



SAFEGUARDING POLICY PART II:

CHILD PROTECTION GUIDANCE FOR ALL STAFF, VOLUNTEERS, GOVERNORS, AND OTHER ADULTS WHOSE WORK BRINGS THEM INTO CONTACT WITH YOUNG PEOPLE

School update	
Responsible for review of policy	Designated Senior Lead/Deputy Head Pastoral
Governor Sub-Committee review	
Sub Committee to review	Pastoral
Review Period	At least annually but whenever needed to be kept up to date with emergent safeguarding issues.
Last School review date	October 2024
Scheduled review	October 2025
Reviewed and referred to Sub Committee	to be ratified by Sub-committee on 5 November 2024
Board Approval	
Approved by Board of Governors	Board approval <i>This policy is subject to being ratified by the Governing Board</i>
Next Sub-Committee/Board Review	November 2025
Related policies	<ul style="list-style-type: none"> Anti-bullying policy Anti-bullying policy – appendix on cyber bullying External Access policy Boarder missing out of school hours Adult partners living in boarding houses Induction of new staff, Governors and volunteers in safeguarding Partners of House Staff Allegations of abuse – staff, volunteer, safeguarding officer or Head Use of force to restrain pupils Prevent Self Harm Attendance Recruitment Missing Child Relationships and Sex Education Staff Code of Conduct SEND Mental Health Behaviour, Rewards & Sanctions Looked After Children Gender Identity Sharing of nudes/semi-nudes Lower Level Concerns Anti-racism
Uploaded to Staff Shared	October 2024
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MASH (Multi Agency Safeguarding Hub) protectedreferrals.cs@hertfordshire.gov.uk 0300 123 4043

Herts Professional Advice Line (CPSLO) Herts 01438 737511

Hertfordshire Safeguarding Children Partnership 0300 123 4043

Virtual School Head Hertfordshire, marietta.harrow@hertfordshire.gov.uk 01992 555926

Children's Commissioner, Dame Rachel de Souza 0800 528 0731
advice.team@childrenscommissioner.gsi.gov.uk

Hertfordshire Police (eg when FGM is suspected) 101

Local Authority Channel Referral and Intervention processes prevent@herts.pnn.police.uk

Anti-terrorist hotline 0800 789321

DfE dedicated helpline for advice to staff 020 7340 7264

counter.extremism@education.gov.uk

NSPCC Whistleblowing hotline help@nspcc.org.uk 0800 800 5000

NSPCC Whistleblowing Advice Line 0800 028 0285

1. STATEMENT OF INTENT

1.1 The safety and welfare of all pupils at RMS is our highest priority. Our business is to know everyone as an individual and to provide a secure and caring environment in which each child can learn in safety. In all matters relating to child protection, the School will follow the procedures laid down by Hertfordshire Safeguarding Children Partnership together with Department for Education (“DfE”) guidance contained in Working Together to Safeguard Children, Keeping Children Safe in Education (KCSIE) September 2024, Sexual Violence and Sexual Harassment between children in schools and colleges (September 2021) and the Government’s Prevent Strategy. Where there is a safeguarding concern, the School will ensure the pupil’s wishes and feelings are taken into account when determining what action to take and what services to provide.

1.1.2 All staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another

1.1.3. In very general terms abuse may be defined as a form of maltreatment of a child. Someone may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institution or community setting by those known to them, or more rarely, by others (eg via the internet). They may be abused by an adult or adults or by another child or children. It is the responsibility of everyone to safeguard children. There is no hierarchy. Staff should not assume that someone else will take action. Staff must share information with the DSL/DDSLs to keep children safe.

1.1.4 Types of abuse:

- emotional (e.g. making a child feel unwanted, worthless, ugly) actual or likely persistent or severe psychological ill treatment. Defined in extreme cases as where such abuse has resulted in a severe impact on the child’s behaviour and/or physical development, or has an adverse impact on their mental health. The School has a thorough approach to well-being and responding to mental health issues (see Mental Health Policy).
- physical (physical violence) actual or likely physical injury to a child under the age of 18 years where there is definite knowledge or a reasonable suspicion that the injury was inflicted (or knowingly not prevented) by anyone having care of the child.
- sexual (exploiting a child sexually) actual or likely occurrence of sexual acts perpetrated upon a child by another person, including acts being perpetrated by another child.
- sexual harassment, whether child on child, or from an adult
- neglect (failing to provide for the proper development/growth of a child) actual or likely. persistent severe neglect of a child or a failure to protect a child from exposure to any kind of danger including cold or starvation.
- radicalisation and subjection to extremist ideology.
- Female Genital Mutilation (FGM)
- Exploitation
- Witnessing domestic violence

1.1.5 Specific Safeguarding Issues

All staff should have an awareness of safeguarding issues, some of which are discussed later in this policy. Staff should be aware that behaviour linked to drug taking, alcohol abuse, truanting and sexting put children in danger.

All staff should be aware that safeguarding issues can manifest themselves via child on child abuse. This is most likely to include, but not be limited to bullying (including cyber bullying), gender based violence/sexual assaults and sexting. All staff should be familiar with RMS policies on bullying and procedures for cyberbullying/sexting incidents.

1.1.6 Annex B of the KCSIE 2024 sets out additional information about specific forms of abuse and safeguarding issues including:

- Child abduction and community safety incidents

- Children and the court system
- Children missing from education
- Children with family members in prison
- Child Criminal Exploitation and Child Sexual Exploitation
- County Lines
- Modern Slavery and the National Referral Mechanism
- Cybercrime
- Domestic Abuse
- Homelessness
- So called 'honour based' abuse (including FGM and Forced Marriage)
- FGM
- Forced marriage
- Preventing radicalisation
- The Prevent duty
- Channel
- Additional Support
- Peer on peer/child on child abuse
- Sexual violence and sexual harassment between children in schools and colleges
- Upskirting
- Exploitation

2. IDENTIFYING ABUSE

Children may indicate that they are being abused in many different ways. Unhappiness and distress can almost always be seen in the behaviour of a young child. Older children may show their distress, but may also be very skilled at hiding it and that boarders can be particularly vulnerable.

All staff also need to be alert to the specific needs of those pupils who have special educational needs and/or disabilities, including young carers. Those with SEND may not outwardly show signs of abuse and/or may have difficulties in communication about abuse or neglect. Staff will support such pupils in expressing any concerns they may have and will be particularly vigilant to any signs or indicators of abuse, discussing this with the DSL as appropriate. Those with SEND can be more prone to peer group isolation.

Some of the following signs and types of behaviour might be indicators of abuse or neglect. They are not evidence of abuse and there can be other explanations for a child showing these signs or behaving in these ways:

- children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed
- children with clothes which are ill-fitting and/or dirty
- children with consistently poor hygiene
- children who make strong efforts to avoid specific family members or friends, without an obvious reason
- children who don't want to change clothes in front of others or participate in physical activities
- children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry
- children who talk about being left home alone, with inappropriate carers or with strangers
- children who with no medical reason are late to reach developmental milestones, such as learning to speak or walk
- children who are regularly absent from school or education
- children who are reluctant to go home after school
- children with poor school attendance and punctuality, or who are consistently late being picked up
- parents who are dismissive and non-responsive to practitioners' concerns
- parents who collect their children from school when drunk, or under the influence of drugs
- children who drink alcohol regularly from an early age
- children who are concerned for younger siblings without explaining why
- children who talk about running away and
- children who shy away from being touched or flinch at sudden movements

- equally staff are aware that pupils may not be ready to verbalise or they may not realise they are at risk of harm

“Clusters” of signs or behaviour “patterns” emerging over time or inconsistent explanations may alert you to the possibility of abuse.

Children can be harmed either by deliberate acts or by a failure to provide proper care, or both. Children may suffer neglect, emotional, physical or sexual abuse or a combination of such types of abuse.

2.1 Neglect

The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs for security, love, praise and recognition. Basic needs, such as food, drink and warmth may not be provided. Slowing of growth without a medical cause may be indicative of emotional abuse and occur even when a child is not deprived of food.

2.2 Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone. Witnessing domestic violence is also considered abuse.

Some of the following signs may be indicators of emotional abuse:

- children who are excessively withdrawn, fearful or anxious about doing something wrong
- parents or carers who withdraw their attention from their child, giving the child the ‘cold shoulder’
- parents or carers blaming their problems on their child and
- parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

2.3 Physical Abuse

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

It is important that any member of staff who sees an injury on a child takes careful note of how the injury allegedly happened, including details of the informant, the date, time, place, sequence of events, nature of injury etc. The assessment of the plausibility of the explanation should be a medical judgement – and it is not up to RMS staff to make this decision. Although children do have a variety of accidents, the most common types of injury they sustain are usually different from the injuries caused by abuse.

The following situations, in cases of physical injury, should cause concern about the possibility of physical abuse:

- no explanation

- inappropriate explanation, eg description of a minor accident in relation to a major injury
- different explanations given to different enquirers
- parents touchy or defensive, compared with genuine accidents when parents are usually distressed and blame themselves
- delay in seeking treatment
- child states that a particular adult hurt him, or one parent accuses another.

