

SAFEGUARDING CHILDREN AND YOUNG PEOPLE (INCLUDING CHILD PROTECTION PROCEDURE)

Person responsible:	Designated Safeguarding Lead
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POLICY & PROCEDURE DOCUMENT

SAFEGUARDING CHILDREN AND YOUNG PEOPLE (INCLUDING CHILD PROTECTION PROCEDURE)

Designated Safeguarding Lead (DSL) – Lisa Taylor

Deputy Designated Safeguarding Lead (DDSL) – Jo Pearch

Designated Safeguarding Leads (DSL) for Vulnerable Adults – Sheila Talwar, Abigail Clark, and Mike King
Governor with safeguarding responsibility – Julie Dyer

Procedures always available: [Gloucestershire Safeguarding Children Procedures \(proceduresonline.com\)](https://proceduresonline.com)

*Safeguarding and promoting the welfare of children is **everyone's** responsibility. 'Children' includes everyone under the age of 18. **Everyone** who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners 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*

Keeping Children Safe in Education (KCSIE) 2025.

KCSIE 2025 defines safeguarding and promoting the welfare of children as:

- Providing help and support to meet the needs of children as soon as problems emerge
- Protecting children from maltreatment, whether that is within or outside the home, including online
- Preventing the 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,
- Taking action to enable all children to have the best outcomes

Our local safeguarding arrangements come from Gloucestershire Safeguarding Children's Partnership (GSCP) the link to which is here: - [Gloucestershire Safeguarding Children Partnership \(GSCP\) - Gloucestershire Safeguarding Children Partnership/](#)

At St Roses in addition to our policies and procedures: -

- All DSLs are members of the school leadership team and have job descriptions for this role in line with GSCP guidance. The DSL or DDSL's will always be available to discuss safeguarding concerns
- DSL's meet regularly to discuss any issues arising.
- Half termly safeguarding reflection and practice development meetings take place with the whole safeguarding team
- All staff have safeguarding induction and training
- Safeguarding is an agenda item on all leadership meetings, Governing body meetings, as well as individual team meetings.
- Our safeguarding policies and procedures are reviewed annually
- Our policies and procedures are audited by Gloucestershire Safeguarding Children's Partnership
- Student guide to safeguarding (pictorial)

This policy has been updated in line with the revised publication of:

- Keeping Children Safe in Education (DfE, 2025)

As well as information from:

- Working together to safeguard children (HM Government, 2023)
- Gloucestershire Safeguarding Children Partnership Working Together to Safeguard Children Multi Agency Safeguarding Arrangements (2025)
- [Prevent duty guidance: for England and Wales \(accessible\) - GOV.UK](#)

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

- Admissions policy
- AI Policy
- Anti-Harassment and Bullying Policy
- Care Policy
- Code Of Conduct Policy
- Compliments and Complaints Policy
- Counter Bullying Policy (Including Cyber Bullying)
- Child Sexual Exploitation Policy
- Disciplinary Policy
- Guidance For Safer Working Practice for Adults Who Work with Children and Young People in Education Settings (Safer Recruitment Consortium, 2022).
- Health & Safety Policy

- ICT And Internet Acceptable Use Policy
- Lettings policy
- Low Level Concerns Policy
- National Minimum Standards for Residential Special Schools DFE
- Online Safety Policy
- Positive Behaviour Support Policy
- Preventing Extremism and Radicalisation Policy
- Protocol on Partnership Working When Children and Young People Run Away and Go Missing from Home or Care.
- Registration, Attendance and Absence Policy and Procedure.
- Remote Education Policy
- Safeguarding Adults with Care and Support Needs Policy
- Safer Recruitment Policy and Procedures
- Special Educational Needs and Disability Policy and Information Report.
- Statutory Framework for the Early Years Foundation Stage
- Whistleblowing Policy

MISSION STATEMENT

Working together to flourish in education and life, as children of God with unique individual worth.

AIMS OF THIS POLICY

At St Rose's we are committed to safeguarding children and young people, and we expect everyone who works in our school to share this commitment. Adults in our school take all welfare concerns seriously and encourage children and young people to talk to us about anything that worries them. We will always act in the best interest of the child.

This policy aims to outline the role that St Rose's has in implementing safeguarding procedures, the procedures that staff should follow and general guidance issues on child protection. All staff must ensure that the needs and safety of the children are at the forefront of their practice. In their day-to-day contact with individual children, our staff are particularly well placed to observe outward signs of abuse, changes in behaviour or failure to develop and thrive.

Everyone at St. Rose's is expected to work with and support different agencies to enable the most appropriate intervention to take place. We will assess the risks and issues in the wider community

when considering the well-being and safety of our students. All staff and volunteers should be alert to possible concerns being raised. ***Safeguarding is everyone's responsibility.*** Staff should not assume

someone else is acting and sharing information that might safeguard a child. Staff should share any concerns they have about a child with a member of the safeguarding team. However, it should be remembered 'that sometimes children will not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. This should not prevent staff from having a professional curiosity and speaking to a DSL.

All Governors, Trustees of the English Dominican Congregation as proprietors of the organisation, staff and volunteers have an appropriate disclosure and barring check (DBS). Any recruitment panels appointing paid staff and volunteers held at St Rose's will include at least one person who has been trained in safer recruitment.

Staff must be aware of local policies and procedures that must be followed, which are under the direction of Gloucestershire Safeguarding Children Partnership (GSCP).

A Designated Safeguarding Lead (DSL) should always be available, if we are ever in a position where there is no DSL available, we have a reciprocal agreement with other Gloucestershire Catholic Schools' schools. The Little Way Catholic Educational Trust is a group of twelve schools from the Gloucester Deanery of Clifton Diocese to provide advice and support where the need arises. If this is needed, please contact one of the other Catholic schools in Gloucestershire and ask for their DSL. (List is available in the main school office)

ROLE OF THE GOVERNING BODY

All Governors and trustees must undertake safeguarding and child protection training for at induction: -

'This training should equip them with the knowledge to provide strategic challenge to test and assure themselves that the safeguarding policies and procedures in place in schools and colleges are effective and support the delivery of a robust whole school approach to safeguarding.' (KCSIE 2025)

The designated governor for safeguarding will liaise with the school and college safeguarding team on matters arising concerning safeguarding. In addition to this: -

- The safeguarding policy will be reviewed at least annually; any changes to policy and procedures will be discussed by members of the governing body for approval.
- The designated governor for safeguarding will deal with any allegations of abuse made against the Principal.
- Safeguarding is an agenda item on all full governing body meetings.

- The Governing Body will work with the Principal to ensure that the single central register (SCR) is maintained and monitored.
- All governors will read Keeping Children Safe in Education in its entirety.

SAFER RECRUITMENT

St Rose's creates a culture of safer recruitment of all staff. All staff appointments are in compliance with 'Keeping Children Safe in Education' (DfE, 2025). Safer practice involves a commitment to safeguarding and promoting the welfare of children at every stage of the process.

Job advertisements will:

- Make explicit the need for DBS disclosures.
- Include statements about responsibilities relating to safeguarding in the post, in the job description and person specification.
- Include information about the schools' safeguarding practices.

At least one member of every recruitment panel will have completed accredited safer recruitment training. The training covers best practice that should be adopted when recruiting and selecting adults to work with children and it sets out procedures and strategies to help those involved in the recruitment process to deter, identify and reject applicants who are unsuitable to work with children. Details of all appointments and relevant checks are held in a Single Central Record (SCR) on the school's network.

SINGLE CENTRAL RECORD - STAFFSAFE

It is a requirement that St Rose's maintains an electronic single central record (SCR) of recruitment and vetting checks. St Rose's uses CPOMS StaffSafe to hold this information. Access to StaffSafe is password protected. The information required on the SCR is listed in Keeping Children Safe in Education (2025). Our SCR contains details of all staff (including agency staff), governors, trustees, and volunteers. The SCR is maintained and monitored by the Principal, the Business Manager, DSLs, and the governing body

STAFF INDUCTION

All new staff and volunteers receive an induction programme at commencement of their employment which includes safeguarding, in line with guidance from GSCP. The induction training is delivered by a member of the safeguarding team; it includes child protection and safeguarding responsibilities. Staff and must read and sign to say they have read all safeguarding policies and procedures, including part one and five of Keeping Children Safe in Education. A record of this induction, including names of staff involved and

dates of training is kept in staff files and electronically on the school network. At commencement of employment all staff will be issued with a photographic name badge with a blue staff lanyard that must be worn at all times.

ON-GOING TRAINING

Through regular training and updates we ensure everyone understands their role in safeguarding children and the safeguarding referral processes. All staff and volunteers undertake e-learning courses relevant to safeguarding both children and vulnerable adults which is on a rolling programme shared with all staff.

All staff undertake 3 yearly safeguarding training through Gloucestershire Safeguarding Children Partnership (GSCP). Early Years Foundation stage staff must renew their training every two years.

