.

#### **Whistleblowing procedures**

- Staff are aware of the following whistleblowing channels for situations where they feel unable to raise an issue with the senior leadership team or feel that their genuine concerns are not being addressed:
- General guidance can be found at: Advice on whistleblowing <https://www.gov.uk/whistleblowing>.
- The NSPCC whistleblowing helpline is available [here](#) for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk).
- The above channels are clearly accessible to all staff (in the staff handbook, code of conduct, staff notice boards).

## Key safeguarding areas

In addition to the above, there are specific areas of safeguarding that the setting has a responsibility to address - these include:

- Children in the court system
- Child Exploitation – both Child Sexual Exploitation and Child Criminal Exploitation
- Domestic Abuse -
- Homelessness
- So-called Honour based Abuse including:
  - Female Genital Mutilation -
  - and Forced Marriage,
- Online Safety
- Mental health
- Peer on Peer Abuse:
  - Bullying and Cyberbullying,
  - Physical Abuse,
  - Sexual Violence, Sexual Harassment,
  - Sexting,
  - Up skirting.
  - Initiation and Hazing Type violence.
- Serious Youth Violence -
- Substance Misuse
- Preventing Radicalisation
- Private Fostering
- Young Carers

Additional information about key safeguarding areas can also be found in Keeping Children Safe in Education (KCSIE) - Appendix A and Appendix C; or the [NSPCC website - Types of Abuse](#).

## **Part 2: Procedures**

### **Reporting concerns**

All staff are clear about recording and reporting concerns to the DSL and DSL deputies in a timely way. In the case a child is in immediate danger in staff should phone the police.

All staff are aware of and follow the procedures to respond to a concern about a child detailed in [Appendix B](#). This includes responses to peer on peer harm and children who present with a mental health need.

### **Information Sharing**

**Bristol Hospital Education Service** is committed to have due regard to relevant data protection principles which allow for sharing (and withholding) personal information as provided for in the Data protection Act 2018 and General Data Protection Regulations. This includes how to store and share information for safeguarding purposes, including information which is sensitive and personal and should be treated as 'special category personal data'.

Staff at the setting are aware that:

- That 'Safeguarding' and 'individuals at risk' is a processing condition that allows practitioners to share special category personal data.
- Practitioners will seek consent to share data where possible in line with [Information Sharing for Safeguarding Practitioners 2018](#).

There may be times when it is necessary to share information without consent such as:

- To gain consent would place the child at risk,
- It cannot be reasonably expected that a practitioner gains consent,
- or, if by sharing information it will enhance the safeguarding of a child in a timely manner but it is not possible to gain consent.

There are also times when Bristol Hospital Education Service will not provide pupil's personal data where the serious harm test under legislation is met, (by sharing the information the child may be at further risk). When in doubt Bristol Hospital Education Service will seek legal advice.

**The Data Protection Act 2018 and GDPR do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed**

**to stand in the way of the need to safeguard and promote the welfare and protect the safety of children.**

## **Identifying and monitoring the needs of vulnerable learners.**

The DSL and DSL deputies will regularly review and monitor those students who have been identified as vulnerable. This can include reviewing attendance data, behaviour data, attainment data and safeguarding records.

This is to ensure that:

- Proportionate and early interventions can be taken to promote the safety and welfare of the child and prevent escalation of harm.
- Information about vulnerable learners is shared with teachers and school and college leadership staff to promote educational outcomes.
- Reasonable adjustments are made in relation to school based interventions – for example responding to behaviour.

## **Multi-agency working**

**Bristol Hospital Education Service** is a relevant agency in the Keeping Bristol Safe Partnership and will work together with appropriate agencies to safeguard and promote the welfare of children including identifying and responding to their needs. This is in compliance with statutory guidance [Working Together to Safeguard Children 2018](#).

Occasions that warrant a statutory assessment under the Children Act 1989:

- If the child is in need under s.17 of the Children Act 1989 (including when a child is a young carer and or subject to a private fostering arrangement);
- or if the child is in need of protection under s.47 of the Children Act 1989 where they are experiencing significant harm, or likely to experience significant harm.

Referrals in these cases should be made by the DSL (or Deputy DSLs) to Children's Social Care in the local authority in which that child resides. The list of safeguarding contact and other key agencies are listed in [Appendix B](#).

Where the child already has a social worker, the request for service should go immediately to the social worker involved or, in their absence, to their team manager. If the child is a child in care, notification should also be made to the Hope Virtual School.