Injuries should be a cause of concern as they indicate the possibility of physical abuse, especially if they fit recognisable patterns (eg human hand marks, human bite marks). A list of injury types is listed below.

2.4 Possible Indicators of Physical Abuse

Multiple injuries of various types and ages

Bruising and skin marks such as:

- black eyes – these cannot be caused by a fall on a flat surface – two black eyes are particularly suspect, especially if the lids are swollen and tender or there is no bruise to the nose or forehead
- bruised ears, sometimes with bleeding
- bruises of upper lip, torn fraenum of upper lip and injuries under the tongue
- bruising around mouth of child (may have finger bruises: up to three or four on one side and one on the other)
- flat hand marks, particularly on cheeks, buttocks and lateral thighs
- bruises on scalp and “bald patches”
- finger bruises on shoulders, upper arms or on the trunks or legs of babies
- linear marks or bruises – often seen on buttocks or backs of thighs
- bruises or weal curving around the body. Sometimes buckle or loop marks noted
- bizarre-shaped bruises with sharp borders, e.g. from hair brush, comb, slipper
- bruises on abdomen – unlikely to be accidental
- ligature and choke marks – red mark or bruising around wrist, ankles or neck (in the latter area may be due to sudden pulls on tee shirt)
- bite mark – two crescent shaped marks or bruises. If more than three centimetres apart they may be caused by an adult or older child
- human nail marks – these show piled up skin at the end of the marks and are unlike abrasion from falls on rough surfaces; they may just be linear bruises.

Burns

- scalds – glove or stocking scalds to hands and/or feet caused by dunking in water
- scalded buttocks – children cannot scald their buttocks accidentally without also scalding their feet and legs
- splash marks – look at direction of splash to see if it is compatible with story or might indicate hot liquid being thrown at child
- cigarette burns – small circular burns most typically on the back of hands or forearms, seen in clusters and often of different ages
- contact burns – child held against heaters, iron, cookers. Well-demarcated burns following contours of hot objects.

Bone and Joint Injuries

- these can be caused by direct blows, twists (from swinging a child round by one limb) or throwing against hard objects.

Poisoning

- non-accidental poisoning should be suspected in bizarre episodes of ill health or unconsciousness or when poisoning involves more than one child.

2.5 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.

- Sexual harassment may also be a form of abuse if it is severe or on-going. It may be peer on peer, or from an adult.
- Children of all ages, boys and girls, can be victims of sexual abuse. This abuse often comes to light in a veiled way, for children are reluctant to tell. Many kinds of sexual abuse do not leave any signs of physical injury.
- Children may try to tell others that they are being sexually abused. They may do this by hinting in words, play or drawings of sexual activities to “test the waters”. If the adult response is empathic they may wish to reveal more, but if the response is angry or evasive, they may remain silent and not try again.
- If a child exhibits several signs or types of behaviour as listed below, or a pattern emerges of when or how a child exhibits such signs, the possibility of sexual abuse should be considered.
- It must be emphasised that the behaviour described below describes some very common conditions of childhood indicating that the child is distressed. Only rarely will they be caused by sexual abuse.

2.6 Possible Indicators of Sexual Abuse

- Sudden change in mood or behaviour
- Change in eating patterns: loss of appetite, faddiness or excessive preoccupation with food
- Severe sleep disturbance with fears, vivid dreams or nightmares, sometimes with overt or veiled sexual content
- Withdrawal and depression, learning failure, self-injury, suicidal attempts
- Temper aggression, disobedience and attention-seeking, anxiety or restless behaviour
- Lack of trust in familiar adults
- Girls take over the mothering role in the family whether or not the mother is present
- Absconding; requests to leave home
- Sexualised conduct or inappropriate sexual knowledge in children may be due to direct sexual abuse or other forms of sexual abuse, such as from observing others or watching pornographic videos
- Continual open masturbation, aggressive, inappropriate and explicit drawing and sex play (masturbation and some exploration are a normal part of growing up, but it is the type and persistence of these activities that cause concern)
- Precocious knowledge of adult sexual behaviour
- A boy or girl who behaves in a sexually precocious way
- Requests for contraceptive information - these are rare, but may be a cry for help, as may be anxieties about pregnancy or sexually transmitted disease
- Inappropriate displays of affection e.g. parent and child behaving more like lovers
- Marked fear of men
- Fear of undressing.

2.7 Some physical conditions may also be indicators of sexual abuse, but not necessarily so:

- difficulty in walking or sitting
- pain on passing water
- recurrent urine infections
- soiling
- recurrent bed wetting.

3. ABUSE FROM USE OF TECHNOLOGY (ONLINE ABUSE)

- 3.1 Pupils use mobile phones, tablets, laptops and computers on a daily basis. They are a source of fun, entertainment, communication and education. However, we know that some adults and young people will use these technologies to harm children. The harm might range from sending hurtful or

abusive texts and emails, to enticing children to engage in sexually harmful conversations, webcam photography or face-to-face meetings. The Prevent Duty requires the School to safeguard vulnerable individuals from being radicalised or drawn into extremism through the internet or social media.

- 3.2 The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation- technology often provides the platform that facilitates harm. An effective approach to online safety empowers the School to protect and educate the whole community in their use of technology and establishes mechanisms to identify, intervene and escalate any incident where appropriate.

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

- content: being exposed to illegal, inappropriate or harmful material
- contact: being subjected to harmful online interaction with other users
- conduct: personal online behaviour that increases the likelihood of, or causes, harm
- Commerce: being at risk from online gambling, inappropriate advertising, phishing or financial scams.
- sharing of nudes or semi nude pictures or videos

- 3.3 Cyber-bullying and sharing of nudes or semi nude by students, via texts and emails, will be treated as seriously as any other bullying-type behaviour and will be managed through our counter-bullying procedures. (See also Policy on Sharing of Nudes or Semi Nude including Guidance for Staff) and advice in appendix 9.

- 3.4 The following measures and Policies are in place to promote e-safety within the School:

- 3.4.1 **Induction and Education:** all pupils and staff are inducted in appropriate use of the School's IT facilities and other aspects of this policy upon arrival and are updated in Lifeskills and Computer Science lessons.
- 3.4.2 **Monitoring/Filtering:** the School will exercise its right to monitor the use of computer systems, including the monitoring/filtering of internet use, interception of e-mails and the deletion of inappropriate materials at all times. The DSL has overall responsibility in this respect. Head of Year and the DSL review daily notifications from Smoothwall and follow up accordingly.

*(Factors considered when putting in place these measures, are set out in **the Government document 'Meeting digital & technology standards in schools and colleges (March 2023)'**)*

- 3.5 In circumstances where the School believes unauthorised use of the computer system is, or may be taking place, or the system is, or may be, being used for unlawful purposes, the School reserves the right to inform appropriate authorities and provide documentary evidence.

4. CHILDREN ABSENT FROM EDUCATION

A child absent from education is a potential indicator of abuse or neglect. School staff members should be vigilant regarding attendance and follow procedures for dealing with children who are absent from education, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse, exploitation or radicalisation and to help prevent the risks of them being absent in future. The School follows procedures so that the local authority is informed if a pupil has been absent for a period of ten school days or more or two days if on a Child Protection Plan without permission. The local authority is provided with all details on changes to the admission register.

If a child is ill, parents should email the School before 8.00am on the first day of absence. The dedicated pupil absence email is absence@rmsforgirls.com. Parents are required to give a written explanation for their child's absence. The School will always contact home on the first day of an unexplained absence in order to make sure that the pupil has not suffered an accident.

Form tutors monitor absence carefully. Where an absence is of 3 consecutive school days or amounts to 3 days in a term and/or where there is a pattern of absence, the matter is referred to the Head of Year who will make contact with parents. For an absence of 10 consecutive school days medical evidence (e.g. GP's letter, hospital appointment card) is required by the School and should be sent to the Head. If a pupil has irregular attendance or is absent continuously without authorisation for ten school days, RMS will follow Herts guidelines and notify their local ISL Attendance Team:

<http://www.thegrid.org.uk/leadership/isl/contacts.shtml>

The DSL is the Senior Attendance Champion (SAC).

5. CHILD ON CHILD ABUSE

5.1 Children can abuse other children (often referred to as child on child abuse) and it can take many forms. It can happen both inside and outside of school and online. It is important that all staff recognise the indicators and signs of child on child abuse and know how to identify it and respond to reports. This can include (but is not limited to): bullying (including cyberbullying, prejudice-based and discriminatory bullying); abuse within intimate partner relationships; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexual violence and sexual harassment; consensual and non-consensual sharing of nudes and semi-nudes images and/or videos; 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; upskirting and initiation/hazing type violence and rituals. Addressing inappropriate behaviour (even if it appears to be relatively innocuous) can be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future.