The DSL's/DDSL's will undertake Level 3 training every 2 years. This is recorded on St Rose's departmental training matrixes.

A safeguarding update session is included as part of annual whole school and college training and delivered at the start of each academic year.

There are safeguarding noticeboards in all staffrooms and updates are added to the weekly staff briefing and circulated to line managers where needed. The DSLs and the Leadership Team are signed up to receive GSCP alerts to ensure they are keeping their knowledge and awareness of safeguarding up to date.

STUDENTS

Students at St Rose's are taught about how they can keep themselves and others safe, including online, through various teaching and learning opportunities, as part of a broad and balanced curriculum. As far as possible, children are taught to recognise when they are at risk and how to get help when they need it and to be effective, we present this information in a developmentally age-appropriate way. We are sensitive to the specific needs and vulnerabilities of individual children, including children who are victims of abuse, and children with special educational needs or disabilities.

MENTAL HEALTH

All staff at St Rose's are 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.

Staff are not expected or trained to diagnose mental health conditions or issues but may notice behaviours that may be of concern.

Where staff have a mental health concern about a child that may also be a safeguarding concern, they should raise the issue by informing a member of the safeguarding team

AUDIT

We carry out annual safeguarding self-audits for authorities that commission our services. The audits and action plans are reviewed in the safeguarding reflection and practice development meetings.

The Principal & Chair of Governors also carries out regular personnel file/SCR audits.

VISITORS

All visitors to St Rose's will be asked to sign in and out. They will be given a safeguarding information leaflet on arrival and will then be issued with a visitor badge. The safeguarding leaflet and information on their visitor badge inform them who they can talk to if they have any safeguarding concerns during their visit.

St Rose's uses a colour coded system of lanyards staff and visitors to enable easy identification staff and visitors.

- **Pink** – Safeguarding team
- **Blue** – all staff
- **Black** – Governors
- **Yellow** – Visitors who are not DBS checked and therefore must not be left alone with students
- **Red** – Contractors – DBS checked
- **Light Green** – Visitors/Students who are DBS checked
- **Dark Green** – Volunteers who work with us regularly and are DBS checked
- **Purple** – Work experience students who are not DBS checked and therefore must not be left alone with students

CCTV

St Rose's uses closed circuit television (CCTV) images to improve site security, reduce crime, and monitor St Rose's buildings to provide a safe and secure environment for students, staff, and visitors, and to prevent the loss or damage to school property. The system comprises of 9 fixed cameras located externally to provide coverage of the gates, and outside St Rose's and has no sound recording capability.

The CCTV system is owned and operated by St Rose's, and its deployment is determined by St Rose's management team. The CCTV is checked daily to ensure that it is operational and access to CCTV images is restricted. CCTV is not used for staff or student monitoring and there is clear signage along with privacy notices to inform staff, students, and visitors of its use.

CHILD PROTECTION

Child abuse is a term used to describe ways in which children are harmed by someone often in a position of power. It may not be our responsibility to decide whether child abuse is occurring, but we are required to act on any concerns and report it to the appropriate party. The health, safety and protection of a child is paramount.

The Designated Safeguarding Leads are responsible for:

- Co-ordinating action within St Rose's and liaising with Social Care and other agencies over cases of abuse and suspected abuse.
- Acting as a source of advice within St Rose's.
- Ensuring that staff are familiar with the policy and procedures.
- Referral of individual cases of suspected abuse.
- Liaising with agencies about individual cases.
- Organising training on child protection within St Rose's

CHILDREN WITH DISABILITIES

Under section 17(10) of the Children Act (1989) a child is a 'child in need' if he/she is a disabled child.

Children with special educational needs or disabilities (SEND) or certain health conditions can face additional safeguarding challenges due to their increased vulnerability. This is heightened when the child has difficulties with communication, and a lack of social contact may inhibit the child telling others about suffering abusive behaviour. Additional safeguarding challenges that Children with Special Educational Needs and Disability can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition or needs without further exploration.
- these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children.
- the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in managing or reporting these challenges
- Physical disability in children often means intimate care is required and this need may have to be met by a large number of adults, thus increasing their vulnerability.
- Children with learning disabilities may have an inability to recognise what the boundaries of acceptable behaviour by carers and other adults are.

Professionals and carers who work with children with disabilities should ensure they maintain careful and accurate records of their involvement with the child.

Managers must maintain adequate levels of supervision and support for all staff.

All staff must be alert to the signs of abuse as detailed in this policy. (Appendix 1)

We recognise that when a child has a social worker, it is an indicator that the child is more at risk than most students.

This may mean that they are more vulnerable to further harm, as well as facing educational barriers to attendance, learning, behaviour, and poor mental health.

We take these needs into account when making plans to support students who have a social worker

PHYSICAL CONTACT WITH STUDENTS

All staff and volunteers must read and understand our Positive Behaviour Support policy. We recognise that some form of physical contact with students by staff is inevitable, especially due to the high level of manual handling required to support our students. In some cases, it is necessary for reassurance. However, all staff should be aware of issues related to touching and the way in which this might be misconstrued. This relates particularly to any sensitive areas of the body.

At St Rose's only the minimum amount of guiding a student away from harm is used in order to prevent the student from causing injury to themselves, others, or property. There are circumstances when it is appropriate for staff in school and college to use reasonable force to safeguard children and young people. The term 'reasonable force' covers the broad range of actions used by staff that involve a degree of physical contact to control or restrain children (KCSIE, 2025) Following such an intervention an incident form must be completed. A debrief session for staff and student is also essential after the incident.

MISSING CHILDREN

If a young person goes missing from our care, we will follow the protocol on partnership working available on the GSCP website. A copy of this document is kept in all policy files with the safeguarding policies. It is also available on our PUBLIC drive.

CHILDREN ABSENT FROM EDUCATION

Knowing where children are during school hours is an extremely important aspect of Safeguarding. Children being absent from education for prolonged periods and/or on repeat occasions can act as a vital warning sign to a range of safeguarding issues including neglect, child sexual and child criminal

exploitation - particularly county lines. We monitor attendance carefully and address poor or irregular attendance without delay.

We will always follow up with parents/carers when students are not at school. This means we need to have a least two up to date contacts numbers for parents/carers. Parents should remember to update the school as soon as possible if the numbers change.

In response to the guidance in Keeping Children Safe in Education (2025) St Rose's has:

- Staff who understand what to do when children do not attend regularly
- Appropriate policies, procedures, and responses for students who go missing from education (especially on repeat occasions).
- Staff who know the signs and triggers for travelling to conflict zones, FGM and forced marriage.
- Procedures to inform the local authority when we plan to take students off roll when they:
 - leave school to be home educated
 - move away from the school's location
 - remain medically unfit beyond compulsory school age
 - are in custody for four months or more (and will not return to school afterwards); or
 - are permanently excluded

We will ensure that students who are expected to attend the school but fail to take up the place will be referred to the local authority.

When a student leaves the school, we will record the name of the student's new school/setting and their expected start date.

CHILDREN IN CARE (CIC)

Children in care have additional vulnerabilities. The safeguarding team with support from the designated teacher for looked after children, maintains details of the child's social worker and the name of the virtual school head in the authority that looks after the child.

It is a statutory requirement that all children in care are expected to have regular health assessments to make sure that they are growing up in a healthy environment and get any health care which they may have missed out on. The school nursing team liaise with external health professionals to ensure this occurs.

The designated teacher for children in care is Louise Harper.

The Governor with responsibility for children in care is Julie Dyer

CHILD PROTECTION - DEALING WITH DISCLOSURE OR REPORTING OBSERVATIONS/CONCERNS

Following an incident or disclosure all staff should refer concerns to a DSL or senior member of staff on duty as soon as possible. In the meantime, they should:

- Listen to the child, keeping calm and offer reassurance. The child should lead the discussion.
- Accept what the child says without challenge – reassure them that they are doing the right thing and that you recognise how hard it is for them.
- Consider using phrases such as ‘you’ve done the right thing’ or ‘you’re not to blame.’
- Allow the child to talk but do not interrogate or ask leading questions.
- Try to clarify details with them.
- You cannot promise confidentiality therefore to explain that they have done the right thing and who you will need to tell and why.
- Do not make promises about what might or might not happen next.
- Do not make judgements about the people children refer to – they may be people they love.
- Do not lay blame or criticise either the child or the perpetrator.
- Try not to show any shock you might feel.
- Take what they say seriously.
- Stay calm and reassure them that they have done the right thing in telling you.
- Explain what will happen next and who you will need to talk to.
- Make brief notes at the time and write them up afterwards – keep both sets just in case.
- Use a body map to record the position of any bruising or marks.

After the disclosure, appropriate support should be offered to both the child and the members of staff receiving and dealing with the disclosure.

