



'Valuing Learning, Learning to Value'

## **Safeguarding and Child Protection Policy and Procedure.**

### **Status of the Policy**

Statutory

### **Introduction**

This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications: 'Working Together to Safeguard Children' 2013, Revised Safeguarding Statutory Guidance 2 'Framework for the Assessment of Children in Need and their Families' 2000, 'What to do if You are Worried a Child is Being Abused' 2003. The guidance reflects, 'Keeping Children Safe in Education' 2015. The Governing body takes seriously its responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.

We recognise that all adults, including temporary staff, volunteers and governors, have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern.

**All staff are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned.**

### **Purpose**

At Yorkley School our prime responsibility is the welfare and well-being of the children. We continually work to create an environment in which all children are safe from abuse and in which any suspicion of abuse is promptly and appropriately responded to. We are committed to working in partnership with families and other agencies and feel that this is in the best interests of the children.

### **Designated Staff**

Children are reliant on adults for protection and have the right to achieve their full potential. The designated safeguarding lead (DSL) to deal with issues relating to safeguarding children at our school is **Mrs K. Burke (Head Teacher)** supported by **Tracy Wood (Deputy Head)**, **Rachel Creber (Teacher and SENDCo)** and **Mary Foley (School Administrator)**. Their role is to;

- Act as a first point of reference for all safeguarding children concerns
- Ensure that all relevant policies and procedures comply with regulations
- Liaise with other professional agencies as appropriate and necessary
- Cascade information regarding safeguarding children to all other members of staff in the School.

The designated teacher will then follow the Gloucestershire LA Child Protection Procedures. These can be found in the Safeguarding Children Handbook, as an annex to this policy, from the Headteacher and Designated Child Protection Officers or on line at [www.gsrb.org.uk/handbook](http://www.gsrb.org.uk/handbook)

The DSL's who are involved in recruitment and at least one member of the governing body will also complete safer recruitment training (currently on-line on the DfE website) to be renewed every 5 years

**The Governor responsible for Safeguarding/Child Protection is Mr Peter Taylor. (Chair of Governors)** The Governing Body will ensure that all members of staff undertake appropriate child protection training. All staff at the school must be able to recognise abuse and be aware of the procedures to follow in order to safeguard and protect children.

Our policy applies to all staff, governors and volunteers working in the school. There are five main elements to our policy:

- Ensuring we practice safe recruitment in checking the suitability of staff and volunteers to work with children.
- Raising awareness of child protection issues and equipping children with the skills needed to keep them safe.
- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse.
- Supporting pupils who have been abused in accordance with his/her agreed child protection plan.
- Establishing a safe environment in which children can learn and develop.

We recognise that because of the day to day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the school whom they can approach if they are worried.
- Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.

We will follow the procedures set out by the Gloucestershire Safeguarding Children Board and take account of guidance issued by the Department for Education and Skills to:

- Ensure we have a designated senior person for child protection who has received appropriate training and support for this role.
- Ensure we have a nominated governor responsible for child protection.
- Ensure every member of staff (including temporary and supply staff and volunteers) and governing body knows the name of the designated senior person responsible for child protection and their role.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated senior person responsible for child protection.

- Ensure that parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations in the school prospectus.
- Notify the relevant social worker if there is an unexplained absence of more than two days of a pupil who has a Child Protection Plan (previously known as being on the child protection register.)
- Notify the relevant agency if there is an unexplained absence of more than 5 days following a holiday period.
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at child protection conferences and core groups.
- Keep written records (red forms) of concerns about children, even where there is no need to refer the matter immediately. (These are kept locked in the head teacher's office.)
- Ensure all records are kept securely; separate from the main pupil file, and in locked locations. (These are cross referenced by way of RED dot on main file)
- Develop and then follow procedures where an allegation is made against a member of staff or volunteer.
- Ensure safe recruitment practices are always followed.

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self worth. They may feel helplessness, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk. When at school their behaviour may be challenging and defiant or they may be withdrawn. The school will endeavour to support the pupil through:

- The content of the curriculum.
- The school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- The school behaviour policy which is aimed at supporting vulnerable pupils in the school. The school will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred.
- Liaison with other agencies that support the pupil such as social services, Child and Adult Mental Health Service, education welfare service and educational psychology service.
- Ensuring that, where a pupil on the child protection register leaves, their information is transferred to the new school immediately and that the child's social worker is informed.

### **Supporting Children - Offer of Early Help**

We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.

We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm.

We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

Our school will support all children by:

- Providing Safeguarding training at all levels.
- Providing an Inclusion Team on site and working with appropriate agencies to provide early intervention and support.
- Offering preventative signposting, support with MAG meetings and access to a community social worker.
- Working with the local Multi-Agency Safeguarding Hub (MASH).
- Holding Team around the Child Meetings.
- Leading and supporting families on a CAF / EHCP
- Listening to the Voice of the Child.
- Using Gloucestershire's Healthy Living and Learning on-line survey. Results are monitored and interventions are put in place.
- Encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying.
- Promoting a caring, safe and positive environment within the school.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
- Notifying Social Care as soon as there is a significant concern.
- Providing continued support to a child who leaves school about whom there have been concerns. Ensuring that appropriate information is copied under confidential cover to the child's new setting and also that the school medical records are forwarded as a matter of priority.

