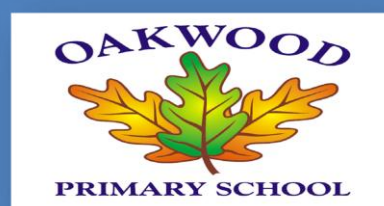




Gardners Lane &
Oakwood Federation

Safeguarding Handbook
Schools
Draft October
2026



Safeguarding Handbook for the Gardners Lane and Oakwood Schools Federation

To be read in conjunction with the Federation Safeguarding policy and the Staff Code of Conduct

Contents

1. Introduction and List of designated staff supporting safeguarding
2. Child Protection processes and Reporting Safeguarding concerns
3. Early Help offer – refer to GSCP documentation
4. Allegations Management – refer to GSCP documentation
5. Definitions, signs and impact of child abuse – mapping and relevant documentation
6. Escalation guidance– refer to GSCP documentation
7. Recent changes – Keeping up-to-date

Policies and information which inform this handbook can be found at: Gloucestershire Safeguarding Children's Partnership(GSCP) website or follow Twitter: @glosLSCB

August 2026

Essential Information

1. The following documents should be read in association with this document.

DfE Keeping Children Safe in Education 2026

DfE Working together to Safeguard and Promote the Welfare of Children in England 2020.

2. Note

All staff to read Parts 1 and 5 and Annex B of DfE Keeping Children Safe in Education, 2022. Annex A – a condensed version of Part 1 is available to Non-teaching staff however it is recommended that they read Part 1

All staff to read DfE Working together to Promote the Welfare of Children in England, 2020.

1. Introduction and List of designated staff supporting safeguarding

The purpose of this handbook is to give all staff guidance on safeguarding procedures within the Gardners Lane and Oakwood Primary Schools Federation and how to deal with any areas of concern that you might have regarding any child within your care.

Role	Name	Email	Date
Chair of Governors	Claire Price	chair@gardnerslane.gloucs.sch.uk	September 26
Safeguarding Governor	Claire Price	chair@gardnerslane.gloucs.sch.uk	September 26
Head Teacher*	Emily Hayet-Patino (OPS) Oliver Tuck (GLPS)	head@oakwood.gloucs.sch.uk head@gardnerslane.gloucs.sch.uk	September 26
Designated Safeguarding Lead (DSL)*	Emily Hayet-Patino (OPS) Oliver Tuck (GLPS)	head@oakwood.gloucs.sch.uk head@gardnerslane.gloucs.sch.uk	September 26
Deputy DSL (s)* <i>Insert additional rows if needed</i>	Jo Payne Sian Baines Karen Humphreys Robin Jacks Andrea Chapman Jo Scammell Lucy Alcock Georgina Bond Vicky Gilson-Clark	ipayne@gardnerslane.gloucs.sch.uk sbaines@oakwood.gloucs.sch.uk khumphreys@oakwood.gloucs.sch.uk rjacks@oakwood.gloucs.sch.uk achapman@gardnerslane.gloucs.sch.uk jscammell@gardnerslane.gloucs.sch.uk lalcock@gardnerslane.gloucs.sch.uk gbond@gardnerslane.gloucs.sch.uk vgilson-clark@gardnerslane.gloucs.sch.uk	September 26
Designated Teacher for Looked After Children*	Andrea Chapman (GPS) Karen Humphries (OPS)	achapman@gardnerslane.gloucs.sch.uk khumphreys@oakwood.gloucs.sch.uk	September 26
Senior Mental Health Lead* (non-mandatory)	Oliver Tuck Robin Jacks	head@gardnerslane.gloucs.sch.uk rjacks@oakwood.gloucs.sch.uk	September 26
Prevent Lead	Oliver Tuck (GLPS)	head@gardnerslane.gloucs.sch.uk head@oakwood.gloucs.sch.uk	September 26