PROCEDURES FOR MONITORING, RECORDING AND REPORTING

At the time of disclosure

Brief notes made immediately after will help to complete a CPOMS entry.

You should note:

- Date and time of disclosure/incident observed.
- Place and context of disclosure or concern.
- Facts you need to report.

The entry on CPOMS must be completed on the same day and as soon after the disclosure as possible. DO NOT leave it until the end of the day. Any written notes must be put in a white bag for secure shredding which are available in the office, medical room, and nursery office. Staff must not take photographs of children’s injuries. St Rose’s has specific procedures in place for the taking of photographs for Therapy purposes. (Appendix 5)

Remember to keep to factual information and not assumption or interpretation. Use the child's own language to quote rather than translating into your own terms. Be aware that this information may be used at a later date to support a referral to an external agency.

The Designated Safeguarding Lead or Deputy Designated Safeguarding Lead with support from the Principal will: -

- Decide whether to continue to monitor the situation or take the referral further. This decision should be communicated to the individual making the initial referral.
- Seek advice from the **Professional Advice Line - 01452 427070** if needed.

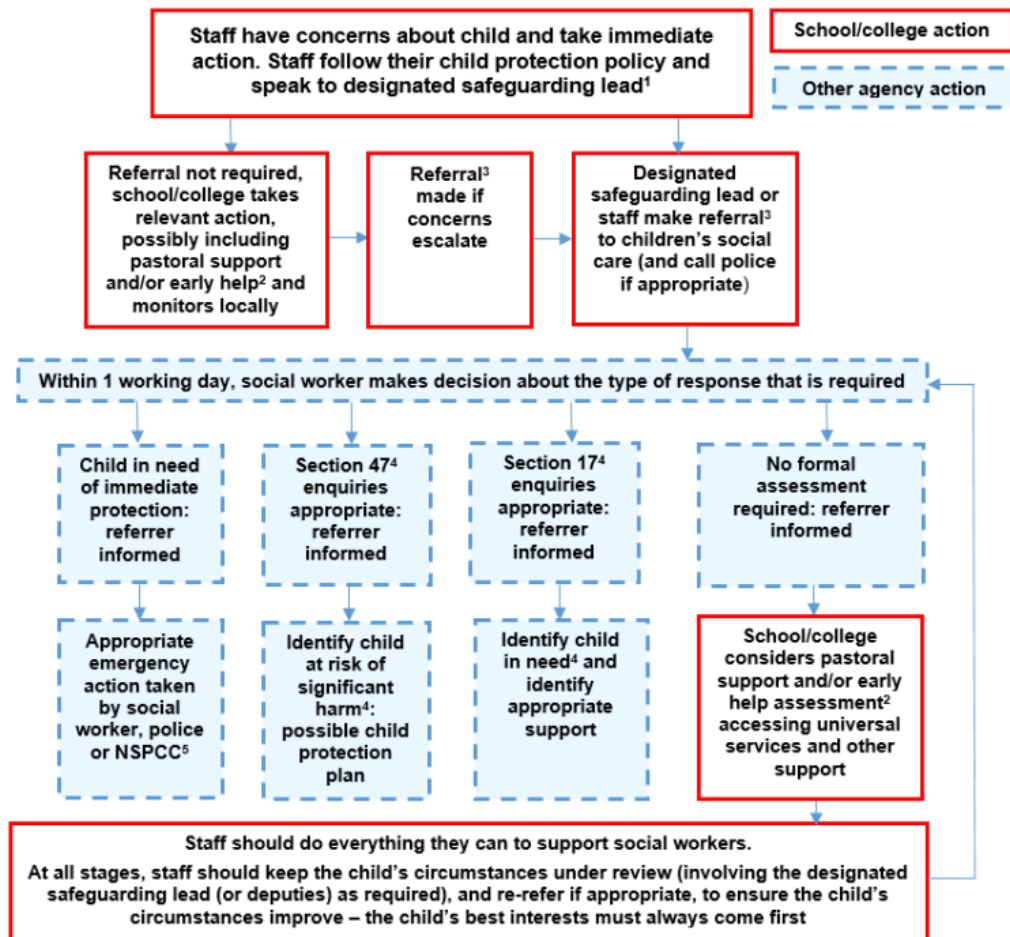
The **dedicated advice line** is available Monday to Friday, **8:30am – 3:30pm**, and offers support with:

- Understanding thresholds for Early Help and Social Care
- Talking through concerns to determine if a MARF is needed
- Guidance on completing the MARFs
- Advice on supporting families under MyPlans including signposting to services and support and advice on best approaches to addressing concerns
- This line replaces the **Community Social Worker, Early Help Coordinator and Family Information Service** advice lines which are now closed meaning professionals have a single point of contact for advice.
- If a concern is deemed **urgent** during office hours the DSL/DDSL with support from the Principal will seek advice from the Gloucestershire Children and Families Front Door which is open from 9am to 5pm: – **01452 426565**. They will give advice about whether a referral is appropriate or whether there are alternative ways of addressing the concerns.
- Enquiries needing an immediate response should be called in to prevent any delay. This would include:
 - When it is felt a child or young person is at immediate risk of harm
 - When a child protection investigation is needed (because of physical, sexual and emotional abuse or chronic neglect)
- Out of hours the Emergency Duty Team (EDT) should be contacted – **01452 614194**.
- In the majority of cases of working with children and families, their consent is needed to share information with other professionals and to ensure timely access to the right services and support. A Single Consent form should be completed by all practitioners working with children, young people, and families when they wish to share information with the County Council and its partners. The form can be found on the Glosfamilies website www.glosfamiliesdirectory.org.uk
- If it is decided that a referral needs to be made to the MASH or Early Help the DSL/DDSL will complete a MARF available here: - [Request support from Children's social care and Early Help – Gloucestershire Forms](#).
- A social worker will contact the DSL within 24hrs (unless there are immediate risks)

- Records are kept securely on CPOMS. In the case of children and young people being transferred to us with paper records, these are stored securely in the office.

The GSCP flowchart for the child protection process is available on the GSCP website as well as on the safeguarding noticeboards (**APPENDIX 3**)

Actions where there are concerns about a child



ALLEGATIONS AGAINST STAFF AND VOLUNTEERS – Allegations Management.

This is a difficult and sensitive area to address. All allegations should be dealt with according to guidance set out by the Gloucestershire Safeguarding Children Partnership.

It is an allegation if the person* has:

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

- behaved or may have behaved in a way that indicates they may not be suitable to work with children (also includes behaviour outside the school).

(*Person could be anyone working in the school or a college that provides education for children under 18 years of age, including supply teachers, volunteers, and contractors.)

Any allegation must be reported to the Principal and a Designated Safeguarding Lead. They must ensure the child is protected. If a serious criminal offence has been committed the police must be informed

Allegations should be reported to the LADO 'without delay'. The Principal or DSL will contact the Local Authority Designated Officer for advice.

The LADO for Gloucestershire can be contacted on **01452 426994**. The LADO will advise on how to proceed, whether the matter can be dealt with within the organisation's own structures or whether a multi-agency meeting is required.

Before contacting the LADO, schools and colleges should conduct basic enquiries in line with local procedures to establish the facts to help them determine whether there is any foundation to the allegation, being careful not to jeopardise any future police investigation.

The LADO's role is not to investigate the allegation, but to ensure that an appropriate investigation is carried out, whether that is by the police, children's social care, the school or college, or a combination of these.

LOW LEVEL CONCERNS ABOUT STAFF BEHAVIOUR

Allegations or concerns about an adult working in the school whether as a teacher, supply teacher, other staff, volunteers, or contractors

At St Rose's we recognise the possibility that adults working in the school may harm children, including governors, volunteers, supply teachers, and agency staff. Any concerns about the conduct of other adults in the school should be taken to the Principal without delay; any concerns about the Principal should go to the chair of governors who can be contacted by email.

Any concerns about the conduct of a member of staff, supply teachers, volunteers, or contractors should be reported to the Principal.

Concerns may come from various sources, for example, a suspicion; complaint; or disclosure made by a child, parent, or other adult within or outside of the organisation; or as a result of vetting checks undertaken.

The Principal must decide whether the concern is an allegation or low-level concern. The term 'low-level' concern does not mean that it is insignificant, it means that the behaviour towards a child does not meet the threshold for referral to the Local Authority Designated Officer (LADO) (see above).

A low-level concern is any concern that an adult has acted in a way that:

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work
- does not meet the threshold of harm or is not considered serious enough for the school or college to refer to the local authority.

Low-level concerns are part of a spectrum of behaviour. This includes:

- inadvertent or thoughtless behaviour
- behaviour that might be considered inappropriate depending on the circumstances
- behaviour which is intended to enable abuse.

Example behaviours include, but are not limited to:

- being over friendly with children
- having favourites
- adults taking photographs of children on their mobile phone
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door
- using inappropriate sexualised, intimidating, or offensive language.