5.1.1 If a child causes harm to another, this should not necessarily be dealt with as abuse. When considering whether behaviour is abusive, it is important to consider:

- whether there is a large difference in power between the young people concerned or
- whether the perpetrator has repeatedly tried to harm one or more other children
- whether there are concerns about the intentions of the alleged perpetrator

5.1.2 Sharing of nudes or semi nude photographs is recognised as a growing risk to young people and RMS raises awareness of this issue in the Lifeskills programme for parents and pupils. (See Policy on Sharing of Nudes or Semi Nudes including Guidance for Staff)

5.1.3 If bullying is particularly serious and there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm it could lead to the implementation of child protection procedures.

5.1.4 A pupil against whom an allegation of abuse has been made may be suspended from the School during the investigation. The School will take advice from the HCSP on the investigation of such allegations and will take all appropriate action to ensure the safety and welfare of all pupils involved including the alleged victim and perpetrator. If it is necessary for a pupil to be interviewed by the police in relation to allegations of abuse, the School will ensure that, subject to the advice of the HCSP, parents are informed as soon as possible and that the pupils involved are supported during the interview by an appropriate adult and until the investigation is completed. Confidentiality will be an important consideration for the School and advice will be sought as necessary from the HCSP or police as appropriate. Victims and perpetrators of child on child abuse will be offered support by the School, as appropriate.

6. SEXUAL VIOLENCE AND SEXUAL HARASSMENT BETWEEN CHILDREN IN SCHOOLS

Sexual violence and sexual harassment can occur between two children of any age and sex from primary to secondary stage and into colleges. It can also occur online. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment and will be exacerbated if the alleged perpetrator(s) also attends RMS. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and face to face (both physically and verbally) and are never acceptable. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report. We recognise that some pupils may not recognise that they are being abused.

Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with special educational needs and disabilities (SEND), LGBT and those pupils that board are at greater risk. Staff should be aware of the importance of:

- having a zero tolerance with regards to sexual violence and harassment
- challenging inappropriate behaviours
- making clear that sexual violence and sexual harassment is not acceptable
- will never be tolerated and is not an inevitable part of growing up
- not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”
- challenging physical behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts
- Dismissing or tolerating such behaviours risks normalising them

6.1 Sexual violence

It is important that school and college staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way and that it can happen both inside and outside of RMS. When referring to sexual violence we are referring to sexual violence offences under the Sexual Offences Act 2003.

6.2 Sexual harassment

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

- sexual comments, such as, telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names
- sexual “jokes” or taunting
- physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature
- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include: consensual and non-consensual sharing of nudes and semi-nudes images and/or videos
- sharing of unwanted explicit content
- upskirting (is a criminal offence under the Voyeurism Act 2019)
- sexualised online bullying
- unwanted sexual comments and messages, including, on social media; or sexual exploitation; coercion and threats.

7. UPSKIRTING

The Voyeurism (Offences) Act 2019 which is better known as the Upskirting Act and is where someone takes a picture under a person's clothing (not necessarily a skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any sex, can be a victim

8. CHILD SEXUAL EXPLOITATION (CSE) and CHILD CRIMINAL EXPLOITATION (CCE)

Both CSE and CCE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (trafficking) for the purpose of exploitation.

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual or criminal exploitation.

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

Some additional specific indicators that may be present in CSE are: have older boyfriends or girlfriends;

- suffer from sexually transmitted infections
- display sexual behaviours beyond expected sexual development
- pregnancy

9. COUNTY LINES

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.

The indications of a child involved in County Lines are similar to those detailed above for CSE and CCE but specifically for County Lines, it could include:

- going missing and are subsequently found in areas away from their home
- have been the victim or perpetrator of serious violence (e.g. knife crime)
- 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.

10. FORCED MARRIAGE (FM) AND HONOUR BASED VIOLENCE

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 behaviour. School staff should never attempt to intervene directly.

11. FEMALE GENITAL MUTILATION (FGM)

In line with the Hertfordshire Safeguarding Children Partnership (HSCP) FGM policy we recognise that whilst there is not necessarily an intent to harm a girl/ young woman through FGM, the practice has serious short and long term medical and psychological implications and as a school we need to work with partner agencies to promote understanding and safeguard families who may be at risk of this practice. We also recognise that the practice of FGM in the UK is a criminal offence.

Female Genital Mutilation is a form of child abuse and this section of the policy gives depth to our understanding of the issues and our duty of care if we believe a child is at risk of, or has had, any form of FGM performed on her.

The School aims to work sensitively with community groups where this may be a cultural belief and practice to educate and inform. The welfare of the child is paramount, however and the School will act to safeguard and promote our students' welfare.

11.1 Definition of FGM

The School uses the World Health Organisation definition as written below: 'comprises all procedures (not operations) that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'. (WHO-2 "FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child."

UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women. The School embraces the fact that we live in a multi-cultural society but there are some practices which are permitted in other parts of the world which are against the law in the United Kingdom. The practice of female genital mutilation is one of these.

11.2 Raising Awareness

11.2.1 FGM training has been undertaken by the Designated Safeguarding Lead and all staff.

11.2.2 Staff are aware of their responsibility to escalate any concerns, where they believe a child may be at risk of FGM to the Designated Safeguarding Lead. Staff are also aware they must refer the matter directly to the Police if they believe a criminal act has been committed and a child has been subject to FGM. (Herts Police: Dial 101).

11.2.3 Staff are aware of the need to take timely and appropriate action in respect of concerns.

11.2.4 Staff have been advised of the need to challenge requests from families for extensions to holiday times and to report changes in patterns of behaviour if a child is taken out of the country.

11.2.5 The Designated Safeguarding Lead will keep an open dialogue on the topic of FGM (ensuring this is done in an age appropriate way) with students and parents from practising communities who may be at risk.

11.2.6 The Life Skills and Relationship and Sex Education programme is tailored appropriately to each age group, to ensure all pupils understand the risks and their rights in respect of their own bodies.

- 11.2.7 Staff are alert to possible indicators that a child is at risk of FGM:
- the family comes from a community that is known to practise FGM – especially if there are elderly women present
 - in conversation a child may talk about FGM
 - a child may express anxiety about a special ceremony
 -
 - the child may talk or have anxieties about forthcoming holidays to their country of origin.
- 11.2.8 The DSL will refer all concerns in relation to possible or actual FGM via the First Response Team. In the event of information coming to the attention of the DSL that there is an immediate threat to the child or it is believed there is a flight risk or a criminal offence has taken place, the DSL will refer immediately and directly to the Police.
- 11.2.9 Referral to the Herts Children Services (Tel: 0300 123 4043) will be made verbally in the first instance and followed up within 24 hours with a written account using the Referral Form following the usual CP procedures.

12. PREVENTING RADICALISATION

RMS staff must be alert to the possibility of pupils becoming radicalised and exposed to subversive organisations and must report concerns immediately to the DSL/DDSL (see separate Prevent Policy and Protocol on Visiting Speakers) or direct to Local Authority Channel Referral and Intervention processes.

12.1 Signs to watch for:

- growing social isolation
- feelings of grievance and injustice
- cutting off from former friendship groups, change of dress
- feeling under threat
- change of social activities to a narrow focus
- a need for identity, meaning and belonging
- greater time spent online
- a desire for status
- a desire for excitement and adventure
- a need to dominate and control others
- a desire for political or moral change expressed in extreme language
- family or friends involvement in extremism
- mental health issues
- development of 'Them and Us' thinking and dehumanising of a perceived 'enemy' by using derogatory terms

13. DOMESTIC ABUSE

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. RMS recognises that anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socioeconomic status, sexuality or background and domestic abuse can take place inside or outside of the home and online.

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. At RMS we recognise experiencing domestic abuse and/or violence 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'.

14. IMPACT OF ABUSE

The impact of abuse should not be underestimated. Many children do recover well and go on to lead healthy, happy and productive lives, although most adult survivors agree that the emotional scars remain, however well buried. For some children, full recovery is beyond their reach and the rest of their

childhood and their adulthood may be characterised by anxiety or depression, self-harm, eating disorders, alcohol and substance misuse, unequal and destructive relationships and long term medical or psychiatric difficulties.

Child abuse can be devastating for the child and very distressing for the staff who become involved.

The School will support pupils, families and staff by:

- taking all suspicions and disclosures seriously
- maintaining confidentiality and sharing information on a need to know basis only with relevant agencies and individuals
- storing records securely
- offering details of help lines, counselling and other avenues of external support
- co-operating fully with relevant statutory agencies.

14.1 Good practice involves:

- treating all pupils with respect
- setting a good example by conducting ourselves appropriately
- encouraging positive, respectful and safe behaviour amongst pupils
- making clear there is zero tolerance for abuse
- effectively assessing the need for early intervention
- being a good listener
- being alert to changes in pupils' behaviour and demonstrating appropriate professional curiosity
- recognising that challenging behaviour may be an indicator of abuse
- reading and understanding the School's Safeguarding Policy and guidance documents on wider safeguarding issues,
- maintaining the appropriate standard of conversation and interaction with and between pupils
- maintaining professional standards of pastoral care within the context of appropriate professional separation and avoiding the use of sexualised, derogatory or over familiar language in the company of pupils
- being aware that the personal and family circumstances and lifestyles of some pupils lead to an increased risk of abuse.
- being part of Operation Encompass.