We will co-operate with any statutory safeguarding assessments conducted by children's social care: the setting will ensure representation at appropriate inter-agency meetings such

as integrated support plan meetings initial and review child protection conferences and core group meetings.

#### **Additional considerations:**

- Where a child and/or their family is subject to an inter-agency child protection plan or a multiagency risk assessment conference (MARAC) meeting, the setting will contribute to the preparation, implementation and review of the plan as appropriate.
- In situations where a child in care may be put on to part time timetable, the school will consult with the Hope Virtual School and complete the pro-forma found at <https://www.bristol.gov.uk/schools-learning-early-years/resources-professionals/attendance-and-exclusions>
- If a crime has been suspected or committed that involved the bringing of an offensive weapon on to the school site, the setting will liaise with the Local Authority Violence Reduction Unit (Safer Options) who will consider a proportionate response.
- If there is a risk of harm, the police should be called via 999. For other concerns of criminality the non-statutory guidance [‘When to Call the Police’ from the NCPCC](#) can be helpful or contact the local PCSO/School Police Beat Officer/School Officer.
- In the rare event that a child death occurs or a child is seriously harmed, **Bristol Hospital Education Service** will notify the Keeping Bristol Safe Partnership as soon as is reasonably possible.

#### **Exclusions and commissioning of Alternative Provisions**

When the school is considering excluding a child, (either fixed term or permanently), where additional vulnerability is identified it is important that the child’s welfare is taken into consideration.

- An assessment of risk should be undertaken with multi-agency partners with a view to mitigate any identified risk of harm.
- If the child is subject to a child protection plan or where there is an existing child protection file, we will call a multiagency risk-assessment meeting prior to making the decision to exclude.
- In the event of a one-off serious incident resulting in an immediate decision to exclude, the risk assessment *must* be completed prior to convening a meeting of the governing body.

In the event where **Bristol Hospital Education Service** commissions an Alternative Provision they will follow the [Bristol City Council Alternative Learning Provision Hub](#) and follow local guidance [Commissioning Alternative Learning Provision – Advice for schools, Commissioners, and Alternative Providers \(2019\)](#) to ensure clear agreement of roles and responsibilities to maintain safeguarding arrangements for learners who are not taught on site.

## **Children Missing from Education**

**(To be read in conjunction with the Attendance Policy)**

A child going missing from education is a potential indicator of abuse or neglect.

Staff should follow the setting's procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions. These should be reported to the DSL and reviewed in line with [2.3 Identifying and monitoring the needs of vulnerable learners](#)

**Bristol Hospital Education Service will inform the on-roll school and may contact local authority:**

- of any pupil who fails to attend school regularly,
- or has been absent without the school's permission for a continuous period of 5 school days or more, at such intervals as are agreed between the school and the local authority.

The school should follow the guidance detailed in Children Missing Education (2016) and [Bristol City Council Education Welfare Service – Children Missing Education](#)

## **Respond to incidents of peer on peer harm.**

(There is flow diagram in [Appendix B](#) that illustrates this section)

All staff should recognise that children are capable of abusing their peers. Issues of learners hurting other learners have traditionally been dealt with under processes outlined in settings' behaviour policies. It is important that peer on peer harm should be considered as a safeguarding issue.

This can include (but is not limited to): abuse within intimate partner relationships; bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiation/hazing type violence and rituals.

At Bristol Hospital Education Service:

- Incidents are taken seriously. These will never be tolerated or passed off as ‘banter’, just having a laugh’ or ‘part of growing up’.
- Banter and teasing can and should be acknowledged and recognised as bullying behaviour and may require proportionate intervention.
- It is understood that peer on peer harm may reflect equality issues in terms of those who may be targeted are more likely to have protected characteristics.

It is important that incidents of harm are treated under safeguarding policy and process and records will be kept on the child’s safeguarding/child protection file.