If the concern has been raised via a third party, the Principal should collect as much evidence as possible by speaking:

- directly to the person who raised the concern, unless it has been raised anonymously
- to the individual involved and any witnesses

Reports about supply staff and contractors should be notified to their employers, so any potential patterns of inappropriate behaviour can be identified.

Staff should be encouraged and feel confident to self-refer, where, for example, they have found themselves in a situation which could be misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standards.

Low-level concerns should be recorded in writing, including:

- name* of individual sharing their concerns
- details of the concern
- context in which the concern arose
- action taken

(* if the individual wishes to remain anonymous then that should be respected as far as reasonably possible)

Records must be kept confidential, held securely, and comply with the Data Protection Act 2018. Schools and colleges should decide how long they retain such information, but it is recommended that it is kept at least until the individual leaves their employment. Low Level concerns can be recorded on StaffSafe which is monitored by the Principal and DSL's so that potential patterns of concerning, problematic or inappropriate behaviour can be identified

If a concerning pattern of behaviour is identified and now meets the criteria for an allegation, then the matter should be referred to the LADO.

The records' review might identify that there are wider cultural issues within the school or college that enabled the behaviour to occur. This might mean that policies or processes could be revised, or extra training delivered to minimise the risk of it happening again.

The GSCP flowchart for allegations management is available on the GSCP website and displayed on safeguarding noticeboards.

PREVENTING EXTREMISM AND RADICALISATION

THE PREVENT DUTY - Sheila Talwar (Principal) is St Rose's lead for PREVENT

The aim of Prevent is to stop people from becoming terrorists or supporting terrorism.

- **Radicalisation** refers to the process of a person legitimising support for, or use of, terrorist violence.
- **Extremism** is vocal or active opposition to fundamental British values, such as democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces
- **Terrorism** is an action that:
 - Endangers or causes serious violence to a person/people; o Causes serious damage to property; or
- Seriously interferes or disrupts an electronic system

The objectives of Prevent are to:

- tackle the ideological causes of terrorism
- intervene early to support people susceptible to radicalisation
- enable people who have already engaged in terrorism to disengage and rehabilitate

All schools, colleges and childcare providers are subject to a duty under the Counter Terrorism and Security Act (2015) to have due regard to the need to prevent people from being drawn into terrorism. This is known as the Prevent Duty.

There is no place for extremist views of any kind in St Rose's, whether from internal sources – students, staff or governors, or external sources - community, external agencies or individuals. Our students see St Rose's as a safe place where they can explore controversial issues safely and where our teachers and tutors encourage and facilitate this – we have a duty to ensure this happens.

St Rose's recognises that extremism and exposure to extremist materials and influences can lead to poor outcomes for children and young people and so should be addressed as a safeguarding concern as set out in this policy. We also recognise that if we fail to challenge extremist views, we are failing to protect our students. Extremists of all persuasions aim to develop destructive relationships between different communities by promoting division, fear and mistrust of others based on ignorance or prejudice and thereby limiting the life chances of young people. Education is a powerful tool against this; equipping young people with the knowledge, skills and critical thinking, to challenge and debate in an informed way.

Our goal is to build mutual respect and understanding and to promote the use of dialogue not violence as a form of conflict resolution. We will achieve this by using a curriculum that includes a planned PSD programme, including where appropriate for the students, teaching on e-safety, British Values and an awareness of the dangers of extremism. It will include what the police advise in the event of a terrorist incident 'Run, Hide, Tell: Advice for young people' where this is appropriate advice for our students. We will use resources to help explain and discuss with our students the threat of terrorism and will keep staff updated with new resources which might be helpful. (www.gov.uk/government/publications/recognising-the-terrorist-threat)

At St Rose's we will promote the values of democracy, the rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs. We will teach and encourage students to respect one another and to respect and tolerate difference, especially those of a different faith or no faith. It is indeed our most fundamental responsibility to keep our students safe and prepare them for life in modern multi-cultural Britain and globally.

Our children are deemed to be at a low risk of radicalisation; however, we recognise that protecting children from the risk of radicalisation is part of our wider safeguarding duties. We understand that during the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised. We will ensure that suitable internet filtering is in place and equip our students to stay safe online at school and at home.

There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. Radicalisation can occur quickly or over a long period. Staff will be alert to changes in students' behaviour which could indicate that they may be in need of help or protection.

The government website Educate Against Hate and the NSPCC say that signs that a pupil is being radicalised can include:

- Refusal to engage with, or becoming abusive to, peers who are different from themselves or becoming susceptible to conspiracy theories and feelings of persecution
- Changes in friendship groups and appearance
- Rejecting activities, they used to enjoy
- Converting to a new religion
- Isolating themselves from family and friends
- Talking as if from a scripted speech
- An unwillingness or inability to discuss their views
- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especially around internet use
- Expressions of sympathy for extremist ideologies and groups, or justification of their actions
- Accessing extremist material online, including on Facebook or Twitter
- Possessing extremist literature
- Being in contact with extremist recruiters and joining, or seeking to join, extremist organisations
- Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination.
- It is important to note that these signs can also be part of normal behaviour – staff should have confidence in their instincts and seek advice if something feels wrong.

All staff have received training on the Prevent Duty. The governors and leadership team at St Roses have developed a Prevent duty risk assessment and action plan.

External Agencies and Speakers

St Rose's will assess the suitability and effectiveness of input from external agencies or individuals to ensure that:

- Any messages communicated to students are consistent with the ethos of the school and college and do not marginalise any communities, groups or individuals

- Any messages do not seek to glorify criminal activity or violent extremism or seek to radicalise students through extreme or narrow views of faith, religion or culture or other ideologies
- Activities are properly embedded in the curriculum and clearly mapped to schemes of work to avoid contradictory messages or duplication
- Activities are matched to the needs of students
- Activities are carefully evaluated by schools and colleges to ensure that they are effective
- The information shared including the distribution (including electronic) of leaflets or other publicising material is monitored by the Leadership and Management Team (LMT)

We recognise, however, that the ethos of our school and college is to encourage students to understand opposing views and ideologies, appropriate to their age, understanding and abilities, and to be able to actively engage with them in informed debate, and we may use external agencies or speakers to facilitate and support this. By delivering a broad and balanced curriculum, augmented by the use of external sources where appropriate, we will strive to ensure our students recognise risk and build resilience to manage any such risk themselves where appropriate to their age and ability but also to help students develop the critical thinking skills needed to engage in informed debate.

IF YOU HAVE CONCERNS ABOUT EXTREMISM

If a child is not suffering or likely to suffer from harm, or in immediate danger, where possible speak to the PREVENT lead first to agree a course of action. If in exceptional circumstances the PREVENT lead is not available, this should not delay appropriate action being taken. Speak to a member of the senior leadership team and/or seek advice from local authority children's social care. Make a referral to local authority children's social care directly, if appropriate. Inform the PREVENT lead and the DSL or deputy as soon as practically possible after the referral.

Where there is a concern, the PREVENT lead will consider the level of risk and decide which agency to make a referral to. This could include Channel, the government's programme for identifying and supporting individuals at risk of being drawn into terrorism, or the local authority children's social care team.

If you are concerned about extremism in school, or if you think a child might be at risk of extremism, you can also contact the Home Office helpline. Open Monday to Friday from 11am to 3pm (excluding bank holidays) Note that this is not for use in emergency situations.

Email: counter.extremism@education.gov.uk

Telephone: 020 7340 7264

Contact form <https://report-extremism.education.gov.uk/>

In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you:

- Think someone is in immediate danger
- Think someone may be planning to travel to join an extremist group
- See or hear something that may be terrorist-related

There is further guidance to the Prevent Referral Pathway on the GSCP website.

For advice in Gloucestershire also contact:

Specialbranch@gloucestershire.pnn.police.uk

childrenshelpdesk@gloucestershire.gov.uk

WORKING WITH PARENTS/CARERS

It is important that St Rose's has a consistent approach to working with parents and carers. Attitudes to and contact with parents should be non-judgemental to obtain the most conducive working relationship. The priority is the needs of the child and effective liaison is crucial for this. It should be recognised that families from different backgrounds and cultures will have different approaches to child-rearing. These differences should be acknowledged and respected, provided they do not place the child at risk.

EARLY HELP (APPENDIX 2)

St Rose's early help procedure ensures that children receive the right help at the right time. We recognise that early help is more effective in promoting the welfare of children than reacting later.

Our staff supports children and families through daily home/school contact, arranging parents support and information sessions and attending multi-disciplinary meetings to ensure continuity of care.

We will liaise and seek support from the **Early Help Partnership – 01452328130**
stroudeearlyhelp@gloucestershire.gov.uk

To make a request for additional support, we will complete a Single Consent Form with the family and send with the completed Early Help Request for Support Form to: **childrenshelpdesk@gloucestershire.gov.uk**

The DSL maintains an electronic significant event chronology file for every child on CPOMS. The information is documented to ensure any significant events, changes to behaviour and routines are noted and acted upon as required.