	Emily Hayet-Patino (OPS)		
Medical/Allergy Lead	Victoria Gilson-Clark (GLPS) Emily Hayet-Patino (OPS)	vgilson-clark@gardnerslane.gloucs.sch.uk head@oakwood.gloucs.sch.uk	September 26
Confidential safeguarding mailbox:			
The key safeguarding responsibilities within each of the roles above are set out in Keeping Children Safe in Education (2026)			

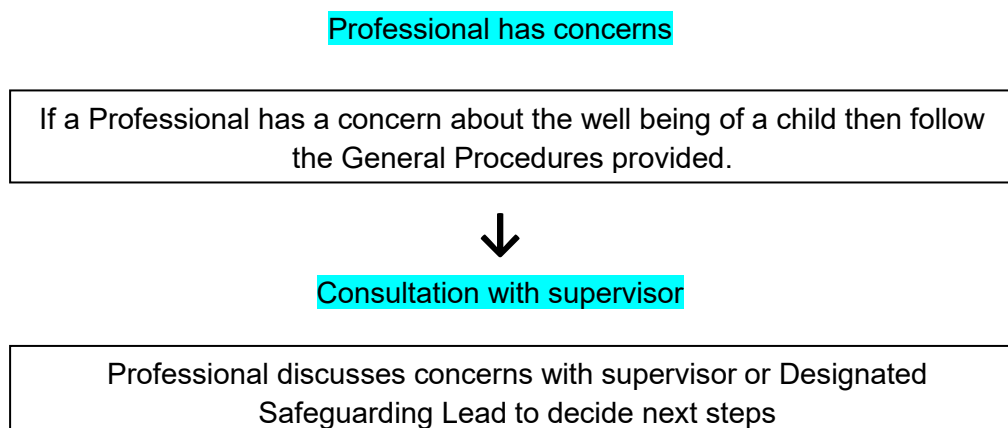
Safeguarding is about Child Protection and more wider issues. Child Protection is especially about protecting children and young people from suspected abuse and neglect. Safeguarding includes everything an organisation can do to keep children and young people safe, including minimising the risk of harm and action to tackle safety concerns.

2. Child Protection processes and Reporting Safeguarding concerns

If a member of staff, student or volunteer has any concerns about a child in relation to safeguarding, the following steps MUST be taken – flow chart on next page. This flow chart provides the outline Child Protection Process and more details can be found on the Gloucestershire Safeguarding Children Partnership(GSCP)website.

Note: Safeguarding in education information is regularly updated therefore any reader should consult the Gloucestershire Schoolsnet website. Speak to your DSL about accessing it.

Child Protection Process





Discussion with parents

Professional discusses concerns with parents/carers of the child and explains what steps will be taken next (if this does not put the child at further risk or affect a police investigation)



Children and The Front Door

Where there are urgent concerns, professional contacts Gloucestershire MASH on 01452 426565 (option 1).



Seeking advice from Children's Social Care

Professional can contact the Children's Practitioner Advice Line on 01452 426565 (option 3) to discuss their concerns with a qualified social worker and receive advice about whether a referral is appropriate or whether there are alternative ways of addressing their concerns.



Making a Request for Service to Children's Social Care

Unless there are urgent concerns, professional completes a Multi Agency Service Request Form. This is passed on to a social work team and the caller will be contacted by a social worker within 24 hours (unless there are immediate risks in which case the professional will put through to a social work team straight away). The social work team will discuss whether the referral is appropriate and what action can/will be taken.

Here are some essential details you should note whilst working through this process:

- Talk through your concerns **immediately** with a member of staff with safeguarding responsibility;
- Remember to work through the process systematically to ensure appropriate decisions at each stage;
- After the initial discussion if further investigation is necessary record your concerns, write with as much details as possible stating the facts carefully and concisely using the correct recording format on CPOMS. Remember to proof read and check your spelling before submitting your entry, you cannot go back and edit CPOMS; what you write could be seen by others later. Ensure you 'note and map' any injuries you may see on a child's body. Refer to the London Grid on 'undress' guidance.