Bristol Hospital Education Service is committed to undertaking the following:

- Early identification of vulnerability to peer on peer harm by reviewing attendance, behaviour, attainment and safeguarding records at least on a termly basis.
- Securing the immediate safety of learners involved in an incident and sourcing support for other young people affected.
- If a disclosure is made – staff will listen carefully to the child, being non-judgmental, being clear about boundaries and how the report will be progressed, not asking leading questions and only prompting the child where necessary with open questions – where, when, what, etc;
- Those who experience abuse will never be given the impression that they are creating a problem by reporting, nor will those who experience abuse ever be made to feel ashamed for making a report.
- The child’s wishes are taken into consideration in any intervention and any action is taken to ensure safety of the target and other members of the wider peer cohort.
- The need to not promise confidentiality should be considered as it is very likely that information will need to be shared with others.
- When an incident of sexual violence and sexual harassment occurs, reference to Part 5 of Keeping Children Safe In Education and guidance [Sexual violence and sexual harassment between children in schools and colleges 2018](#) should be made in relation to taking protective action. These incidents must be reported immediately to the DSL/ Deputy DSL who will undertake further assessment of what action should be taken proportionate to the factors that have been identified. [The Brook - Sexual Behaviours Traffic Light Assessment Tool](#) should be utilised to inform assessment of risk and what actions to subsequently take. This may include seeking specialist advice and guidance from [Be Safe](#).
- DSLs/Deputies will consider whether a case can be managed internally, through early help, or should involve other agencies as required in line with the section [2.4 - Multi-Agency Working section](#).

- When the children involved require a statutory assessments either under s.17 or s. 47 of the Children Act 1989 a referral to social care should be undertaken.
- Where the report includes an online element, being aware of searching, screening and confiscation advice (for schools) and UKCCIS sexting advice (for schools and colleges). The key consideration is for staff not to view or forward illegal images of a child. The highlighted advice provides more details on what to do when viewing an image is unavoidable.
- If the incident constitutes towards a criminal offence, the setting will liaise with the police. If this this may also involve the Lighthouse team (Safeguarding Unit) of Avon and Somerset Police.
- Risk assessments will be developed for individual children who have been involved in an incident. This should be reviewed every 3 months or every time there is an occurrence of an incident. These should involve the child and parents/carers.
- DSL and Deputy DSL(s) will liaise with staff to ensure reasonable adjustments are made and develop ways to support achieving positive educational outcomes.

### **Contextual safeguarding approach to peer on peer harm:**

Bristol Hospital Education Service will minimise the risk of peer on peer abuse by taking a contextual approach to safeguarding by increasing safety in the contexts of which harm can occur – this can include the school environment itself, peer groups and the neighbourhood.

Following any incidents of peer on peer harm, the DSL/Deputies will review and consider whether any practice or environmental changes can be made in relation to any lessons learned. This can include making changes to staffing and supervision, making changes to the physical environment and considering the utilisation and delivery of safeguarding topics on the curriculum.

### **Responding to allegations of abuse made against professionals.**

Staff must report any concerns or allegations about a professional's behaviour (including supply staff and volunteers) that indicate that they may pose a risk of harm if they continue to work in regular or close contact with children in their present position, or in any capacity with children in a setting.

Examples of this include where they may have:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child;
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; or

- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

Immediate action must be taken – do not speak to the individual it concerns.

- Allegations or concerns about colleagues (including supply staff) and visitors must be reported directly to the Head Teacher/Principal.
- If the concern relates to Head Teacher/Principal it should be reported to the Chair of Governors, who will liaise with the Local Authority Designated Officer (LADO) and they will decide on any action required,
- In the event that allegations are regarding a member of supply staff, the school will take the lead and progress enquiries with the LADO, whilst continuing to engage and work with the employment agency.

**Bristol Hospital Education Service will follow guidance in KCSIE 2021 - Part four: Allegations of abuse made against teachers and other staff.**

- **If concerns relate to the head teacher allegations should be referred to the chair of the Governing Body.**
- Allegations regarding foster carers or anyone in a position of trust working or volunteering with children should be referred to the LADO on the day that the allegation is reported. The allocated social worker should also be informed on the day. The school should not undertake any investigation unless the LADO advises this.

### **Mental health and wellbeing.**

(A flow diagram is available in [Appendix B](#) to illustrate this section)

Schools and colleges have an important role to play in supporting the mental health and wellbeing of their learners. Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Bristol Hospital Education Service will commit to undertake the following.

- Early identification of vulnerability to mental health problems by reviewing attendance, behaviour, attainment and safeguarding records at least on a termly basis.
- Staff will follow a safeguarding process in terms of reporting concerns outlined in [Appendix B](#) so the DSL and deputy DSLs can assess whether there are any other vulnerabilities can be identified.
- Staff will ensure the immediate health and safety of a learner who is displaying acute mental health distress. This may require support from emergency services via 999 if the learner is at risk of immediate harm.