RESTRICTIVE PRACTICES

We will always consider whether the support offered to a young person is the **least restrictive** way of providing that support, and a blanket approach to restrictions on liberty will never be used. We may need to use equipment to keep our young people safe that may be deemed as restrictive, such as wheelchair belts, high sided beds and listening monitors. If equipment is used it will be risk assessed and supported by all professionals involved in the support planning for the young person and regularly reviewed for suitable less restrictive alternatives.

If required, we will apply for Deprivation of Liberties Safeguards authorisation for each young person (over the age of 18) where restrictive practices are used.

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, in their own home, with the intention that it should last for 28 days or more.

A close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and stepparents; it does not include great-aunts or uncles, great grandparents, or cousins.

Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence.

Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases, privately fostered children are affected by abuse and neglect, or be involved in trafficking, child sexual exploitation, or modern-day slavery.

We have a mandatory duty to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. Although schools have a duty to inform the local authority, there is no duty for anyone, including the private foster carer or social workers to inform the school. However, it should be clear to the school who has parental responsibility.

School staff should notify a member of the safeguarding team when they become aware of private fostering arrangements. The designated safeguarding lead will speak to the family of the child involved to check that they are aware of their duty to inform the LA. The school itself has a duty to inform the local authority of the private fostering arrangements.

On admission to the school, we will take steps to verify the relationship of the adults to the child who is being registered.

ONLINE SAFETY AND THE USE OF MOBILE TECHNOLOGY

This section should be read in conjunction with our Online Safety Policy, Remote Education Policy, Code of Conduct, Staff acceptable use policies,

The breadth of issues classified within online safety is considerable, but can be categorised into four areas of risk:

- **content:** being exposed to illegal, inappropriate, or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation, and extremism.
- **contact:** being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes
- **conduct:** personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending, and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying; and
- **commerce** - risks such as online gambling, inappropriate advertising, phishing and or financial scams. If you feel your students or staff are at risk, please report it to the Anti-Phishing Working Group (<https://apwg.org/>).

At St Rose's when students use the school's network to access the internet, they are protected from inappropriate content by our filtering and monitoring systems. Filtering refers to the technology preventing access to harmful or inappropriate content, whilst monitoring refers to the practical steps staff take to ensure harmful or inappropriate access is not made.

Monitoring can include:

- Physical monitoring
- Live software monitoring
- Monitoring user logs
- Monitoring individual devices

We make sure that any school devices used away from the school site are also subject to filtering and monitoring procedures. Some students are able to access the internet using their own data plan therefore to minimise inappropriate use, as a school, all personal student devices are connected to the school Wi-Fi network which is filtered and monitored and students and their parents are asked to sign our ICT usage agreement.

Each year our designated safeguarding lead, along with our IT team and a governor, review our filtering and monitoring procedures to ensure that they effectively prevent access to harmful or inappropriate content. They also ensure that the systems we have in place to report any difficulties with the system are understood by all staff and reports are effectively managed.

All our staff undertake training to understand the risks of poor filtering and monitoring, and know how to share their concerns

All staff have taken part in annual cybersecurity training

USE OF MOBILE TECHNOLOGY

We aim to ensure the safety and privacy of students by regulating the use of mobile technology within the school environment. Our intention is to provide an environment, reducing the following concerns:

- Staff being distracted from their work with students.
- The inappropriate use of mobile phone cameras, smart watches, cameras, and videos
- Inappropriate use of mobile phones and cameras around the students.

It is our intention to provide a safe environment and prevent:

- The possible identification of students when a photograph is accompanied by personal information.
- The inappropriate use, adaptation or copying of images for use on child pornography websites.
- The taking of inappropriate photographs or recorded images of students. The breach of conduct orders restricting photography of specific students.

We recognise that staff, parent/carers, visitors, and contractors accessing our premises will be in possession of a mobile phone device and/or other technology and have procedures in place to set clear guidelines for the use of mobile phones, smart watches, digital cameras and recording equipment.

(APPENDIX 4)

All students, parents and carers are sent the ICT usage agreement and advice on online safety which includes e-safety rules, and this applies when children are working online at home as detailed in our Remote Education Policy

The Staff ICT and Internet Acceptable Use policy is signed by all our staff and volunteers and ensures they will be responsible users and stay safe while using the internet and other communications technologies for their own use and when supporting our students.

REVIEW AND MONITORING OF THIS POLICY

This policy will be reviewed by the governing body on an annual basis or earlier if legislation should change. It is considered part of the Terms and Conditions of Employment for all staff at St Rose's.

APPENDIX 1 - SIGNS AND SYMPTOMS OF ABUSE

PHYSICAL ABUSE

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

The physical signs of abuse may include:

- unexplained bruising, marks, 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.

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 example in hot weather
- depression
- withdrawn behaviour
- running away from home

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber-bullying),

causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, 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.

Changes in behaviour which can indicate emotional abuse include:

- 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 their behaviour
- developmental delay in terms of emotional progress

SEXUAL ABUSE

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

The physical signs of sexual abuse may include:

- pain or itching in the genital area
- bruising or bleeding near genital area
- sexually transmitted disease
- vaginal discharge or infection

- stomach pains
- discomfort when walking or sitting down
- pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond their age, or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating 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

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing, and shelter (including exclusion from home or abandonment).
- protect a child from physical and emotional harm or danger.
- ensure adequate supervision (including the use of inadequate caregivers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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.

Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised

Exploitation is the act of using a child for profit, labour, sexual gratification, or some other personal or financial advantage. Child exploitation often results in cruel or harmful treatment of a child, as the activities they may be forced to take part in, can cause emotional, physical, social, and mental health problems. (See Appendix 2, CCE and CSE)

CHILD ON CHILD SEXUAL VIOLENCE AND SEXUAL HARASSMENT (KCSIE 2025, PART 5)

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate, or abusive will hinge around the related concepts of true consent, power imbalance, and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour.

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

Inappropriate sexual behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is "acting out" which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. Abusive sexual activity includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

CHILDREN WHO ARE GENDER QUESTIONING (under review in KCSIE 2025)

St Rose's will take a cautious approach to support a gender questioning child and will:

- Consider the broad range of the individual's needs
- Do this in partnership with their parents (except in rare circumstances where involving parents would bring a significant risk of harm to the child)
- Include any clinical advice that is available
- Consider how to address wider vulnerabilities, such as the risk of bullying

BULLYING

There is clear evidence that bullying is abusive and will include at least one of the defined categories of abuse. Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group).

The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, cause them significant harm (including self-harm). All settings in which children are provided with services or are living away from home should have in place rigorously enforced anti-bullying strategies.

Bullying will not be tolerated at St Rose's. The Principal and/or Head of Care should be informed of all incidents of bullying.

A more detailed guide can be found in the school's Counter Bullying Including Cyberbullying policy available on our PUBLIC drive.

CHILD ON CHILD ABUSE

Staff are aware that safeguarding issues can manifest themselves via child-on-child abuse. This is most likely to include, but not limited to:

- bullying (including cyberbullying).
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm.
- gender-based violence.
- sexting (also known as youth produced sexual imagery).

- abuse in intimate personal relationships between peers.
- Sexual violence, such as rape, assault by penetration and sexual assault (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse
- Causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- Consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)
- Upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm
- Initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element)

Abuse is abuse and will not be tolerated or passed off as “banter” or “part of growing up.” Different gender issues can be prevalent when dealing with child-on-child abuse. This could for example include girls being sexually touched/assaulted or boys being subject to initiation-type violence.

At St Rose's we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other students.

We recognise that some students will sometimes negatively affect the learning and wellbeing of others, and their behaviour will be dealt with under the school's Behaviour Policy. We recognise that even if there are no reported cases of child-on-child abuse, such abuse may still be taking place and is simply not being reported.

All allegations of child-on-child abuse will be treated seriously and dealt with through our safeguarding procedures.

KCSIE 2025 Part 5 sets out how schools and colleges should respond to reports of sexual violence and sexual harassment.

SHARING NUDES AND SEMI-NUDES (PREVIOUSLY KNOWN AS 'SEXTING')

In cases where nudes or semi-nudes have been shared, we follow guidance given to schools and colleges by the UK Council for Internet Safety (UKCIS): Sharing nudes and semi-nudes (December 2020)

SELF-HARM

If it comes to the attention of a teacher/member of staff that a child is self-harming, they should alert a designated safeguarding lead. Their actions might include:

- Contacting parents/carers
- Contacting Child and Adolescent Mental Health Services (with parent/carer support)
- Contacting Social Care if the child meets the referral criteria.