14.2 Children who may be particularly vulnerable

14.2.1 Some children may be at increased risk and additional barriers can exist when recognising abuse or neglect in this group of children. Many factors may contribute to this including prejudice, discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse can occur.

14.2.2 To ensure all pupils receive equal protection, the School pays particular attention to the needs of children who for example:

- are disabled or have Special Educational Needs (SENs)
- identify as LGBT+
- boarders
- are living in challenging family circumstances e.g. domestic violence, substance abuse, adult mental health
- do not have English as their first language
- are living away from home, in temporary accommodation or have transient lifestyles
- who run away or go missing
- are vulnerable to being bullied or engaged in bullying
- are vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or sexuality
- is in care or has returned home from care
- are showing signs of engaging in antisocial behaviour
- are at risk of forced marriage or female genital mutilation (FGM)
- are showing early signs of neglect.

15. HELPING CHILDREN TO KEEP THEMSELVES SAFE

Pupils are taught to understand and manage risk through the School's Life Skills programme, assemblies and pastoral input from tutors etc. The School's approach is to help children think about the risks they may encounter and with staff work out how these risks might be overcome. Being taught to manage risk is a valuable part of a child's education. Children are regularly reminded about e-safety including the dangers posed by sexting and tackling bullying issues. The School promotes an ethos of mutual respect and pupils are taught to speak to a member of staff if they have concerns about themselves or others. Pupils also have access to the Wellbeing Hub for sources of information.

16. ABUSE OF TRUST

All staff are made aware that inappropriate behaviour with or towards children is unacceptable. In particular, under the Sexual Offences Act 2003 it is an offence for a person over 18 (e.g. teacher, youth worker) to have a sexual relationship with a child under 18 where that person is in a position of trust in respect of that child, even if the relationship is consensual. This applies where the child is in full-time education and the person works in the same establishment as the child, even if he/she does not teach the child. Inappropriate behaviour with a current pupil over the age of eighteen constitutes gross misconduct.

17. DISCLOSURE OF ABUSE FROM ONE OR MORE PUPILS AGAINST ANOTHER

17.1 In the event that one pupil makes a disclosure about another pupil the general principles of listening and reporting to the DSL remain the same. All children involved, whether perpetrator or victim, are treated as "at risk". Advice will be sought from Herts Children's Services before proceeding further, for instance, to discuss the incident with the parent of the abused child. At all stages the guidance of Herts Children's Services must be followed. In the case of peer abuse, all children involved will be considered at risk.

17.2 Many factors could lead to one pupil abusing another and RMS recognises that they themselves are being abused. It is vital therefore that each disclosure be treated purely on the facts and no one prescribed solution can be seen as a best fit. The reporting arrangements, including contact with a welfare agency within 24 hours of a disclosure of abuse, are the same as for any case of abuse.

18. DISCLOSURE OR SUSPICION OF AN ABUSED CHILD

18.1 Disclosure may take place at any time of the day or night and members of staff need to be aware of procedures, the limits on confidentiality (which if improperly applied may amount to collusion), and who to approach for support (see Appendix 2 Do's and Don'ts, and section 20 herein).

18.2 Given that children are regularly let down by many adults whom they approach to speak to about abuse (one claim is that, on average, seven people fail to listen before the eighth person approached finally steps up to the plate for the child), it is important that absolutely nobody who works in schools is allowed to imagine they are excused any part of the responsibility to meet the needs of a child who might approach them to make a disclosure. The initial response to a report from a child is incredibly important. How the school or college responds to a report can encourage or undermine the confidence of future victims of sexual violence and sexual harassment to report or come forward. Schools and colleges not recognising, acknowledging or understanding the scale of harassment and abuse and/or downplaying of some behaviours can actually lead to a culture of unacceptable behaviour. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

18.3 School trips: where a member of staff is made aware of possible abuse during the course of a trip away from school, then the Head or a member of SLT on overnight duty or Head of Cadogan

House should be informed as soon as possible. It should not be left until the group returns to school.

Disclosure of abuse by a pupil to any member of staff or suspicion of abuse or concern about a child's care must be dealt with immediately. There are strict procedures to be followed and the time element is important. The DSL must be informed straight away regardless of the time during the day or night.

Notwithstanding our reporting and support mechanisms here at RMS, we recognise that abuse still could be taking place

19. REFERRAL GUIDELINES

19.1 The School distinguishes between safeguarding children who have suffered or are likely to suffer significant harm and those in need of additional early help support from one or more agencies. The former are referred to Herts Children's Services (or the Children's Services where the child lives) immediately and the latter receive inter agency assessment using either a single service or integrated service request.

19.1.1 In the latter case, we understand that early help assessments involve the child and family and the support of professional agencies. If parents or child do not consent, advice will be taken on a referral to children's social care.

Advice is always taken regarding informing parents of the referral. Parental consent is not required if there is any concern that a child is at risk of significant harm or it would impede a criminal investigation.

19.1.2 Any member of staff can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration, for example if the staff member feels that action is too slow or inadequate. Concerns should always lead to help for the child at some point as the priority is to remain child- centred.

19.1.3 In the case of pupils identified as at risk of radicalisation, the School will consider the level of risk to identify the most appropriate referral which could include Channel or HCS.

19.1.4 Particular attention will be paid to the attendance and development of any child about whom the School has concerns, or who has been identified as being the subject of a Child Protection Plan (formerly referred to as the Child Protection Register) and a written record will be kept.

19.1.5 Allegations against anyone working or volunteering at the School must be referred to the LADO within 24 hours of the referral being made. (Refer to Policy on Allegations of Abuse Against a Member of Staff or Volunteer).

19.1.6 If a crime may have been committed or a case of significant harm, it should be reported to the police.

19.1.7 In the following circumstances the DSL will take advice from the LADO before a decision about making a referral is made:

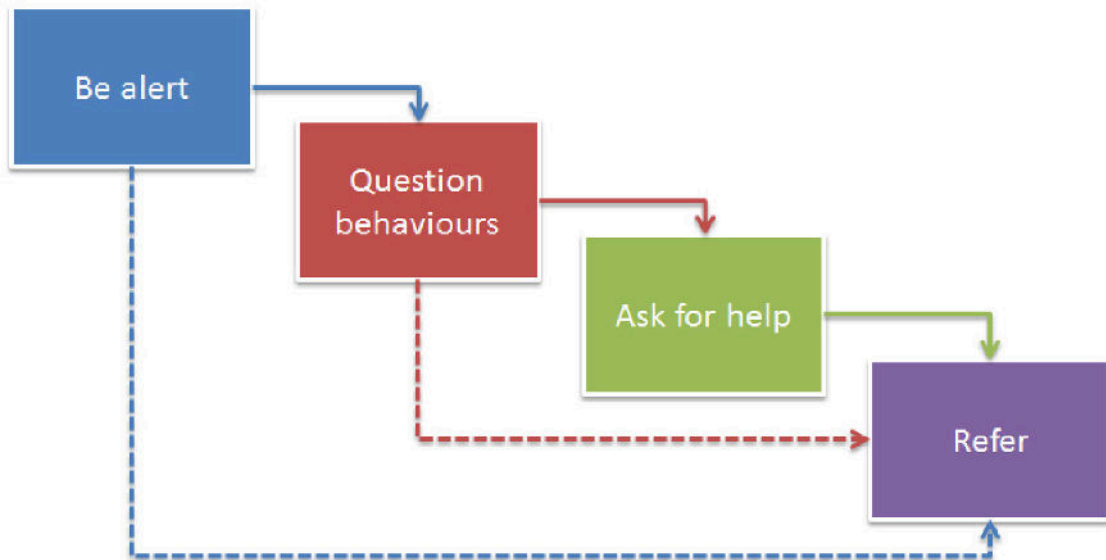
- the complaint does not involve a serious criminal offence
- a referral would be contrary to the wishes of the pupil complainant who is of sufficient maturity and understanding and properly informed, and contrary to the wishes of the complainant's parents; and
- the case is one that can be satisfactorily investigated and dealt with under the School's internal procedures, the parents being kept fully informed, as appropriate.

However if, during the course of the internal procedures, it appears that the situation is more serious the DSL will again consider whether a referral should be made.