- DSLs/Deputies will consider whether a case can be managed internally, through early help, or should involve other agencies as required in line with section [2.4 - Multi-Agency Working](#).
- The setting will communicate and work with parents to ensure that interventions are in the best interests of the child.
- DSLs will liaise with staff to ensure reasonable adjustments are made and develop ways to support achieving positive educational outcomes.
- Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem – DSLs and the senior leadership team should be able to access specialist advice through targeted services or through their locality [Primary Mental Health Specialists from Child and Family Consultation Services](#).

### **Contextual safeguarding approach to mental health**

Bristol Hospital Education Service will ensure that preventative measures in terms of providing safeguarding on the curriculum will provide opportunities for learners to identify when they may need help, and also to develop resilience.

The setting will take a ‘whole school approach’ to:

- deliver high quality teaching around mental health and wellbeing
- having a culture that promotes mental health and wellbeing
- having an environment that promotes mental health and wellbeing
- making sure pupils and staff are aware of and able to access a range of mental health services
- supporting staff wellbeing
- being committed to pupil and parent participation

## **Appendix A – Key Guidance for safeguarding issues.**

All key single agency policies relevant for education settings can be found on the following webpage:

<https://bristolsafeguarding.org/policies-and-guidance/education/>

Other multi-agency guidance and policies from the Local Safeguarding Partnerships:

- For Bristol - <https://bristolsafeguarding.org/policies-and-guidance/>
- For South Glos - <http://sites.southglos.gov.uk/safeguarding/library>

## **Appendix B – Reporting concerns**

Reporting Concerns Flow Chart - **Bristol**– [Click here](#)

Process flow chart responding to incidents of Peer on Peer incidents and Mental Health Problems – [Click here](#)

Safeguarding contacts Poster – Multi-agency contacts in Bristol. – [Click here](#)

Neighboring Local Authority Contacts - [Click here](#)

# Reporting Concerns Flow Chart - Bristol

You have concerns about a child

Child Protection concern – **take action now.**

Go to speak with Safeguarding Lead immediately. If not available, find the deputy or you act.

Agree who will make the referral to First Response (and call the police on 101 if necessary).

Referral is made to First Response/Police, stating that it is a Child Protection concern.

Action is taken by the appropriate agencies

You will need to record on your own system in writing ASAP (within 24 hours). This applies whether or not you make the actual referral.

Your agency continues to participate in Child Protection Strategy or S.47 Enquiries.

Child is in immediate danger – phone 999

Action is taken by the appropriate agencies

All other welfare and safeguarding concerns

Complete internal concern form and pass to Safeguarding Lead

Lead will assess (with discussion with staff and consultation of any safeguarding file held) to agree actions required.

Concern meets threshold for referral to First Response

Complete web form referral to First Response (copy of referral kept for file). **Parental consent is required.**

First Response assesses referral and threshold (may direct to Pathway Decision Team or MASH if further information is required) and directs to:

Families in Focus SAF allocated and referrer informed. Your agency participates in assessment, plan and intervention.

Child in Need s17 enquiries. Allocated to Social Care Unit, referrer informed. Your agency participates in assessment, plan, and intervention.

Decide No Further Action (NFA) and inform your agency.

Single or multi agency led interventions/refer direct to other agencies (e.g. Brook, counselling, etc) – this equates to early help for the child

No further action – will monitor.

**No matter what the outcome, keep monitoring, re-refer or escalate as appropriate. Participate in all assessments and plans. Chase referrals if not kept informed – this is our responsibility.**



# Safeguarding Response to Mental Health and Peer on Peer Abuse

All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation (KCSIE)

All staff should recognise that children are capable of abusing their peers. All staff should be clear about their school's or college's policy and procedures with regard to peer on peer abuse (KCSIE, 2020)

There is a concern about a learner's mental health

You are made aware of an incident or pattern of peer on peer abuse

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

Secure the safety of the learner(s) involved and source support for any other young people affected

Record the concern/incident in line with your setting's safeguarding and child protection policy (e.g on CPOMs). The DSL and deputies are notified

The concern is reviewed by the DSL and safeguarding team. Information should be cross-referenced with attendance, behaviour records, attainment and any safeguarding and child protection concerns.

- Possible examples of peer on peer abuse
- Bullying (and cyberbullying)
  - Physical abuse
  - Sexual violence and sexual harassment
  - Upskirting
  - Sexting (youth produced sexual imagery)
  - Initiation/hazing type violence and

- Additional guidance used to respond to the concern:
- *Mental health and behaviour in schools* ([link](#))
  - *Promoting children and young people's mental health and wellbeing* ([link](#))

- Additional guidance used to respond to the concern
- *Advice for Schools and Colleges on Responding to Sexting Incidents* ([link](#))
  - *Sexual Behaviours Traffic Light Tool* ([link](#))
  - *Preventing and Tackling Bullying* ([link](#))
  - *NPCC: When to call the police* ([link](#))

Concern and need reviewed alongside learner and family

Concern can be managed internally through setting-based early help, support and signposting.