- It is also possible that keeping a record of the 'Voice of the Child' may be necessary – this is good practice. The DSL will advise on the nature of this discussion and questioning. Remember never to ask leading questions, keep questions short and to the point. Never promise a child you can keep something a secret. The child should be reassured and made to feel safe and understood and NOT treated as if he/she is creating problems.
- All records (written or electronic – see note below) MUST be sent to the school DSL.
- You should manage the requirement to maintain an appropriate level of confidentiality whilst at the same time liaising with relevant professionals.
- Whilst records of the concern/ incident have been 'passed on', you MUST check to see what steps have been taken and these must be recorded on the initial record. If a referral to social care is made, this too must be checked up on. These checks are essential to ensure that no-one 'drops the ball'.
- The Federation is committed to keeping sensitive information confidential and only shares information with others on a "need to know" basis or if they have a legal duty to see the information. The Federations Acceptable use of IT / Technology and Data Protection policy and Staff Code of Conduct provide further guidance.

Reporting of Safeguarding concerns using Child Protection Online Management System (CPOMS) – the online referral, recording and tracking system

Teachers, teaching assistants and administrative staff have a personal log-in to the CPOMS system and all safeguarding concerns must be recorded on this system. These log-in details are unique to each individual and must not be shared with anyone. Staff must record any safeguarding concerns **immediately** onto the CPOMS system (training is provided and guidance notes issued.)

If **Midday Supervisors, Cleaners and Volunteers** have any safeguarding concerns they must complete the official School safeguarding form available from the School office immediately. Once completed please hand directly to The Designated Safeguarding Lead or in their absence a Deputy Safeguarding Lead who will record details on CPOMS.

Locally the Federation makes use of **CPOMS** for recording any and every concern linked to a child such as lateness, hygiene, state of clothing, snacks, no lunch brought in, marks on body, things said to staff and any other signs of neglect and anything out of the ordinary for that child.

The Parent Support Advisor work closely off CPOMS as does the DSL and others listed as persons needing to know any information.

Review of CPOMS is a valuable tool for monitoring case progress. Referrals to social care are monitored and staff will take follow up action if there is an undue delay in a response/action.

Children Absent from Education.

Information from the GSCP procedures manual states: Anyone concerned that a child is missing education can make a referral to the Education Performance and Inclusion team (EP&I) at Gloucestershire County Council. The GSCP has a protocol on partnership working when children and young people run away and go missing from home or care (see GSCP website)

Children Absent from Education refers to 'any child of compulsory school age who is **not** registered at any formally approved education activity e.g. school, alternative provision, elective home education, **and** has been out of education provision for at least 4 weeks'.

Children Absent from Education also includes those children who are **missing** (family whereabouts unknown), and are usually children who are registered on a school roll / alternative provision. This might be a child who is not at their last known address **and either**

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

The LA identifies children who may be missing education. Working with partners and other agencies, the LA:

- receives notification from an individual or agency of children who are missing education.
- undertakes case work to ensure the parent of a child missing education is offered suitable full time education.
- undertakes case work to establish the whereabouts of a family who are not at their last known address and whose destination is unknown.

It is the responsibility of the Education Performance and Inclusion Data Officer, on behalf of the Local Authority (LA), to:-

- Collate information on all reported cases of CME of statutory school aged children in Gloucestershire maintained schools, academies, free schools, alternative provision academies and Alternative Provision Schools (APS formerly Pupil Referral Service).
- Liaise with partner agencies and other LAs and schools across Britain to track pupils who may be missing education.
- prepares and publishes an annual county CME report including analysis of referrals by source, age, gender etc along with outcomes of CME casework done by the wider EP&I team.

Any professional should alert the LA when they suspect that a child might be missing from education.