20. ACTION WHEN A CHILD HAS SUFFERED OR IS LIKELY TO SUFFER HARM

How to respond to Child Protection Concerns – A Step by Step Guide for Staff

- 20.1. Always stop and listen straight away to someone who wants to tell you about incidents or suspicions of abuse, which may involve abuse by another pupil.
- Reassure that they are being taken seriously and that they will be supported and kept safe
 - Do not give the impression that they are creating a problem by reporting
 - Do not let the pupil made to feel ashamed for making a report.
 - Do not promise confidentiality
 - Listen to what is being said without displaying shock or disbelief
 - Accept what is being said and do not ask leading questions
 - Allow the child to talk freely
 - Reassure the child, but not make promises which it might not be possible to keep and do not promise confidentiality
 - Reassure the child that what has happened is not his or her fault
 - Stress that it was the right thing to tell
 - Do not criticise the alleged perpetrator
 - Explain what has to be done next and who has to be told
 - Listen, only asking questions to clarify
 - Make a written record (see below)
 - Pass the information to the DSL without delay
- 20.1.2. If you can, write brief notes of what she is telling you while she is speaking (these may help later if you have to remember exactly what was said) - and keep your original notes and do not destroy them, however rough and even if you wrote on the back of something else. It's what you wrote at the time that may be important later - not a tidier and improved version you wrote up afterwards! If you don't have the means to write at the time, make notes of what was said as soon as possible afterwards using the record of concern sheet. Notes should be a clear, precise, factual account of the observations.
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child.
 - Draw a diagram to indicate the position of any bruising or other injury.
 - Record statements and observations rather than interpretations or assumptions. All records need to be given to the DSL promptly. No copies should be retained by the member of staff or volunteer. Records should be kept, by the DSL, in a designated file separate from the child's academic records and in a secure place.
- 20.1.3. Never attempt to carry out an investigation of suspected or alleged abuse by interviewing people or making your own enquiries. HCS and police are the people trained to do this. You could cause more damage and spoil possible criminal proceedings.
- 20.1.4. There are four key steps to follow to help you to identify and respond appropriately to possible abuse and/or neglect.



20.1.5. It may not always be appropriate to go through all four stages sequentially. **If a child is in immediate danger or is at risk of harm, you should refer to children’s social care and/or the police.** Before doing so, you should try to establish the basic facts. However, it will be the role of social workers and the police to investigate cases and make a judgement on whether there should be a statutory intervention and/or a criminal investigation.

20.1.6. You should record, in writing, all concerns and discussions about a child’s welfare, the decisions made and the reasons for those decisions.

21. CONFIDENTIALITY

21.1 Safeguarding children raises issues of confidentiality which must be clearly understood by all staff/volunteers in school

21.1.1 All staff have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children’s Services: Safeguarding and Specialist Services and the Police)

21.1.2 If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the adult tells the child in a manner appropriate to the child’s age and understanding that they cannot promise confidentiality and that they may need to pass on the information to other professionals in the best interests of the child and to keep the child safe.

21.1.3 Staff/volunteers who receive information about children and their families in the course of their work should share that information only in appropriate professional contexts (see Confidentiality Policy).

22. SUPPORT

Dealing with a disclosure from a child, and a child protection case in general, is likely to be a stressful experience. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguarding Lead who may refer the colleague to one of the School Counsellors.

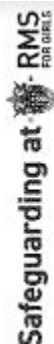
'See, hear, believe, do something'
'It could happen here at RMS'
'Zero tolerance to sexual violence
and sexual harassment'

Types of abuse:

Physical, Emotional, Neglect, Sexual

Key documents:

Safeguarding Policies I and II, KCSIE 2024



Who to contact if concerned:

Designated Safeguarding Lead (DSL)

Alison Davies, Deputy Head Pastoral M: 07788176608 Ext: 5362

Deputy DSLs:

Desmond Cox, Deputy Head (Co-Curricular) Ext: 2042

Clare Freeman, Head of Hind House Ext: 5334

Vicky Grieg, Head of Ruspini House Ext: 2058

Melanie Horn, Head of Cadogan House Ext: 5336

Jo Morris, Head of Inclusion at Cadogan House Ext: 5337

Fiona Jones, Director of Boarding Ext: 2052

Jennie Simmonite, Deputy Head of Hind House Ext: 5779

Sharron Shackell (Safeguarding Governor)

Hertfordshire MASH 0300 123 4043 DfE Advice line 0370 000 2288

The Dos: Listen/Reassure/Record/Refer

- Do Listen: The most important thing when someone is hearing a disclosure is that they listen closely to what the child says. They need to hear exactly what is being said. They must listen in a way that encourages the child to speak for as long as they want to and to say as much as they need to.
- Do Reassure: The child needs to be reassured that they are doing the right thing by speaking out and that the member of staff is ready to listen and support the child. The child also needs to be reassured that they are not going to lose control of things by speaking out.
- Do Record: Once the child has finished speaking, the member of staff must expedite the production of a contemporaneous note of what the child has said. The note needs to be as accurate as possible and to capture any unusual words or phrases used by the child.
- Do Refer: Once the note is made, signed and dated, it must be marked "Private and Confidential" and be given to the DSL; this must happen on the day of the disclosure and if the DSL is not in school, the note should be given instead to the Deputy DSL.

The Don'ts: Contribute/Confidentiality/Careless/Forget or C3F

- Don't Contribute: When listening to a distressed child, it is tempting to help the story along, either by asking leading questions when the child isn't wholly clear, or nodding and completing the sentences when the child is too upset to speak smoothly. Mindful that a note of the disclosure will be needed, it is also tempting for the employee to check their understanding of what the child has said by summarising what they have heard. None of these things is allowed. The employee's role is solely to listen and (s)he must not add to the narrative in any way at all. If the child is so distressed that the disclosure is incoherent, the employee might ask the child to repeat something or put it another way, but that is all: everything in the narrative must come from the child.
- Don't offer Confidentiality: It is more than likely that a child approaching a member of staff in order to make a disclosure will ask if that member of staff can keep a secret. No such promise of confidentiality can be given. However, it is not helpful to put this negatively; it is far better for the employee to put a positive spin on things: "I'm sorry, I can't promise to keep a secret but I can promise you this—we will talk about what happens next. I may need to pass on what you have to tell me, but I promise I will tell you what I am going to do and why."
- Don't be Careless: Children making a disclosure will have invested a good deal of emotional capital in the member of staff they approach and there is always a chance they will end up feeling let down by them. With this in mind, the member of staff does need to think carefully about the setting in which a disclosure conversation takes place. There obviously needs to be a degree of privacy, but the setting should be one where the employee and child can be casually overlooked by people passing. Sitting in a room with the door shut, but still in view of people able to see in through a window in the door, would provide reasonable privacy without the risks that come with exclusivity.
- Don't Forget: Mindful again that a note of the disclosure will be required, if the child's tale is long or complex, it may be worth making some notes as (s)he speaks. When the listener makes notes it can, however, inhibit the child; it is important to balance the need for the child to feel able to speak freely and the need to be able to report later on what was freely said. If no notes are taken, then the record of the disclosure will have to be written very quickly after the child has finished speaking, so it will then be best to give the child quickly into the care of the housemaster/mistress or matron and then give priority to recording what was said.

Misunderstanding of Sexual Consent

The rules on sexual relations and school pupils are not complex but misunderstandings have arisen for a range of reasons and the consequences have been grave. To ensure there are no damaging misconceptions, schools do need to make some basic facts crystal clear to all pupils, staff and volunteers. First, anyone under eighteen years old is a **child** so any attempt to force or entice an individual under eighteen to take part in sexual activities, even ones not involving actual sexual contact, constitutes the sexual abuse of a child (Para 47). Second, anyone over eighteen who is an employee or volunteer at a school is in a “position of trust” (Sexual Offences Act 2003) and it is illegal for such a person even to arrange to meet (let alone actually meet) anyone who is a pupil at the school, with the purpose of engaging in **any** sort of sexual activity (including ones not involving actual sexual contact): this is the case even if the pupil is consenting and eighteen years old, or over. Third, a child over sixteen can consent to sexual relations with another person (with the definite exception of anyone who is an employee or volunteer at the child’s school) but that consent has to be **freely** given and can never be something into which the child is enticed, persuaded or pressurised. If there is any suspicion that a child has been pressed or cajoled into a sexual act activity (including activity not involving actual sexual contact) then there is a suspicion that sexual **abuse** has taken place; such suspicions always have to be reported expeditiously to the DSL. Fourth, whilst some children under sixteen may be deemed “Gillick Competent”, that is, judged sufficiently mature to be able to give informed consent to medical treatment – including the use of contraception – assessment of whether a child **is** Gillick competent in matters of sexual activity is not an issue for teachers and those involved in the pastoral care of children, but the preserve of medical professionals (ISSRs B27). As far as any employee outside a school’s medical centre is concerned, the presumption has to be that someone under sixteen cannot freely consent to sexual activity and when such activity is known, or suspected, it has in **every** case to be reported to the DSL.

Because these rules are at odds with so much that is apparently commonplace in society and reported as normative in the media, schools need constantly to reinforce the legal position to all members of the community and to make it plain, too, to parents and guardians. Additionally, since the age of consent varies significantly across jurisdictions (varying between 14 and 18 within EU countries) boarding schools that educate pupils from overseas have to be very clear with non-UK students and must emphasise that the only law relevant to a school’s Safeguarding duty is the law of England and Wales (or Scotland/Northern Ireland if that is where the school is located).