Concern requires additional support from a targeted agency or Primary Mental Health Specialist.

Child protection concern that requires a referral to social care for an assessment under s.17 or s.47 of the Children's Act 1989. School may also refer directly to CAMHs.

Concerns managed internally through pastoral support, contextual safeguarding, restorative approaches, RSE/PSHE. Setting informs parents/carers of incident and actions.

Outcomes

Repeat incidents or that of moderate concern – Setting liaises with parents/carers. Consider seeking consent and advice for targeted/specialist services to support all learners involved in the incident(s).

Clear child protection concerns/criminal issue. Make a referral to social care and/or the police for consideration of a statutory assessment.

All actions, risk assessments and responses should be recorded on the Safeguarding/Child Protection file. Plans/risk assessments should be reviewed every 3 months or on any occasion another concern is raised.

## Multi-Agency Contacts for Safeguarding in Education.

If you have concerns about a child/young person in Bristol ...

If a child is at immediate risk call the POLICE	<b>POLICE 999</b>	
To make an URGENT referral, i.e. a child is likely to suffer or is suffering significant harm, call children's social care.	<b>FIRST RESPONSE - 0117 9036444</b>	
Out of Hours	<b>EMERGENCY DUTY TEAM - 01454 615 165</b>	
To make a NON-URGENT referral, contact FIRST RESPONSE using the online form (must have parental/carer consent).	<b>FIRST RESPONSE Online form</b> <a href="https://www.bristol.gov.uk/social-care-health/make-a-referral-to-first-response">https://www.bristol.gov.uk/social-care-health/make-a-referral-to-first-response</a>	
To raise concerns and ask for advice about radicalisation (also contact First Response).	<b>PREVENT DUTY - 01278 647466</b> <a href="mailto:PreventSW@avonandsomerset.police.uk">PreventSW@avonandsomerset.police.uk</a>	
To liaise with the specialist Safeguarding Police unit	<b>Lighthouse Safeguarding Unit – Avon and Somerset police</b> <b>01278 649228</b>	
<b>Families in Focus (Targeted Support)-</b> For advice and guidance about whether to make a referral		
<b>South</b> 0117 9037770	<b>East Central</b> 0117 3576460	<b>North</b> 0117 3521499

If you have concerns about a professional working with a child...

To raise concerns and ask for guidance in relation to the conduct of someone who works with children	<b>Local Authority Designated Officer - (LADO)</b> <b>Nicola Laird T: 0117 9037795</b>
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For information, advice and guidance in relation to safeguarding policy and procedures.

<b><u><a href="#">Safeguarding in Education Team</a></u></b>		
T: 0117 9222710		
E: <a href="mailto:Safeguardingineducationteam@bristol.gov.uk">Safeguardingineducationteam@bristol.gov.uk</a>		
<b>South Advisor</b> Helen Macdonald <a href="mailto:helen.macdonald@bristol.gov.uk">helen.macdonald@bristol.gov.uk</a>	<b>East Central Advisor</b> Jess Curtis <a href="mailto:jessica.curtis@bristol.gov.uk">jessica.curtis@bristol.gov.uk</a>	<b>North Advisor</b> James Gregory <a href="mailto:james.gregory@bristol.gov.uk">james.gregory@bristol.gov.uk</a>