DOMESTIC ABUSE

Definition

The Domestic Abuse Act 2021 (Part 1) defines domestic abuse as any of the following behaviours, either as a pattern of behaviour, or as a single incident, between two people over the age of 16, who are 'personally connected' to each other:

(a) physical or sexual abuse.

(b) violent or threatening behaviour.

(c) controlling or coercive behaviour.

(d) economic abuse (adverse effect of the victim to acquire, use or maintain money or other property; or obtain goods or services); and

(e) psychological, emotional, or other abuse.

People are 'personally connected' when they are or have been married to each other or civil partners; or have agreed to marry or become civil partners. If the two people have been in an intimate relationship with each other, have shared parental responsibility for the same child, or they are relatives.

The definition of Domestic Abuse applies to children if they see or hear, or experience the effects of, the abuse; and they are related to the abusive person.

(The definition can be found here: <https://www.legislation.gov.uk/ukpga/2021/17/part/1/enacted>)

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Experiencing domestic abuse can have a serious,

long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Young people can also experience domestic abuse within their own intimate relationships. This form of child-on-child abuse is sometimes referred to as 'teenage relationship abuse.' Depending on the age of the young people, this may not be recognised in law under the statutory definition of 'domestic abuse' (if one or both parties are under 16). However, as with any child under 18, where there are concerns about safety or welfare, child safeguarding procedures should be followed and both young victims and young perpetrators should be offered support.

Staff at St Roses understand the correlation between domestic abuse and child protection. They are vigilant, will listen to the child and report their concerns. They understand that children may not feel ready or know how to tell someone they are being abused

GLOUCESTERSHIRE OPERATION ENCOMPASS COMMITMENT

Operation Encompass operates in all police forces across England. It helps police and schools work together to provide emotional and practical help to children. The system ensures that when the police are called to an incident of domestic abuse, where there are children in the household who have experienced the domestic incident, the police will inform the Operation Encompass Lead at St Rose's before the child or children arrive at school the following day. This ensures that St Rose's has up to date relevant information about the child's circumstances and can enable immediate support to be put in place, according to the child's needs.

Operation Encompass does not replace our statutory safeguarding procedures. Where appropriate, the police and/or the school should make a referral to local authority children's social care if they are concerned about a child's welfare. More information about the scheme and how schools can become involved is available on the [Operation Encompass](#) website.

Operation Encompass provides an advice and helpline service for all staff members from educational settings who may be concerned about children who have experienced domestic abuse. The helpline is available 8:00 to 13:00, Monday to Friday on 0204 513 9990 (charged at local rate).

In signing up to Gloucestershire Encompass the Governing Body/Proprietor and Senior Leadership Team:

- Endorse the Gloucestershire Encompass Model and support the Key Adults in our school to fulfil the requirements of the Gloucestershire Encompass Protocol.

- Ensure all DSLs and DDSs within the setting undertake Key Adult Training through [Operation Encompass](#)
- Promote and implement Gloucestershire Encompass processes and use these in accordance with internal safeguarding children processes.
- Recognise the sensitive nature of the information provided and ensure that this is retained in accordance with the principles of data protection.

Jo Pearch is the Operation Encompass Lead at St Rose's

CHILD SEXUAL EXPLOITATION (CSE)

Child Sexual Exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Children rarely self-report child sexual exploitation so it is important that practitioners are aware of potential indicators of risk, including:

- Acquisition of money, clothes, mobile phones etc without plausible explanation.
- Gang-association and/or isolation from peers/social networks
- Exclusion or unexplained absences from school, college, or work
- Leaving home/care without explanation and persistently going missing or returning late.
- Excessive receipt of texts/phone calls
- Returning home under the influence of drugs/alcohol
- Inappropriate sexualised behaviour for age/sexually transmitted infections
- Evidence of/suspicions of physical or sexual assault
- Relationships with controlling or significantly older individuals or groups
- Multiple callers (unknown adults or peers)
- Frequenting areas known for sex work.
- Concerning use of internet or other social media.
- Increasing secretiveness around behaviours and
- Self-harm or significant changes in emotional well-being

Practitioners should also remain open to the fact that child sexual exploitation can occur without any of these risk indicators being obviously present.

Sexual exploitation can have links to other types of crime. These include:

- Child trafficking
 - Domestic abuse
 - Sexual violence in intimate relationships
 - Grooming (including online grooming)
 - Abusive images of children and their distribution
 - Drugs-related offences
 - Gang-related activity
 - Immigration-related offences
 - Domestic servitude
-
- Having a prior experience of neglect, physical and/or sexual abuse.
 - Lack of a safe/stable home environment, now or in the past (domestic abuse or parental substance misuse, mental health issues, or criminality, for example).
 - Recent bereavement or loss.
 - Social isolation or social difficulties.
 - Absence of a safe environment to explore sexuality.
 - Economic vulnerability.
 - Homelessness or insecure accommodation status.
 - Connections with other children and young people who are being sexually exploited.
 - Family members or other connections involved in adult sex work.
 - Having a physical or learning disability.
 - Being in care (particularly those in residential care and those with interrupted care histories); and
 - Sexual identity.

Although these vulnerabilities increase the risk of child sexual exploitation, it must be remembered that not all children with these indicators will be exploited. **Child sexual exploitation can occur without any of these issues being present**

Further reading from: (available on our PUBLIC drive)

- Child Sexual Exploitation – Definition and guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation (2017)
- Child Sexual Abuse and Exploitation: Understanding risk and vulnerability (Early intervention Foundation, (2016) – commissioned by The Home Office.
- Child sexual exploitation – Advice for Healthcare staff –NHS England, (2016)

CHILD CRIMINAL EXPLOITATION (CCE)

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into criminal activity (a) in exchange for something the victim needs or wants and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology. CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country (County lines), forced to shoplift or pickpocket, or to threaten other young people.

Some indicators of CCE:

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation
- Children who suffer from changes in emotional well-being
- Children who misuse drugs and alcohol
- Children who go missing for periods of time or regularly come home late: and
- Children who regularly miss school or education or who do not take part in education

COUNTY LINES

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other form of “deal line.” This activity can happen locally as well as across the UK - no specified distance of travel is required. Children and vulnerable adults are exploited to move, store, and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence), and weapons to ensure compliance of victims.

Children can be targeted and recruited into county lines in a number of locations including schools (mainstream and special), further and higher educational institutions, student referral units, children’s homes, and care homes. Children are also increasingly being targeted and recruited online using social media.

Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network. A number of the indicators for CSE and CCE as detailed above may be applicable to where children are involved in county lines. Some additional specific indicators that may be present where a child is criminally exploited through involvement in county lines are children who:

- go missing and are subsequently found in areas away from their home.
- have been the victim or perpetrator of serious violence (e.g. knife crime); 127
- are involved in receiving requests for drugs via a phone line, moving drugs, handing over, and collecting money for drugs.
- are exposed to techniques such as 'plugging,' where drugs are concealed internally to avoid detection.
- are found in accommodation that they have no connection with, often called a 'trap house or cuckooing' or hotel room where there is drug activity.
- owe a 'debt bond' to their exploiters.
- have their bank accounts used to facilitate drug dealing. Further information on the signs of a child's involvement in county lines is available in guidance published by the Home Office

FEMALE GENITAL MUTILATION (FGM)

Guidance/further reading from Female Genital Mutilation Risk and Safeguarding: Guidance for professionals (DoH, 2016)

FGM is internationally recognised as a violation of the human rights of girls and women. Female genital mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. FGM typically takes place between birth and around 15 years old; however, it is believed that the majority of cases happen between the ages of 5 and 8.

The Female Genital Mutilation Act was introduced in 2003 and came into effect in March 2004.

The Act

- Makes it illegal to practice FGM in the UK
- Makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country.
- Makes it illegal to aid, abet, counsel, or procure the carrying out of FGM abroad.
- A conviction of FGM has a penalty of up to 14 years in prison and/or a fine

Mandatory reporting duty of FGM - there is a mandatory requirement that staff report cases of FGM to the police. The duty has been brought through the Serious Crime Act 2015 and will mean that whenever regulated professionals (health, social care, and education) identify that a girl under 18 has had FGM, or if the girl discloses this herself, the professional must make a report to the police.

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms, and other indicators of FGM.

FGM involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of the FGM procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising, and scraping the genital area.

It is carried out as the belief is:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Risk factors for FGM include:

- low level of integration into UK society
- mother or a sister who has undergone FGM
- girls who are withdrawn from PSHE
- visiting female elder from the country of origin
- being taken on a long holiday to the country of origin
- talk about a 'special' procedure to become a woman

Symptoms of FGM

FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out-of-school to visit an 'at-risk' country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM. Staff should not assume that FGM only happens outside the UK.