KCSIE makes it clear that children with special learning difficulties have particular issues when it comes to Safeguarding (85). It is important that schools are mindful that “consent” requires understanding and that levels of understanding usual for a child of sixteen or seventeen cannot automatically be attributed to a child of this age with a learning difficulty. Although KCSIE stresses “forcing or enticing” a child into sexual activity as the hallmarks of sexual abuse, it is evident that any exploitation of limited understanding on the child’s part would mean that their participation could not be truly consensual, so the sexual activity would be abusive. Thus if there is any suspicion that a child’s naivety, emotional immaturity or intellectual limitations have been exploited as a means of engaging the child in sexual act activity (including activity not involving actual sexual contact) then there is a suspicion that sexual **abuse** has taken place; such suspicions always have to be reported expeditiously to the DSL.

Issues like forced marriage (KCSIE, Annex B) serve as a reminder that cultural differences within the UK are relevant to the Safeguarding duty. It is important to note that a child with a distinct cultural identity may have retained an innocence that is at odds with what might usually be expected of a British teenager. Schools have to be clear in their Safeguarding training that this is pertinent to the point that sexual activity in the absence of consent is in all circumstances abusive, for a child cannot consent unless they are fully **informed** about what is at stake – a cultural background that inhibits the development of full understanding should cause questions to be asked about the degree to which a child’s sexual activity is consensual. Where there is any suspicion that a child’s cultural background has compromised the capacity for informed consent to sex (including sexual activities not involving actual sexual contact) there is a suspicion that sexual abuse has taken place; such suspicions always have to be reported expeditiously to the DSL.

Appendix 4

Please forward completed forms to the PREVENT team at prevent@herts.pnn.police.uk
 NOT PROTECTIVELY MARKED when incomplete
CHANNEL REFERRAL FORM

Name of Subject:		DOB:
Guardian:		Relationship:
Ethnicity:	Place of Birth:	Religion:
Address		Referral Date
Telephone number		
Author	Organisation	
Contact Details		

What is the behaviour / occurrence that has led you to make this referral

Assessment	Comment / Evidence
Faith / Ideology	
Personal / emotional & Social	
Risk / Protective factors	
Desire for change	

From what you know of the referral:

Faith / ideology

Are they new to a particular faith / faith strand? What was the context of their conversion?
Do they seem to have naïve, narrow or limited religious / political knowledge?
Are there concerns about a highly inconsistent vocalisation / practising of their faith?
Have there been sudden changes in their observance, behaviour, interaction or attendance at their place of worship / organised meeting?
Have there been specific examples or is there an undertone of “ Them and Us “ language or violent rhetoric being used or behaviour occurring?
Is there evidence of increasing association with a closed tight knit group of individuals / known recruiters / extremists / restricted events?
Are there particular grievances either personal or global that appear to be unresolved / festering?
Has there been an increase in unusual or sudden travel abroad without satisfactory explanation?

Personal / emotional / social issues

Are there concerns over conflict with their families regarding religious beliefs / lifestyle choices?
Is there evidence of cultural anxiety and / or isolation linked to insularity / lack of integration?
Is there evidence of increasing isolation from family, friends or groups towards a smaller group of individuals or a known location?
Is there history in petty criminality and / or unusual hedonistic behaviour (alcohol/drug use, casual sexual relationships, and addictive behaviours)?
Have they got / had extremist propaganda materials in their possession?
Do they associate with negative / criminal peers or known groups of concern?
Are there concerns regarding their emotional stability and or mental health?
Is there evidence of participation in survivalist / combat simulation activities, e.g. paint balling?

Risk / Protective Factors

What are the specific factors which are contributing towards making the referral more vulnerable to radicalisation by others or moving towards violent extremism? E.g; mental health, language barriers, cultural anxiety, impressionability, criminality, specific grievance etc.
Is there any evidence of others targeting or exploiting these vulnerabilities or risks?
What factors are there already in place or could be developed to firm up support for the referral or help them increase their resilience to negative influences? E.g. positive family ties, employment, mentor / agency input etc.

Desire for change

Do they have the ability to change with / without support? Why / Why not?
How motivated are they to make steps towards changing their attitudes and behaviour?
How sustainable do you think their motivation / desire is?



Hertfordshire County Council
Referral Form to Local Authority Designated Officer (LADO)
PROFESSIONAL USE ONLY



If you have concerns or suspicions that an adult (staff, volunteer) who works with children and young people (CYP under 18) has caused or is a risk of harm to a CYP please complete this referral form in its entirety and send to Lado.Referral@hertfordshire.gov.uk within **24 hours** of identifying/being in receipt of the allegation or concern. Please **do not** investigate the matter until you have received a response from the duty LADO.

The LADO Service operates 9am-5:30pm weekdays, 4:30pm on Fridays therefore outside of these hours please use the alternative referral pathways:

- If a child has suffered harm please report this to Children's Services by telephone on 0300 1234043 or via the online referral pathway [CS referral](#).
- If a crime has been committed or a CYP is at risk of immediate harm, please report this to police.

To support your consideration of the threshold criteria, please refer to Part One below and 5.1.5 [Hertfordshire Safeguarding Children's Partnership Procedures](#) alongside your agency's internal policies for allegations management.

Educational settings

If you are unsure about whether the threshold for a LADO referral has been met or if you can deal with the matter as a Low-Level Concern, please refer to

- Part four [Keeping children safe in education 2022 \(publishing.service.gov.uk\)](#)
- LADO Service guidance on the Hertfordshire GRID <https://thegrid.org.uk/safeguarding-and-child-protection/child-protection/allegations-against-staff>
- speak to your manager / HR provider.

All agencies

If you are still unsure after seeking advice, please complete a LADO referral form in its entirety including what advice you have sought, from where and the outcome in addition to a succinct overview of the concerns. Please send to:

LADO.Referral@hertfordshire.gov.uk

Due to the process in which the LADO service assesses information, it is highly unlikely that we will be able to provide advice in the absence of a referral form.

The duty LADO will respond to your referral within 24 hours but in most circumstances, they will make initial contact and provide a decision on the same working day.

Where your concern requires an immediate decision about the staff member's employment status, please refer to subsection 4.5 (within chapter 5.1.5) [Hertfordshire Safeguarding Children's Partnership Procedures](#) for guidance on suspension/redeployment in addition to seeking advice from your HR/internal procedures.

PART ONE – Threshold Consideration.

Application of this criteria is not limited to allegations involving 'significant harm / risk of significant harm' and should be applied whenever it is alleged a person who works with children has in any activity connected with her/his employment or voluntary activity:

- *Behaved in a way that has, or may have harmed a child; (harm threshold)*
- *Possibly committed a criminal offence against/related to a child; (criminal threshold)*
- *Behaved toward a child in a way that indicates he or she would pose a risk of harm; (suitability threshold)*
- *Behaved or may have behaved in a way that indicates they may not be suitable to work with children. (transferable risk threshold)*

The procedures apply to situations when:

- *There are suspicions or allegations of abuse by a person who works with children in either a paid or unpaid capacity - as a permanent, temporary or agency staff member, contract worker, consultant, volunteer, approved foster carer, child minder or approved adopter;*
- *It is discovered that an individual known to have been involved previously in child abuse, is or has been working with children*

If you consider that threshold is **NOT** met e.g. 'it may be that the concerns are in the scope of a complaint, professional conduct or quality of care', you can use this section to record an overview of the concerns, your rationale for this decision and any identified actions in respect of the adult/your whole staff/setting. A referral will not be required, and this document should be filed confidentially in the adult's personnel files.

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Has the threshold been met for a referral to the LADO?

Yes Complete PART TWO and send to LADO at LADO.Referral@hertfordshire.gov.uk

No Complete PART ONE ONLY and file confidentially in line with your HR advice/internal policies for allegations management/low level concerns.

Overview of the concerns: (If threshold met, provide full information about the allegation in Section E)

PART TWO - Agency Referral to the LADO

To be completed by the agency / referrer and emailed to LADO.Referral@hertfordshire.gov.uk, within ONE WORKING DAY of the allegation, please do not delay.