Locally within the Federation if a Child in Need (CIN) or with a Child Protection plan is absent from school without an explanation the relevant professional (social worker) is informed. If the school has a concern about any other child absent from school

without an explanation they would also raise a concern with the relevant professional(s) after one day.

Please note that within Keeping Children Safe in Education (2025) the term children absent from education is used. This term refers to children who are registered at a formally approved education setting.

3. Early Help offer

From GSCP website:

'Early Help' is an umbrella term that describes the work of many agencies engaged with children and families (NHS, schools, learning providers, voluntary sector, police, housing providers). We are all engaged to a greater or lesser extent in work that seeks to avert a problem developing and preventing difficulties from escalating or the deterioration of circumstances which could adversely affect children, young people and families.

Early Help is the right help at the right time. It's about identifying problems at an early stage and providing purposeful and effective help as soon as possible to prevent those problems escalating and becoming more complex to resolve. Early Help can be offered to children and young people aged 0-19 (up to 25 for SEND) and to families and parents:

- so that problems don't arise in the first place (prevention)
- so that problems are dealt with early (early intervention)
- so that we support children, young people and their families when they are more vulnerable and have more complex or longer-lasting needs e.g. SEND.

The Graduated Approach is Gloucestershire's response to ensuring Early Help is available to all children, young people and their families with additional needs, whether these are educational, social or emotional needs or a disability.

Before you can undertake any aspect of the Graduated Approach you will need to gain **informed consent** from the family or the young person if they are able to fully understand the reasons for consent. There is a consent form on the Information for Practitioners section of Families Information Service website. The Consent form needs to be explained to the parents/young person and then signed by them to show that they consent to information being shared. It is important to revisit the consent during the course of your work particularly if new services/organisations start to work with the child/young person/family. It is important that the families/young people you are working with understand what is on the consent form and what they are agreeing to when they sign it.

The Graduated Approach is based on a simple Assess, Plan, Do, Review cycle and has the following graduated responses which can be used in any order depending on what would best meet the needs of the child or young person.

Further information can be found at: GSCP website. The Early Help Practice Guidance, March 2020 is extremely useful and included reference to Adverse Childhood Experiences (ACEs) and how they can impact a child's development.

4. Allegations Management

Anyone wishing to refer an adult who works with children (paid or otherwise) where there are allegations that fall into one or more of the below four categories should do so through the LADO (Local Authority Designated Officer).

- A member of staff (including supply staff) or volunteer or governor has harmed or may have harmed a child.
- Possibly committed a criminal offence relating to a child
- Behaved towards a child or children in a way that indicates he/she may pose a risk of harm to a child
- Where an individual has behaved or may have behaved in a way that indicates they may not be suitable to work with children.

The LADO will manage all referrals through the Allegation Management team who are based within the County Council.

The key changes taking effect are:

(a) The website to access the referral link remains the GSCP website but the referral form has a new layout.

(b) If an Allegation Management referral meets the threshold (Note: There are two forms of allegation, one that meets the harms threshold and the other which does not and is termed 'low level concerns'* . For detailed information see ***Keeping children safe in education*** DfE 2025) then an online account will be created allowing referring organisations to access relevant information as the matter is investigated (e.g. meeting minutes and action plans). You will be guided by the team in how to open an online account.

Attached is the updated Allegation Management Flowchart and a How to Guide for registering an account.

[Allegations Management Flowchart \(DOCX, 154.7 KB\)](#)

The following information is taken from various documents on the GSCP website:

Procedures for dealing with allegations against any staff working/volunteering with children are laid out in the Gloucestershire Child Protection Procedures which may be found at <http://www.proceduresonline.com/swcpp/gloucestershire/contents.html>.