Child sexual exploitation & child criminal exploitation	<b>Operation Topaz (Avon and Somerset Police)</b> <a href="https://www.avonandsomerset.police.uk/forms/vul">https://www.avonandsomerset.police.uk/forms/vul</a>	
<b>Safer Options Team - Education inclusion managers</b>		
South <a href="mailto:Ingrid.Hooper@bristol.gov.uk">Ingrid.Hooper@bristol.gov.uk</a>	East Central <a href="mailto:Calum.Paton@bristol.gov.uk">Calum.Paton@bristol.gov.uk</a>	North <a href="mailto:Ross.Moody@bristol.gov.uk">Ross.Moody@bristol.gov.uk</a>
Child Missing from Education	<b>Bristol City Council – Education Welfare</b> <a href="https://www.bristol.gov.uk/schools-learning-early-years/children-missing-education-cme">https://www.bristol.gov.uk/schools-learning-early-years/children-missing-education-cme</a>	
Children affected by Forced Marriage	<b>Forced Marriage Unit</b> T: (0) 20 7008 0151 E: fmu@fco.gov.uk	
Online Safety Advice	<b>Professional Online Safeguarding Helpline</b> T: 0344 381 4772 E: helpline@saferinternet.org.uk	
Reporting online sexual abuse and grooming	<b>Child Exploitation and Online Protection command</b> <a href="https://www.ceop.police.uk/ceop-reporting/">https://www.ceop.police.uk/ceop-reporting/</a>	
FGM advice	<b>NSPCC FGM Helpline</b> T: 0800 028 3550 E: fgmhelp@nspcc.org.uk	
Domestic Abuse support (Bristol)	<b>Directorate of local and national services</b> <a href="https://www.bristol.gov.uk/crime-emergencies/abuse-violence">https://www.bristol.gov.uk/crime-emergencies/abuse-violence</a>	
Young Carers – advice and support.	<b>Carers Support Centre</b> T: 0117 958 9980 W: <a href="https://www.carerssupportcentre.org.uk/young-carers/contact-young-carers/">https://www.carerssupportcentre.org.uk/young-carers/contact-young-carers/</a>	
Whistleblowing professional policy	<b>NSPCC Whistleblowing hotline</b> T: 0800 028 0285 E: help@nspcc.org.uk	
<b>Mental health Advice (Local)</b>		
<b>Primary Mental Health Specialists (advice) Child and Adolescent Mental Health</b>		
South 0117 3408121	East Central 0117 3408600	North 0117 3546800
Advice around harmful sexualised behaviour.	<b>Be Safe</b> 0117 3408700 W: <a href="https://cchp.nhs.uk/cchp/explore-cchp/be-safe">https://cchp.nhs.uk/cchp/explore-cchp/be-safe</a>	
	<b>Brook Traffic Light Tool</b> <a href="https://legacy.brook.org.uk/brook_tools/traffic/index.html?syn_partner=">https://legacy.brook.org.uk/brook_tools/traffic/index.html?syn_partner=</a>	

## Other Local Authority Contacts

Local Authority in which the child is resident	Contact details	Out of hours/ Weekend
<p style="text-align: center;"><b>South Gloucestershire</b></p>	<p><b>Access and Reponses Team</b></p> <ul style="list-style-type: none"> <li>• <b>01454 866000</b> - Monday to Thursday 9.00 – 5.00, 4.30 on Friday</li> <li>• <a href="mailto:accessandresponse@southglos.gov.uk">accessandresponse@southglos.gov.uk</a></li> </ul> <p>Website: <a href="https://www.southglos.gov.uk/health-and-social-care/care-and-support-children-families/access-response-team-art/">https://www.southglos.gov.uk/health-and-social-care/care-and-support-children-families/access-response-team-art/</a></p>	
<p style="text-align: center;"><b>North Somerset</b></p>	<p><b>Single Point of Access</b></p> <ul style="list-style-type: none"> <li>• <b>01275 888 808</b> –Monday-Thursday 8.45am-5pm, Friday 8.45am-4.30pm</li> </ul> <p>Website: <a href="https://www.northsomersetsafeguarding.co.uk/children-safeguarding-board/i-work-with-children/how-to-make-a-referral">https://www.northsomersetsafeguarding.co.uk/children-safeguarding-board/i-work-with-children/how-to-make-a-referral</a></p>	<p style="text-align: center;"><b>Emergency Duty Team</b></p> <p style="text-align: center;"><b>01454 615165</b></p>
<p style="text-align: center;"><b>Bath and North East Somerset (BANES)</b></p>	<p><b>Children’s Social Work Services</b></p> <ul style="list-style-type: none"> <li>• <b>01225 396312 or 01225 396313</b> weekdays, 8.30am to 5pm, except Fridays when we're closed from 4.30pm</li> <li>• Download and complete our <a href="#">request for service form</a> and email it to <a href="mailto:ChildCare_Duty@bathnes.gov.uk">ChildCare_Duty@bathnes.gov.uk</a></li> </ul> <p>Website: <a href="https://beta.bathnes.gov.uk/report-concern-about-child">https://beta.bathnes.gov.uk/report-concern-about-child</a></p>	

## Appendix C - Dealing with a disclosure of abuse

**When a child tells me about abuse they have suffered, what must I remember?**

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell them you are pleased that they are speaking to you.
- Never promise confidentiality. Assure them that you will try to help but let the child know that you may have to tell other people in order to do this. State who this will be and why.
- Encourage the child to talk but do not ask "leading questions" or press for information. Use 'Tell Me, Explain to me, Describe to me' (TED) questioning.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that they have a right to be safe and protected.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what they have told you. It is essential to record all you have heard.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.