A Information about the adult subject to the allegation:

Name:	<input type="text"/>	Sex M/F:	<input type="text"/>	Date of Birth:	<input type="text"/>
Ethnicity	<input type="text"/>	Home Address:	<input type="text"/>	Do they have contact with children in any other capacity?	<input type="text"/>
Job Title/Role:	<input type="text"/>				
Workplace Name & Address:					
<small>(Referrals should be made to the LADO in the Local Authority area that the adult works in and not where they live – please refer to individual Local Authority Partnership websites for referral routes)</small>					
Date service in current post started:	<input type="text"/>				

On what basis is the adult employed: Permanent Temporary Fixed term Agency Supply Volunteer

Have any allegations or concerns been made against this person previously: Yes No
If yes, please provide details:

B Information about the Agency/Employer/School that the adult named above works for

Name of Employer:

Employer type:

Social care <input type="checkbox"/>	Health <input type="checkbox"/>	SASH / SFYP <input type="checkbox"/>
Early years <input type="checkbox"/>	Police <input type="checkbox"/>	Secure state <input type="checkbox"/>
Probation <input type="checkbox"/>	CAFCASS <input type="checkbox"/>	Faith group <input type="checkbox"/>
NSPCC <input type="checkbox"/>	Voluntary organisation <input type="checkbox"/>	Education <input type="checkbox"/>
OFSTED <input type="checkbox"/>	Local Authority (HCC)	
Other <input type="checkbox"/> Specify:		

C Information about the child

Name & Address: Sex M/F: Date of Birth:

Relationship to the person against whom the allegation is made: Ethnicity: Have parents been informed?:

Is the child known to Children's Services? Please provide name and contact details of social worker. **LADO and referrer will need to ensure worker has been informed.**

Does the concern involve more than one young person? (if so, please include any alleged victims and children of the person against whom the allegation is made)

1 Name & Address: Sex M/F: Date of Birth:

Relationship to the person against whom the allegation is made: Ethnicity: Have parents been informed?:

2 Name & Address: Sex M/F: Date of Birth:

Relationship to the person against whom the allegation is made: Ethnicity: Have parents been informed?:

Continue Supplementary Information sheet if necessary

D Information about the person making the allegation/disclosure (if not the child above or the person completing this form)

Name & Address: Sex M/F: Date of Birth:

Relationship to the person against whom the allegation is made Ethnicity Have parents been informed?

Did the person making the allegation/disclosure, witness the incident themselves?

E Information about the allegation

Nature of the Allegation:

Physical abuse Emotional abuse Neglect Sexual abuse

If Physical – did it follow an authorised physical intervention or restraint?

Date of alleged incident:

Date of referral

Where did alleged incident take place?

What actions have been taken to ensure the safety of the child/children?

Details of the allegation: Please refrain from using abbreviations and technical jargon.

Name of adult:

Name of child / ren:

Date the incident took place:

Where did it take place?

Any injuries to child? *(if yes has a separate referral been made to CS)*

Name of any witnesses?

Was there any CCTV footage of the incident? *If injury photographs or CCTV footage exists, please detail, and secure the evidence.*

What has happened and why are you concerned?

Continue supplementary information sheet if necessary.

F Details of the person completing the referral form:

Date:

Name:

Job title:

Agency name

and address:

Email:

Phone number:

(Duty LADO may request further information to inform the assessment of your referral, please ensure you provide your full contact details or those of another suitable colleague, if appropriate who can be contacted should you not be available.)

To be completed by the referrer and emailed to: LADO.Referral@hertfordshire.gov.uk, within **ONE WORKING DAY** of the allegation.

If the decision made by the LADO at 'initial consideration of the Allegation' is that the safeguarding procedures threshold has not been met, the LADO will email the referrer with a rationale for the decision and advice on how best to proceed.

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G Supplementary Information



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The Royal Masonic School for Girls - Logging Concern Form

Your Name (PRINT):	Name of Child/ren:
Time, Day and Date of incident (if applicable):	Tutor Group
Which type of abuse: (Please ring)	Physical, Emotional, Neglect, Sexual
<p>Describe the incident as factually as possible. Include who was involved, where it happened, exactly what happened etc. Use the child's words. Remember to describe clearly any behaviour or physical signs you have observed.</p>	
<p>What actions did you take?</p>	
<p>What has happened to child now: Back to class/Health centre</p> <p>What is mood of the child?</p> <p>What did you tell the child would happen?</p> <p style="text-align: right;">Your Signature:</p>	
Time and Date of when the form was written:	

This form should be . Do not create a digital record. Check your report before personally it over to the Designated Senior Lead in your section of the school. Make sure this form is legible and uses plain English. Please remember this form might be read by someone not working at RMS.

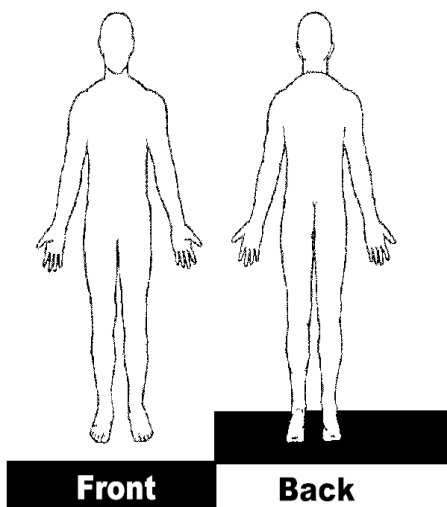
This form is confidential and only relevant staff will be consulted.

Received By

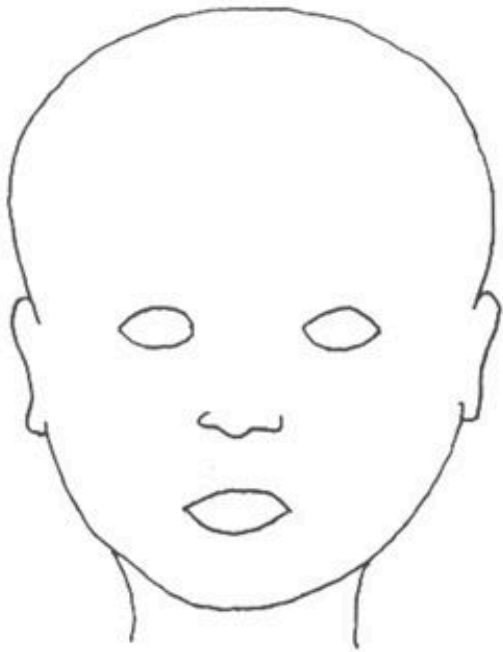
Date and Time:

FOR DP USE

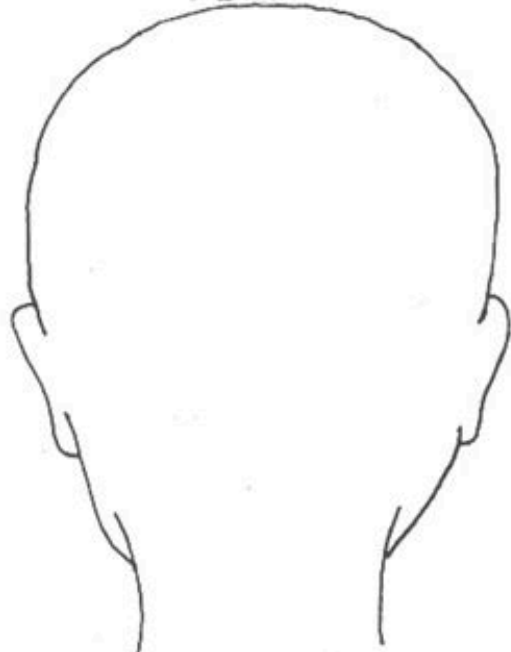
<p>Proposed Action By the designated safeguarding lead: What is the decision on risk? Why</p> <p>Referral/Early help route</p> <p>Who has been informed/ why</p>
<p>Feedback to Referrer</p>



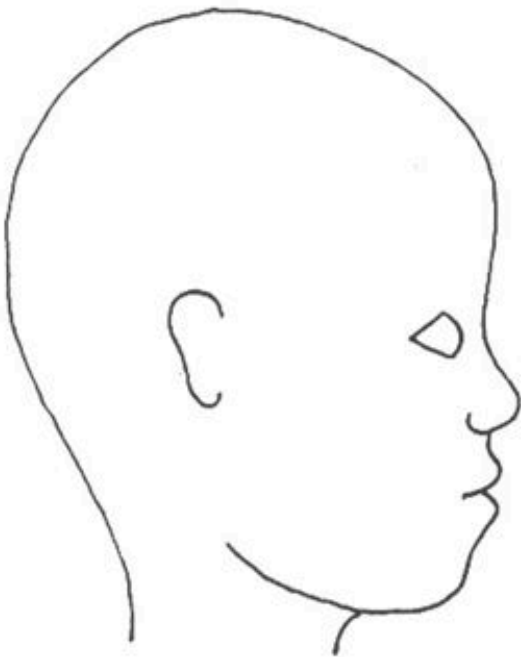
First Name:	Last Name:
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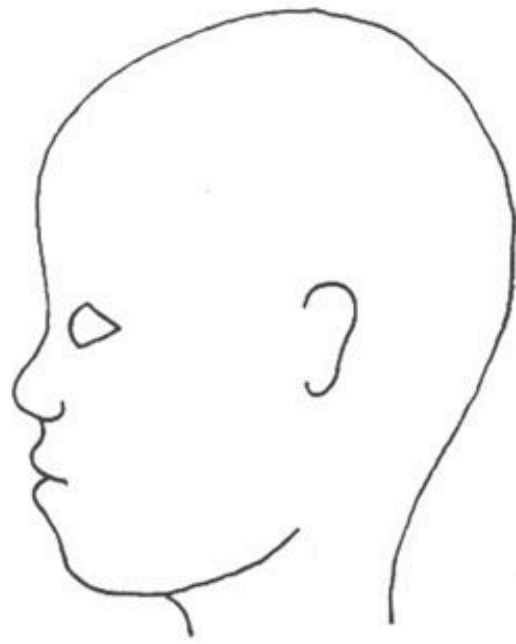
FRONT