In this context, the term "professional" includes paid employees, volunteers, casual/agency staff and self-employed workers who will have contact with children as a part of their role. The LADO ensures that all allegations or concerns about professionals or adults working or volunteering with children are recorded appropriately, monitored and progressed in a timely and confidential way. The LADO is involved from the initial phase of the allegation through to the conclusion of the case. The LADO provides advice and guidance to employers and voluntary organisations, liaising with the police and other agencies and monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

It is important that no investigation is carried out without first having a discussion with the Local Authority Designated Officer. Further information about the process can be found via <http://www.gsce.org.uk/allegationsmanagement>

The Allegations Management Co-Ordinator can be contacted on 01242 426320.

The Chair of Governors may be required to act should an allegation be made against the Head Teacher or equivalent. In these circumstances, it is likely that the governor will be required to attend a Professionals' Multi-Agency Allegations Management Meeting with representatives from the LA, Police Child Abuse Investigation Team, Safeguarding Children Service and Human Resources to decide on the way forward. Governors might also be required to provide details of the alleged incident and to make further enquiries if necessary as decided by the Police or Human Resources depending on whether Child Protection action and/or Disciplinary Action is necessary. The governing body should also ensure that Allegations Management is included in the setting's Safeguarding (Child protection) policy.

An allegations management flowchart can be found below and at:

<http://www.gsceb.org.uk/>

Allegations Management Flow chart

Concern about a member of staff or a volunteer working with children

If a professional received an allegation or has a concern about the behaviour of a member of staff working or volunteering with children and that concern could amount to:

- A. a member of staff or volunteer has behaved in a way that has harmed a child, or may have harmed a child, or
- B. possibly committed a criminal offence against or related to a child, or
- C. behaved towards a child or children in a way that indicates s/he may pose a risk of harm to children, and D indicates not suitable to work with children.

Then that professional should:

Report their concerns

Report the concern to the most senior person not implicated in the allegation.



Complete a written record of the nature and circumstances surrounding the concern, including any previous concerns. Include where the concern came from and brief details only.

Completion of written record



Seek advice before proceeding – Initial Discussion

Always contact the Local Authority Designated Officer (LADO) for advice prior to investigating the allegation. This is because it might meet the criminal threshold and so your investigation could interfere with a Police or Social Care investigation. Local Authority Designated Officer (LADO) – Tel: 01452 426320 The LADO will offer advice on any immediate action required and will assist with employment and safeguarding issues

Allegations Management Process

If, after your Initial Discussion with the LADO, it is agreed that the allegation meets the criteria, a multi-agency meeting will be convened and you will be invited. This might result in a criminal investigation, a Social Care investigation and/or an investigation to inform whether disciplinary action is required. If it is agreed that the allegation does not meet the criteria, the LADO will record the Initial Discussion and send it to you for your records. Any further action will be taken within your setting if necessary.



Further action

Further meetings might be required and these will be convened by the LADO, with your input at all times. Further information on the Allegations Management process can be found in the GSCP procedures manual and GSCP safeguarding website.

<http://www.proceduresonline.com/swcpp/gloucestershire/>

* A Federation Low Level Concerns Policy is available..

5. Definitions, signs and impact of child abuse – mapping and relevant documentation

Recognising child abuse is not easy. It is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk or harm from someone. You do however, have both a responsibility and duty, as set out in our Federation child protection procedures, to act in order that the appropriate agencies can investigate and take any necessary action to protect a child.

As outlined in Keeping Children Safe in Education, DfE 2025 there are various types of abuse, neglect and exploitation:

- Abuse – a form of maltreatment of a child;
- 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;
- Emotional and mental abuse – the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. This abuse also includes coercive and controlling activity which can lead to a child being belittled and made to feel worthless and powerless;
- 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 a child is aware of what is happening;
- 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 and development.

- Domestic abuse – this could be any or all of the above as well as being a witness to or feeling the effects of domestic/intra-familial abuse.
- Child Criminal Exploitation
- Child Sexual Exploitation

Staff are aware that a child's behaviour may change due to drug taking, alcohol abuse, truancy and sharing of nude and semi-nude images (formerly known as sexting). In addition, staff are aware of child on child abuse (bullying, cyberbullying, gender based violence, sexual violence, assault and harassment and upskirting). Staff are encouraged to keep fully up-to-date concerning **online abuse** and **online safety**. Further information can be obtained via the GSCP website.