Indications that FGM may have already taken place may include:

- difficulty walking, sitting, or standing and may even look uncomfortable.
- spending longer than normal in the bathroom or toilet due to difficulties urinating.
- spending long periods of time away from a classroom during the day with bladder or menstrual problems.
- frequent urinary, menstrual or stomach problems.
- prolonged or repeated absences from school or college, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return
- reluctance to undergo normal medical examinations.
- confiding in a professional without being explicit about the problem due to embarrassment or fear.
- talking about pain or discomfort between her legs

The profile of Female Genital Mutilation has increased considerably as a result of the Department of Health FGM Prevention Programme and launch of the NSPCC FGM Helpline (0800 028 3550).

FORCED MARRIAGE

Since February 2023, the age of consent for marriage in England is 18. The Marriage and Civil Partnership (Minimum Age) Act 2022 means that 16- and 17-year-olds may not marry or enter a civil partnership, even if they have parental consent. It is an offence, under the Marriage and Civil Partnership (Minimum Age) Act to cause a child under the age of 18 to enter a marriage in any circumstances, without the need to prove that a form of coercion was used. This includes non-legally binding 'traditional' ceremonies which would still be viewed as marriages by the parties and their families

Forced marriage occurs when you face physical pressure to marry (e.g. threats, physical violence, or sexual violence) or emotional and psychological pressure (e.g. if you are made to feel like you are bringing shame on your family). This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.

If you are trying to stop a forced marriage or need help leaving a marriage you have been forced into you can contact the Forced Marriage Unit:

Tel: 020 7008 0151 (Mon-Fri, 9am-5pm). Out of hours: 020 7008 1500 (ask for the Global Response Centre)

Email: fmua@fco.gov.uk

HONOUR BASED ABUSE

Honour-based abuse (HBA) encompasses crimes, which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage,

and practices such as breast ironing. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such.

Where staff are concerned that a child might be at risk of HBA, they must contact a member of the safeguarding team.

UPSKIRTING

Upskirting is a criminal offence. It typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or to cause the victim humiliation, distress, or harm.

CLOSED CULTURES WITHIN ORGANISATIONS

A closed culture is defined as 'a poor culture that can lead to harm, including human rights breaches such as abuse'. In these services, people are more likely to be at risk of deliberate or unintentional harm. (*Care Quality Commission – Closed culture project*) [Our work on closed cultures - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications-reports/closed-culture-project). Any service that delivers care can have a closed culture as people are highly dependent on staff to meet their basic needs and may be less able to speak for themselves without good support.

The Child Safeguarding Practice review panel published their report 'Safeguarding children with disabilities and complex health needs in residential settings' (October 2022). It identified that the organisations they investigated can be viewed as a closed culture as they offered healthcare, residence, education, and psychological support to the children, therefore were not open to new ideas and challenges to their practice.

From this report Ofsted initiated key changes to the training for their inspectors to fully understand closed cultures and the implications for the inspection.

[Safeguarding children with disabilities and complex health needs in residential settings - Phase 1 report \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/106444/safeguarding-children-with-disabilities-and-complex-health-needs-in-residential-settings-phase-1-report.pdf)

[Safeguarding children with disabilities and complex health needs in residential settings - Phase 2 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/106445/safeguarding-children-with-disabilities-and-complex-health-needs-in-residential-settings-phase-2-report.pdf)

APPENDIX 2 – ST ROSES EARLY HELP

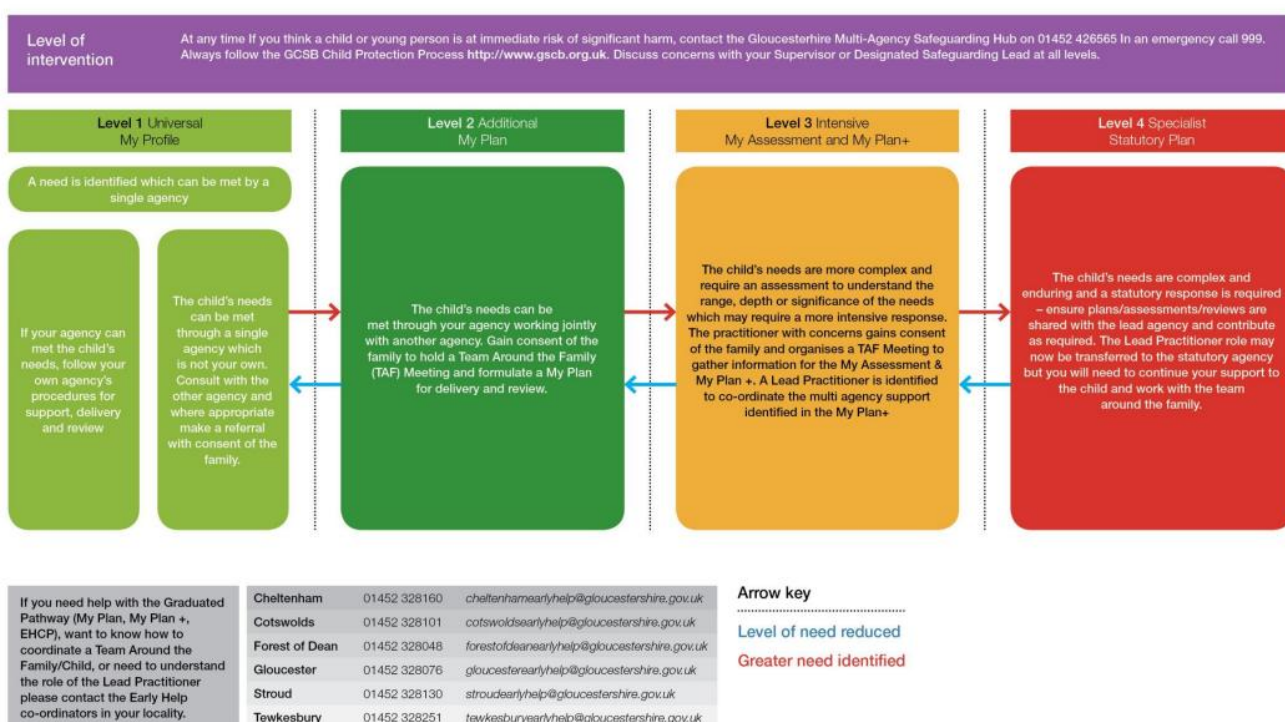
'Early Help' is an umbrella term that describes the work of many agencies engaged with children and families (NHS, schools, learning providers, voluntary sector, police, housing providers). We are all engaged to a greater or lesser extent in work that seeks to avert a problem developing and preventing 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 is 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 (25 SEND) and to families and parents:

- so that problems do not 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 Pathway 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.

Early Help Pathway



Further information and support on the Graduated Pathway are available from:

www.glosfamiliesdirectory.org.uk

A request for Early help can be made by any practitioner who is supporting a family and by the family themselves. Practitioners will need to complete and submit the Early Help request for service found [HERE](#):

Families can contact Early Help via Gloucestershire Children's Helpdesk

E-mail: Childrenshelpdesk@gloucestershire.gov.uk **Telephone:** 01452 426565

More information can be found here :- [Glosfamilies Directory | Advice, Support and Early Help Services](#)

At St. Rose's, we understand that our families face many challenges. By reaching out early, we can reduce the number of neglected children and young people, improve their health, and boost their life chances. Our offer of early help is about a consensual agreement with parents and carers to work with partners, to help children, young people and their families deal with their issues as early as possible. We do this by providing support, information, and advice and by signposting families to other services that can provide support or by making a referral. Every family is different and each needs options from which to choose, so that concerns can be reduced or prevented from growing or becoming entrenched.

The levels of intervention guidance and windscreen act as a guide to professional decision making and help to ensure that children, young people, and their families can access the right support to improve their life chances and to keep children and young people safe.

[glos-revised-levels-of-intervention-guidance-v7.pdf \(gloucestershire.gov.uk\)](https://www.glos.gov.uk/media/1234567/glos-revised-levels-of-intervention-guidance-v7.pdf)

PASTORAL CARE

Our staff are available to meet and discuss any health and wellbeing issues that may be affecting the individual child or young person. All staff are vigilant and know how to raise concerns about a child or young person. In this way we can plan to provide early support to the child or young person and, where appropriate, the family. Our care is built around our core Christian values of Respect, Courage, Friendship, Determination, Compassion/Kindness, Community, Peace, Resilience, Hope. We encompass an ethos of mutual respect and tolerance, diversity, and equality throughout St. Rose's. We endeavour to provide our children and young people with knowledge, skills, opportunities, and resources which will enable them to realise their full potential.

TRAINING

St. Rose's values safeguarding training at all levels. The DSL and deputy DSL have relevant and up to date multi-agency training. All other members of staff have received single agency training within 3 years in line with GSCP recommendation. They also receive annual safeguarding updates. All staff carry out online safeguarding training.

All new staff receive safeguarding training as part of their induction at commencement of employment.