NB It is not education staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

- The 5 'R's are helpful in understanding what professionals' duties are in relation to responding to an incident.

**Recognise – Respond – Reassure – Refer – Record**

## Appendix D - Types of abuse and neglect

The Department for Education's Tackle Child Abuse campaign has accessible videos to watch <https://tacklechildabuse.campaign.gov.uk/>

Abuse and neglect is defined as the maltreatment of a child or young person whereby someone may abuse or neglect a child by inflicting harm, or by failing to prevent harm. They may be abused by an adult or adults or by another child or children.

All school and college staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another. For children with Special Educational Needs and Disabilities (SEND) additional barriers can exist when identifying abuse and neglect, these include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- being more prone to peer group isolation than other children;
- the potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

To address these additional challenges, schools and colleges should consider extra pastoral support for children with SEND (KCSIE).

The following are the definition of abuse and neglect as set out in Working Together to Safeguard Children (2018) however, the ultimate responsibility to assess and define the type of abuse a child or young person may be subject to is that of the Police and Children's Services – our responsibility is to understand what each category of abuse is and how this can impact on the welfare and development of our children and where we have concerns that a child or young person may be at risk of abuse and neglect (one or more categories can apply) to take appropriate action as early as possible.

**Physical abuse:** a form of abuse which 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.

**Neglect:** 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.

**Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a 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 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 cyberbullying), 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 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.

## **Appendix E Specific actions to take on topical safeguarding issues**

General or national guidance will not be included here. A summary of specific duties are in [Keeping Children Safe in Education Appendix A](#) and Access to local guidance can be found in [Appendix A](#) of this document.

In recognition that the threshold of child protection is 'likely to suffer' significant harm, Bristol Hospital Education Service may need to make a referral to children's social care. Where possible, this will involve notifying the parent/carer if it does not place the learner at further risk of harm. In all other circumstances information will be shared in line with section [2.2 Information Sharing](#).

It is also important to recognise the importance of liaising with other education settings who may have siblings attending. It is likely that they may hold additional information which will support early identification of harm and in turn develop your assessment of need.

### **Child Exploitation – both Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)**

Bristol Hospital Education Service will ensure that early help intervention is provided as soon as a concern of exploitation is identified. Discussion and advice will be sought from targeted services to consider what support may be available. The learner and their families will be part of any planning and interventions.

- If the learner is at risk of CSE or there is intelligence which indicates that the learner or peer group are at risk of CSE, Bristol Hospital Education Service will share information with Operation Topaz (the police). This information will support proactive activity to disrupt criminal activity in relation to sexual exploitation.
- If the learner is at risk of CCE information should be shared with Bristol's Violence Reduction Unit - Safer Options. The Safer Options Education Inclusion Managers can advise and support settings to manage risk. Targeted support maybe available to disrupt learners from getting involved with criminality.
- Avon and Somerset Police share 'Missing persons' notifications (which a learner is reported missing from home or care) with education settings with a view to support them to take proactive action and reasonable adjustments in relation to behaviour management and achieving positive educational outcomes. These should be stored securely on the learner's Safeguarding/Child Protection file.

### **Domestic Abuse –**

Operation Encompass is a national operation where local police forces notify when the police are called to an incident to domestic abuse. Avon and Somerset have their own version of this and will notify education settings whenever they have responded to a domestic abuse incident. This will

enable the education setting to take proactive action and reasonable adjustments in relation to behaviour management and achieving positive educational outcomes.

Under the current information sharing protocol, the education setting **is not permitted** in sharing this information without seeking consent from Avon and Somerset police in case this can put a victim and learners at further risk of harm. The only exception to this when information is shared with new education setting (part of statutory duties in relation to transfer of the Safeguarding/ Child Protection file, Keeping Children Safe in Education). Additional instructions around this are sent out with every single notification.

- Education settings must have signed up to a Police Safeguarding Notification Briefing to receive these.
- Each setting should have at least 2 members of trained staff able to receive and act upon these notifications.
- Each setting should promote an open culture of safeguarding to enable learners and families to disclose and feel safe to talk about their experiences and what support maybe required.