Specific professional experts can give advice on things such as: child sexual exploitation, domestic violence, fabricated or induced illness, gender based violence, female genital mutilation, gender based violence, mental health, missing children, preventing radicalisation and sharing of nude and semi-nude images (formerly known as sexting).

There is a **ZERO** tolerance approach to abuse in the Foundation.

More detailed information on signs of abuse are:

Physical abuse

Most children will collect cuts and bruises as part of the rough and tumble of daily life. Injuries should always be interpreted in light of the child's medical and social history, development stage and the explanation given. Most accidental bruises are seen over bony parts of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental.

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern, although this can be more complicated with burns, as these are often delayed in presentation due to blistering taking place sometimes later. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

The physical signs of abuse may include:

- Unexplained bruising, mark or injuries on any part of the body;
- Multiple bruises – in clusters, often on the upper arm, outside of the thigh;
- Cigarette burns;
- Human bite marks;
- Broken bones;
- Scalds with upward splash marks;
- Multiple burns with a clearly demarcated edge;
- Dirty/unwashed appearance such as to hide marks;
- Unexplained absences from school.

Changes in behaviour that can also indicate physical abuse:

- Fear of parents being approached for an explanation;
- Aggressive behaviour or severe temper outbursts;
- Flinching when approached or touched;
- Reluctance to get changed for hot wash which could aggravate wounds;
- Depression;
- Withdrawn behaviour;
- Running away from home.

Emotional Abuse

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a development delay due to failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstance, for example when hospitalised or away from their parents' care. Even so, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or exploitation or corruption of children.

Changes in behaviour that can also indicate emotional abuse:

- Neurotic behaviour e.g. sulking, hair twisting, rocking;
- Being unable to play;
- Fear of making mistakes;
- Sudden speech disorders;
- Self-harm;
- Fear of parent being approached regarding behaviour;
- Developmental delay in terms of emotional progress.

Mental Health

Everyone has 'mental health' and this can be thought of in terms of:

- how we feel about ourselves and the people around us
- our ability to make and keep friends and relationships
- our ability to learn from others and to develop psychologically and emotionally.

Being mentally healthy is also about having the strength to overcome the difficulties and challenges we can all face at times in our lives - to have confidence and self-esteem, to be able to take decisions and to believe in ourselves. It is quite normal to sometimes feel worried, anxious or upset when things don't go as you hope - everyone faces pressure in their lives at certain times.

If you are concerned about the mental health of a child speak to your DSL or deputy DSL and/ or SEND co-ordinator.

Sexual abuse [See also notes on FGM]

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the child's behaviour that may cause you to become concerned, although physical signs can be present. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- Pain or itching of the genital area;
- Bruising or bleeding near genital area;
- Sexually transmitted disease;
- Vaginal discharge or infection;
- Stomach pains;
- Discomfort when sitting down.

Changes in behaviour which can also indicate sexual abuse include:

- Sudden or unexplained changes in behaviour –becoming aggressive or withdrawn;
- Fear of being left with a specific group of people;
- Having nightmares;
- Running away from home;
- Sexual knowledge which is beyond their age or development level;
- Sexual drawings or language;
- Sharing nude and semi-nude images;;
- Bedwetting;
- Eating problems such as over eating or anorexia;
- Self-harm or mutilation, sometimes leading to suicide attempts;
- Saying they have secrets they cannot tell anyone about;
- Substance or drug abuse;
- Suddenly having unexplained sources of money;
- Not allowed to have friends [particularly in adolescence];
- Acting in a sexually explicit way towards adults.

Note: Sexual abuse may also include non-contact activities e.g. production of sexual images, grooming. Sexual abuse can take place online and can be perpetrated by men and women.