STUDENT VOICE

At St. Rose's we take time to listen to our vulnerable children and young people. Concerns can be expressed in the following ways:

- Making suggestions through school council
- Residential student meetings
- Direct requests for adult support
- Encouragement to express their views and feelings through personal, social, health and emotional lessons.

We also listen to parents' concerns. If things are difficult at home, we encourage parents to come and speak to us, so that we can take into consideration how things may be impacting on their health and well-being. As well as parents' evenings and review meetings, there are opportunities to talk with staff by making an appointment.

TO SUPPORT EARLY HELP, ST ROSE'S PROVIDES:

- Staff that are qualified and experienced in identifying the needs of children and young people.
- On-site Nursing and therapy teams who can provide regular care, advice, and support to families.
- An open-door policy to parents/carers
- Effective communication between home and school.
- Coherent partnerships with multi-service agencies and educational specialists to ensure the best educational achievement and health and wellbeing for our students, including:
 - Education Psychologist
 - Community Learning Disabilities Team (CLDT)
 - Social Workers
 - Clinical Psychologists
 - Family Support Workers
 - Community Paediatricians
 - Neurology and Epilepsy specialists
 - General Practitioners
 - Dieticians
 - Community Occupational Therapy team
 - Continence service
 - Links with the Virtual School for Children in Care
 - Links with support charities such as Allsorts, Parent Partnership and Winston's Wish
 - Guidance, support, and onward referrals on issues as they arise

Child Protection Process

Professional has concerns

If a professional has a concern about a child, or unborn baby, then follow the General Procedures provided



Consultation with Supervisor

Professional discusses concerns with supervisor or Designated Safeguarding Lead to decide next steps



Discussion with Parents

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



MASH

Where there are urgent concerns, professional contacts Gloucestershire MASH on 01452 426565 (option 3)



Seeking advice from Children's Social Care

If you work with children and families and have safeguarding concerns which are not of an urgent nature and would like a conversation to consider threshold and planning, please contact the Community Social Work Team on 01452 426263.

Alternatively, if you ring 01452 426565 and select option 2, you will be transferred to the Early Help service for their response. However, where possible, please contact the Community Social Work team in the first instance.



Making a Request for Service to Children's Social Care

Unless there are urgent concerns, professional completes a Multi Agency Referral Form (MARF). 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 be 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. Please use the [Gloucestershire Children's Services Portal](#) to submit a MARF.

APPENDIX 4

USE OF MOBILE TECHNOLOGY

Our intention is to provide an environment reducing the following concerns:

- Staff being distracted from their work with students
- The inappropriate use of mobile phone cameras, smart watches, cameras, and videos
- Inappropriate use of mobile phones and cameras around the students.

MOBILE PHONES

We recognise that staff, parent/carers, visitors, and contractors accessing our premises will be in possession of a mobile phone device and have the following procedures in place to minimise any risk of to the welfare and safety of our students.

- Staff, volunteers or outside professionals working directly with students must not access mobile phones in areas in which students are present.
- Mobile phones must be stored in staff lockers unless staff have express permission from a line manager to have them out whilst on duty.
- During the induction period to St Roses's it is explained all staff, volunteers, and contractors that the use of a mobile phone is not allowed at any time and is only permitted during their breaks in areas which are not being accessed by students.
- Photographic images and video's may only be taken on school owned devices. Staff must not use their own mobile phone to take images or video's.
- The school main telephone number can be used for emergencies by staff or volunteers or by people who need to contact them.
- In circumstances such as outings and off-site visits, staff will agree with their manager the use of personal mobile phones in the event of an emergency.
- It is the responsibility of all members of staff to be vigilant and report any concerns.
- Where there is a suspicion that the material on a mobile phone may be unsuitable and may constitute evidence relating to a criminal offence, the allegation process will be followed in line with our safeguarding policies and procedures
- Under no circumstances does St Rose's allow a member of staff to contact a current student or parent/carer using their personal mobile telephone or other such device.
- During group outings nominated staff will have access to the setting's nominated mobile phone (without a camera), which is to be used for emergency purposes only. Staff should not use their own mobile phones when they go on trips without express permission from their line manager.

Staff, students, contractors, and volunteers remain responsible for their own property and will bear the responsibility of any losses

SMART WATCHES

St Rose's recognise there are many health benefits for the use of smart watches such as counting steps and heart rate.

To ensure the safe wearing of Smart Watches staff must:

- Ensure the watch is worn in 'flight mode' or Bluetooth is disconnected, this will ensure there is no internet connectivity to access notifications or Wi-Fi.
- Understand they may not use their watch to receive calls or check messages whilst working directly with students as this creates distraction and potential dangers.
- Be vigilant of others checking their watches and remind them of St Rose's policy and procedures around the safe wearing of a smart watch.
- Not use their Smart Watch to access photos or images unless on a break and in an area away from students. Staff must not access photos or images whilst on local trips/outings.

Where ongoing technology advances, St Rose's reserves the rights to request the removal of a Smart Watch if the safety of a student is at risk.

DIGITAL CAMERAS AND RECORDING EQUIPMENT

It is our intention to provide a safe environment and prevent:

- The possible identification of students when a photograph is accompanied by personal information.
- The inappropriate use, adaptation or copying of images for use on child pornography websites.
- The taking of inappropriate photographs or recorded images of students.
- The breach of conduct orders restricting photography of specific students.

PROCEDURES REGARDING DIGITAL CAMERAS AND RECORDING EQUIPMENT

An essential way to support and record a child's development and engage parents/carers with the learning of their child is using photographs and via use of the online learning journal Tapestry. All parents are requested to sign a consent form on admission to St Rose's for images to be taken and are asked for additional consent for their child to be included on Tapestry.

- Only school owned cameras/iPads are to be used to take images of the students either on the premises or on outings.
- Images taken should ideally be downloaded to Tapestry or the Media server within one week and then Tapestry or the Media server within one week and then deleted from the device every term.
- Photographs taken for the purpose of staff / student studies, outside agencies or promotional material will require consent by the student's parent/carer

- Images taken on the camera must not put students in any compromising positions that could cause embarrassment or distress. Students should also be suitably dressed.
- Under no circumstances must a camera of any kind be used in the bathroom or changing areas.
- Staff must not take photographs of bruising or injuries on a child for child protection concerns. In these cases, a Body Map on CPOMS must be used.
- All staff members are responsible for the location of the cameras and image recording devices, and these should be placed within a lockable cabinet or office when not in use.
- If the school uses professional photographers for individual and group pictures, consent from parent/carers is requested prior to the photographic session. Photographers are to be treated as any other visitor on the premises and as such appropriate levels of supervision will be in place at all times.
- Parent/Carers/Families are not permitted to take photograph's/videos of their child when attending school events i.e. sports day, Christmas concerts without express permission from the Principal. In the case of a school event or production where parents are permitted to take photos of their own students, they are strongly advised against the publication of any photos on a personal social networking site.
- Parents / Carers are requested not to post any images of other students without prior consent on social networking sites, but St Rose's cannot be held responsible for any Parent/Carer sharing of images when attending events in which theirs and other students are taking part.

THERAPY STAFF PROCEDURES FOR PHOTOGRAPHY OF STUDENTS.

Guidance for therapists taking photos of students for therapeutic purposes.

As part of students' therapy programmes St Rose's and St Martin's, physiotherapists, occupational therapists, or massage therapists may need to photograph students who have some of their clothing removed. This may be for the purpose of assessing posture, monitoring deterioration, monitoring progression of healing or to provide imaging to external professionals to identify, record and resolve issues caused by equipment such as injury or pressure areas.

In order to keep our students and staff safe the following procedures are in place: -

- Written parental consent must be obtained for images to be taken of children and shared with external agencies. Appropriate consent must be obtained and recorded for adults.
- Photographs taken for the above purposes may only be taken on school/ college owned cameras. Mobile technology with internet capability such as iPads (even if school/ college owned) must not be used.
- Staff must not use their own mobile phone to take images or videos.
- It is the responsibility of all members of staff to be vigilant and report any concerns.
- Images must be downloaded to the school server within one week and deleted from the camera.
- Images must be stored in the students' Therapy folder and must not be saved or stored anywhere else on the school computer system.
- Images taken on the camera must not put students in any positions that could cause embarrassment or distress.
- Two members of staff must be present if images are being taken (in a changing area) where a student is undressed.
- Student's dignity must be maintained at all times and photographs must not include anything that could identify a student outside of St Rose's.
- Staff must only photograph bruising, injuries or pressure areas caused by equipment and not for any other reason.
- If images are to be shared with outside agencies, this must be done via secure email only.
- All staff members are responsible for the location of the cameras, and these should be placed within a lockable cabinet or office when not in use.

This Policy Statement is considered part of the Terms and Conditions of Employment for all staff at St Rose's

..... **Date:**

Chair of Governors

..... **Date:**

Principal