## **Female Genital Mutilation -**

**Mandatory reporting duty:** [Click here for government guidance](#)

This is a legal duty for all professionals undertaking teaching work to report known cases of FGM to the police via 101. This is when they:

1. are informed by a girl under 18 that an act of FGM has been carried out on her; or
2. observe physical signs which appear to show that an act of FGM has been carried out on

These cases must be referred to the DSL who will support them to carry out their duty. It is also advised any referrals made to the police under the mandatory reporting duty is followed up with children's social care so an assessment of need and support is concurrently considered.

## **Travel:**

National guidance has highlighted going on holiday to a risk affected country is cause for concern, local guidance has been developed to prevent discriminatory action against families from risk affected communities.

- Families are encouraged to notify the education setting when they are looking to travel during term time dates.
- This will prompt a conversation with the DSL/ specialist trained member of staff to discuss and explain what FGM is in that; it is significantly harmful and illegal to practice this.
- The setting will complete an [FGM Referral Risk assessment](#) (available on the [Keeping Bristol Safe Partnership website](#)) with the family to identify any support that the family may require in relation to FGM.

- Proportionate action is taken. Referrals to social care should NOT be automatically made – however should be made if there are high risk concerns identified from the FGM Referral Risk Assessment.
- These assessments should be saved onto the child’s Safeguarding/Child Protection file to avoid duplication with new incidents of travel.

**Online Safety – Appendix C of Keeping Children Safe in Education highlights additional actions schools should take to keep learners safe online.**

- For concerns around individual cases where a child has been harmed through online mediums, advice and guidance can be made through the **Professional Online Safeguarding Helpline**, T: 0344 381 4772, E: [helpline@saferinternet.org.uk](mailto:helpline@saferinternet.org.uk)
- Where there have been established cases of online abuse or grooming, the school settings should alert - **Child Exploitation and Online Protection command (CEOPS)** <https://www.ceop.police.uk/ceop-reporting/>

**Mental health** – linked to section within main body of this policy

**Peer on Peer Abuse** - linked to section within main body of this policy.

**Serious Youth Violence -**

To be read in conjunction with the above section around Child Criminal Exploitation. There has been local guidance issued on the issue of [‘Offensive Weapons in Education Settings’](#).

It is important to note that should a weapon be used or there is threat of use, the police should be called immediately.

- The same day a weapon is found Safer Options should be called for a multi-disciplinary assessment of risk.
- Whilst it is acknowledged that the decision to exclude remains with the Headteacher/principal it is recommended that consultation with the Safer Options Education Inclusion Manger is made so as not to further put the child at further risk of harm if they are excluded.
- Alternatives to exclusions should be considered first in recognition that by doing so a learner it may be at further risk of harm out in the community.
- Police will be notified through the multi-agency discussion held at the ‘Out of Court Disposals Panel’ to prevent students unnecessarily getting a criminal record.

**Preventing Radicalisation - The Prevent duty**

All schools and colleges are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions, to have “due regard<sup>109</sup> to the

need to prevent people from being drawn into terrorism".<sup>110</sup> This duty is known as the Prevent duty.

The Prevent duty should be seen as part of schools' and colleges' wider safeguarding obligations. Designated safeguarding leads and other senior leaders should familiarise themselves with the revised [Prevent duty guidance: for England and Wales](#), especially paragraphs 57-76, which are specifically concerned with schools (and also covers childcare).

The guidance is set out in terms of four general themes:

- risk assessment,
- working in partnership,
- staff training, and
- IT policies.

### **Private Fostering**

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child:

- under the age of 16 years (under 18, if disabled)
- by someone other than a parent or close relative (\*Close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins.)
- with the intention that it should last for 28 days or more.

Cases of private fostering arrangements must be reported to children's social care to ensure that needs are adequately made.

Statutory guidance states that this should be done at least 6 weeks before the arrangement is due to start or as soon as you are made aware of the arrangements. Not to do so is a criminal offence.

Further support and reasonable adjustments should be made by the education setting to promote achievement of positive educational outcomes.

### **Young Carers**

A young carer is a person under 18 who regularly provides emotional and/or practical support and assistance for a family member who is disabled, physically or mentally unwell or who misuses substances.

The setting will support learners who are young carers to appropriate support. To find out what is available locally visit the Bristol City Council Website - <https://www.bristol.gov.uk/social-care-health/support-for-young-carers>

The Carers Support Centre can undertake an assessment of need and provide bespoke support.  
<https://www.carerssupportcentre.org.uk/young-carers/making-a-referral/>