Neglect

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

The physical signs of neglect may include:

- Constant hunger, sometimes stealing food from other children;
- Constantly dirty or 'smelly'

- Loss of weight, or being constantly underweight;
- Inappropriate clothing for the conditions;
- Child frequently absent from school;
- Overweight for age and developmental stage;
- Always eating or eating the 'wrong' food;
- Not participating in sport or reluctant to undertake any physical activity.

Changes in behaviour which can also indicate neglect may include:

- Complaining of being tired all the time;
- Always asking for food;
- Having few friends;
- Mentioning being left alone or unsupervised;
- Not requesting medical assistance and / or failing to attend appointments.

Bullying

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter attacks that are:

- Physical: pushing, kicking, hitting, pinching and other forms of violence or threats;
- Verbal: name-calling, sarcasm, spreading rumours, persistent teasing;
- Cyber: constant texting; sending messages, and photos, to friends and family without permission;
- Emotional: excluding [sending to Coventry], tormenting, ridiculing, humiliating.

Persistent bullying can result in:

- Depression;
- Low self-esteem;
- Shyness;
- Poor academic achievement;
- Isolation;
- Threatened or attempted suicide.

Signs that a child may be being bullied can be:

- Coming home with cuts and bruises;
- Torn clothes
- Asking for stolen possessions to be replaced;
- Falling out with previous good friend;
- Being moody and bad tempered;
- Wanting to avoid leaving their home;
- Aggression with younger brothers or sisters;
- Doing less well at school;
- Sleep problems;
- Anxiety;
- Becoming quiet and withdrawn.

On-Line abuse

There are four areas of risk children need to be made aware of:

- Content, the exposure to illegal, inappropriate or harmful material, for example pornography, racism, self-harm, extremism etc;
- Contact, subjected to harmful online interaction with others such as peer to peer pressure, adults posing as children for grooming purposes;
- Conduct, personal online activity that increases the likelihood of harm, for example sending inappropriate images and online bullying;
- Commerce, risks from online gaming and gambling, advertising, phishing and , financial scams etc.

It is possible that a child might observe some of the above from an older sibling, friend or adult and as a consequence be attracted to or drawn into one or more of these areas of potential abuse.

Female Genital Mutilation [FGM]

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. FGM is internationally recognised as a violation of human rights of girls and women. It is **ILLEGAL** in most countries including the UK [see GCSP website for further details]

GIRLS UNDER THE AGE OF 13 ARE AT MOST RISK

Circumstances and occurrences that may point to FGM happening

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

Signs that may indicate a child has undergone FGM

- Prolonged absence from school and other activities;
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued;
- Bladder or menstrual problems.

If you need to note down any marks on a child's body record the information on CPOMS.

How to listen to a child who wants to tell:

- React calmly and listen;
- Don't stop the child who is freely recalling significant events;
- Don't interrogate the child or question. It is important that you do not jump to conclusions, ask leading questions or put words in the child's mouth;
- Listen carefully, reassure and observe;
- Reassure them that by telling you, they have done the right thing;

- Ensure that the child realises that you can't keep what they have told you a secret. Let them know what will have to happen next: that you will have to tell the Designated Safeguarding Teacher for Child Protection, who will also help and support them.
- Keep clear accurate notes of what the child said as these will be needed by the DSL.
- Make sure the child feels safe, is taken seriously and not made to feel he/she is creating a problem.

6. Escalation guidance

Details of the Gloucestershire safeguarding children partnership guidance 2021 to be found at: <https://www.gloucestershire.gov.uk/gscp/>

Introduction

At no time must professional disagreement detract from ensuring that the child is safeguarded. The child's welfare and safety must remain paramount throughout.

This policy identifies a non-exhaustive list of potential areas of disagreement, guidance on resolving disputes and procedures to be followed when disputes cannot be resolved through discussion and negotiation between professionals at front line level. Some organisations use the term Conflict Resolution Policy.