BACK

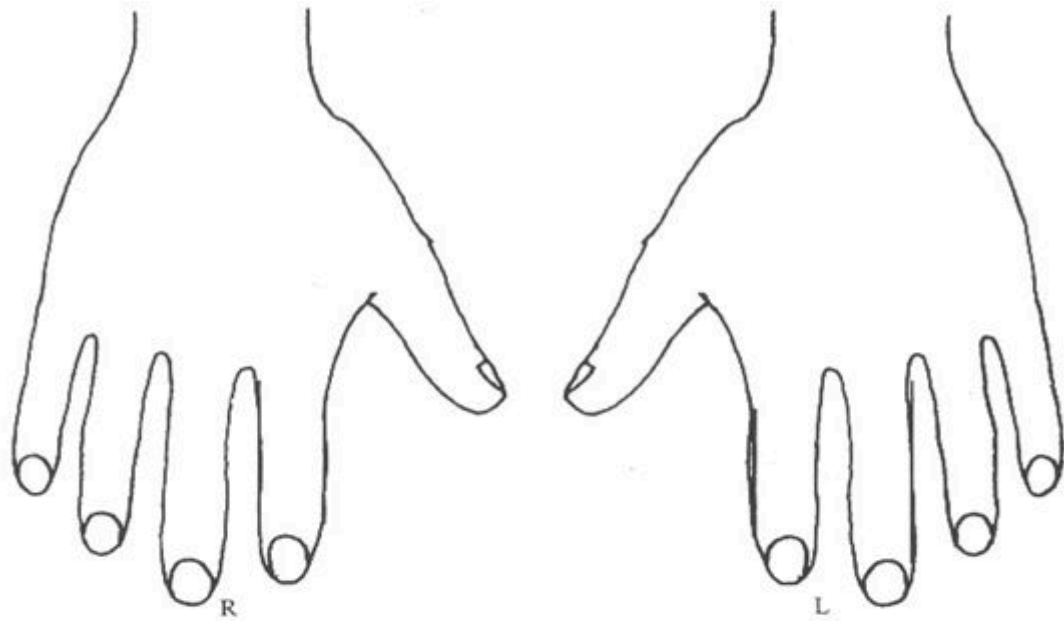


RIGHT

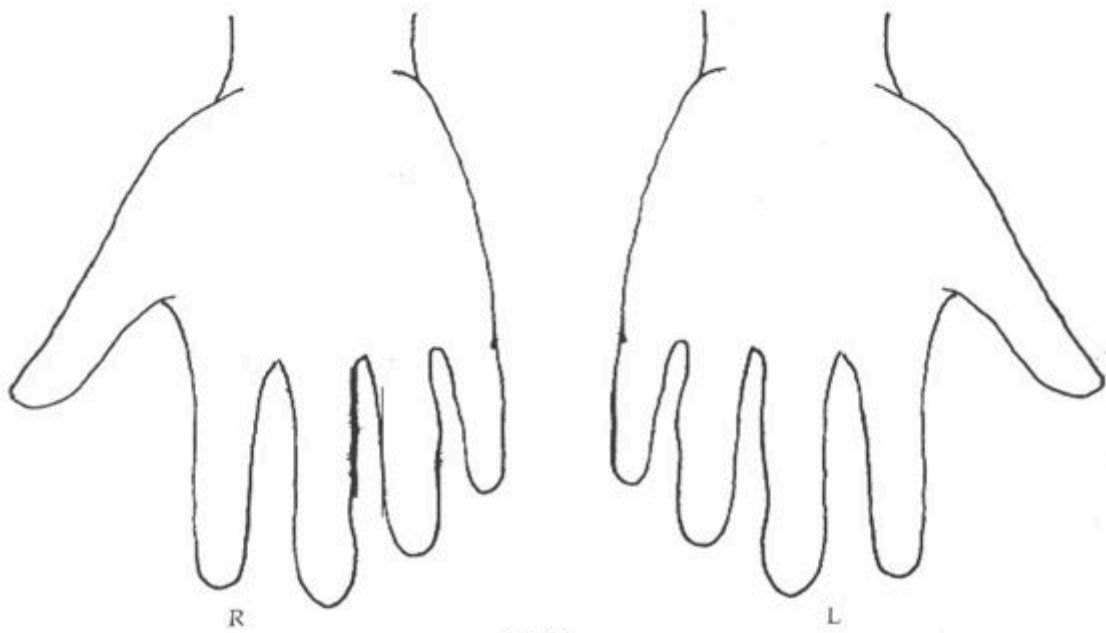


LEFT

First Name:	Last Name:
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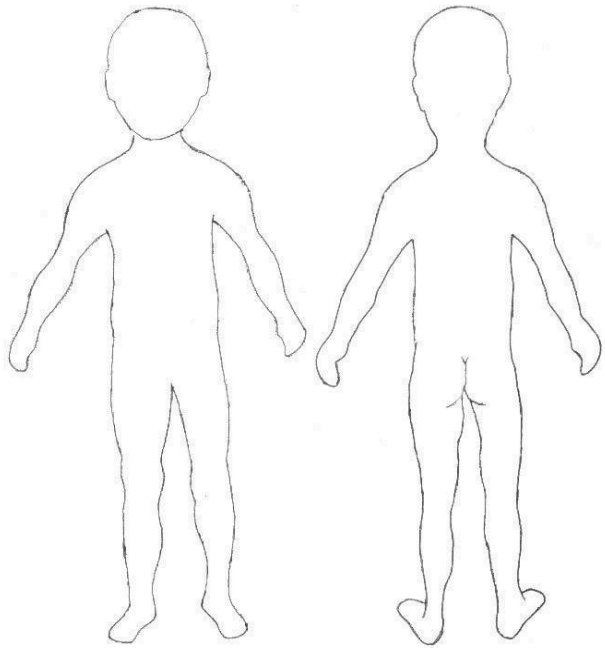


BACK



PALM

First Name:	Last Name:
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Checklist for DSP (to be printed on back of record of concern form)

- ✓ Child clearly identified?
- ✓ Name, designation and signature of the person completing the record populated?
- ✓ Date and time of any incidents or when a concern was observed?
- ✓ Date and time of written record?
- ✓ Distinguish between fact, opinion and hearsay
- ✓ Concern described in sufficient detail, i.e. no further clarification necessary?
- ✓ Child's own words used? (Swear words, insults, or intimate vocabulary should be written down verbatim.)
- ✓ Record free of jargon?
- ✓ Written in a professional manner without stereotyping or discrimination?
- ✓ The record includes an attached completed body map (if relevant) to show any visible injuries (body map available at www.thegrid.org.uk/info/welfare/child_protection/proformas/index.shtml)

Audit date:	Audited completed by:
Overall RAG rating (see key below)	

Action needed	Timescale	Name and position of person responsible	Date action completed

RED	Indicates that information from the checklist is lacking and deficiencies need to be addressed as a matter of urgency
AMBER	Indicates that key information is included but recording could be further improved
GREEN	Indicates that the recording meets the above required standards

If you intend to give a copy of the above action plan to the member of staff, please ensure they are not given page 1, i.e. the actual record of concern form which contains confidential details.

Sharing of nudes and semi-nudes: How to respond to an incident

What do we mean by sharing nudes and semi-nudes?

In the latest advice for schools and colleges (UKCIS, 2020 and updated March 2020), this is defined as the sending or posting of nude or semi-nude images, videos or live streams online by young people under the age of 18. This could be via social media, gaming platforms, chat apps or forums. It could also involve sharing between devices via services like Apple's AirDrop which works offline. Alternative terms used by children and young people may include 'dick pics' or 'pics'.

The motivations for taking and sharing nude and semi-nude images, videos and live streams are not always sexually or criminally motivated.

This advice does not apply to adults sharing nudes or semi-nudes of under 18-year olds. This is a form of child sexual abuse and must be referred to the police as a matter of urgency.

What to do if an incident comes to your attention

Report it to your Designated Safeguarding Lead (DSL) or equivalent immediately. Your setting's child protection policy should outline codes of practice to be followed.

Never view, copy, print, share, store or save the imagery yourself, or ask a child to share or download – **this is illegal.**

If you have already viewed the imagery by accident (e.g. if a young person has showed it to you before you could ask them not to), report this to the DSL (or equivalent) and seek support.

Do not delete the imagery or ask the young person to delete it.

Do not ask the child/children or young person(s) who are involved in the incident to disclose information regarding the imagery. This is the responsibility of the DSL (or equivalent).

Do not share information about the incident with other members of staff, the young person(s) it involves or their, or other, parents and/or carers.

Do not say or do anything to blame or shame any young people involved.

Do explain to them that you need to report it and reassure them that they will receive support and help from the DSL (or equivalent).