Potential Areas of Disagreement

This is not an exhaustive list and other scenarios may warrant escalation.

- A referral not considered to meet the threshold for assessment by Children's social care.
- Children's social care conclude that further information should be sought by the referrer before a referral is progressed.
- There is disagreement as to whether the child protection procedures should be invoked see above.
- Children's social care and the Police place different interpretations on the need for significant agency response in relation to a child protection enquiry see above.
- There is a disagreement over the sharing of information and/or provision of services.
- There is disagreement over the outcome of any assessment and whether the appropriate action plan is in place to safeguard and promote the welfare of the child.

Timescales

All disputes should be resolved in a timely way so that the welfare of the child remains paramount. In some situations, it may be required to instigate all of the stages within a short period of time or to escalate the process so that the safety of the child is not compromised.

Stage One: Preventing Disputes

Most disagreements can be resolved through discussion and negotiation. The professionals involved should attempt to resolve differences through discussion within one working day, but if they are unable to do so, their disagreement must be reported by them to their line managers or equivalent with respect to most day-to-day issues, the relevant line managers will be able to resolve the disagreement. This contact should take place within twenty-four hours. The purpose of this contact is to review the available information and to resolve the concern. It may be helpful to consider the involvement of the designated or named professional at this stage in preference to use of line management.

Any action agreed should be fed back immediately to the relevant managers involved and the detail of the conflict and agreements reached should be recorded on the child's file.

Note: Ongoing communication is key to ensuring disputes are resolved in a timely manner – disputes should not be escalated without communication between relevant parties

Stage Two: Informal Dispute Procedure

Where it is not possible to resolve the matter at front line management level, the matter should be referred without delay to second tier management level.

The issue will then be considered at second tier management level and/or include Team Around the Family, with direct communication taking place with the designated professional or named professional for safeguarding within the individual agency or at a second-tier management level.

If the area of conflict relates to whether a case meets the threshold for a referral or service from Children's social care, then the Service Manager MASH will also be involved in this discussion.

Stage Three: Formal Dispute Procedure

If following Stage Two of process the disagreement remains unresolved, the matter will be referred to an appropriate Head of Service within Specialist Children's Services, who will consider the matter in dialogue their equivalent level of management within the agency progressing the escalation.

The purpose of escalating the dispute to this level is to establish a position where differing professional opinions have been considered and efforts made to explore whether the dispute has arisen through lack of clarity or understanding in the professional dialogue. Ultimately a decision will need to be reached where agencies agree a way forward in which the interests of the child take precedence over any professional stalemate.

Stage Four: Where Disagreements Remain

In all cases where it has not been possible to resolve differences and/or where there may be lessons to be learned for future practice, in all cases where it has not been possible to resolve differences, or where issues form part of a theme that reflect a pattern of professional differences, the GSCP Business Unit should be notified. The Business Unit will consider whether the issue should be added to the strategic escalation log and facilitate any necessary action by the GSCP Executive. At any stage of the process, any action agreed should be fed back immediately to the second tier (Stage 2) management and staff involved, the detail of the escalation including all agreements reached should be recorded on the child's file.

7. Recent changes – Keeping up-to-date

A key document outlining Safeguarding procedures in county is GSCP procedures manual It can be accessed via

<https://www.gloucestershire.gov.uk/gscp/>

You may find it useful to consult the following:

- Levels of Intervention Guidance – Working Together to Provide Early Help,
- Targeted and Specialist Support for Children and Families in Gloucestershire,
- 'The Windscreen' – the continuum of need,
- Graduated Pathway,
- MASH and
- Multi-Agency Service Request Form (MARF) accessed via the Liquid Logic portal.
- Up to date material about County Lines,
- Information about Adverse Childhood Experiences – ACEs, and
- Inspecting safeguarding in early years, education and skills setting. Guidance for Ofsted inspectors to use when inspecting safeguarding under the education inspection framework.