All staff are encouraged to report any concerns that they have and not see these as insignificant. On occasions, a referral is justified by a single incident such as an injury or disclosure of abuse. More often however, concerns accumulate over a period of time and are evidenced by building up a picture of harm over time; this is particularly true in cases of emotional abuse and neglect. In these circumstances, it is crucial that staff record and pass on concerns in accordance with this policy to allow the DSL to build up a picture and access support for the child at the earliest opportunity. A reliance on memory without accurate and contemporaneous records of concern could lead to a failure to protect. It is not the responsibility of school to investigate welfare concerns or determine the truth of any disclosure or allegation. All staff, however, have a duty to recognise concerns and pass the information on in accordance with the procedures outlined in this policy.

### **Categories of concern about a child's welfare and procedures for referral;**

**Neglect:** The persistent or severe neglect of a child which results in significant impairment of the child's health or development. e.g.

- Failure to provide adequate food, clothing or shelter (including abandonment or exclusion from home)
- Failure to protect from physical or emotional harm.

- Failure to meet child's basic emotional needs.
- Failure to ensure adequate supervision.
- Failure to ensure access to appropriate medical care.

**Physical Abuse:** Deliberate or intended injury to a child. e.g.

- Hitting shaking, throwing, burning, scalding, drowning, suffocating, or poisoning.
- Deliberate inducement of an illness.
- It is physical abuse if a child is assaulted and it leaves a mark, or causes mental cruelty.

**Sexual Abuse:** Actual or likely sexual exploitation. e.g.

- Use of force or enticement to take part in sexual activity penetrative, or non - penetrative.
- Involvement in non contact activities such as looking at or making abusive images.
- Encouraging children to watch sexual activities.
- Encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet)
- Any sexual activity with a child under the age of 16. (with or without agreement)
- Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children.

**Emotional Abuse:** Persistent or severe emotional ill treatment or rejection which adversely affects the child's emotional and behavioural development. e.g.

- Conveying to a child that they are worthless, unloved or inadequate.
- Overprotection, limiting exploration and learning, preventing normal social interaction or imposing inappropriate expectations.
- Causing a child to feel frightened or in danger by the witnessing of violence towards another person whether domestic or not.

### **Recognition of Possible Abuse;**

It is extremely difficult to determine if abuse has occurred. Teachers should look carefully at the behaviour of their children and be alert for significant changes. Teachers should be aware that children may exhibit any of the following without abuse having occurred:

- Disclosure.
- Non accidental injury, bruising or marks.
- Explanation inconsistent with injury.
- Several different explanations for an injury.
- Reluctance to give information about an injury
- A sudden change in behaviour - aggression, extroversion, depression, withdrawn.
- Attention seeking
- Hyperactivity
- Poor attention
- Appear frightened of parents or family members
- Abnormal attachment between parent and child

- Indiscriminate attachment
- Hyper alertness.
- Reduced response.
- Frozen watchfulness.
- Nightmares.
- Anxiety/irritability.
- Abdominal pain/headaches.
- Poor self esteem.
- Poor peer relationships
- Act in an inappropriate way for age
- Over sexualised play/talk or drawings.
- Excessive or inappropriate masturbation
- Self harm/eating disorder
- Frequent visits to the toilet (urinary infection).
- Reluctance to change for P.E.
- Failure to thrive
- Poor hygiene
- Recurrent/untreated infections of skin or head lice
- Untreated health/dental issues
- Frequent absence from school or repeated lateness
- Delay in meeting normal developmental milestones

### **Procedures and Responsibilities – Any Staff Member**

The procedure route will depend upon the urgency of the situation and whether it is merely a suspicion of abuse or an actual disclosure

#### **Suspicion of Abuse** (if abuse is suspected but there has been no disclosure.)

1. Ask casual open questions about the nature of the concern e.g. bruises, marks, change in behaviour etc. "Can you tell me about..."
2. Believe the child and reassure them that they were right to talk to you.
3. Record the facts and conversation in writing immediately afterwards using the exact words spoken not implied. Sign and date the report (it may be required as evidence).
4. Report the suspicion to the Designated Person responsible for Child Protection
5. The Designated Person will take the appropriate action

#### **Disclosure**

1. Allow the child to talk - ask only open questions e.g. "Can you tell me more about...."  
Do not press for detail, put forward your own ideas or use words that the child has not used themselves.
2. Stay calm and reassuring.
3. Do not make promises that cannot be kept e.g. confidentiality - tell the child that you will have to tell someone else who will be able to help.
4. Believe the child but do not apportion any blame to the perpetrator. (it may be someone they love)

5. Reassure the child that they were not to blame and they were right to talk to you.
6. Ask the child if they have told anyone else.
7. Keep an open mind.
8. Record the conversation and facts verbatim in writing immediately afterwards (writing notes during the interview may put undue pressure on the child). Sign and date the report (it may be required as evidence).
9. Establish details of full name, D.O.B. address and names of parents/guardians.
10. Report to the Designated Person who will contact the children and families helpdesk as necessary.

### **Confidentiality**

We recognise that all matters relating to child protection are confidential.

The Headteacher or DSLs will disclose any information about a child to other members of staff on a need to know basis only.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.

We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with the Local Authority on this point.

### **Resolving Professional Difference - Escalation Policy**

We have a resolution of professional difficulties (escalation) policy which refers staff to the correct procedures to use if they are left feeling that the response from social care has not addressed your concerns for the child. Advice about procedural issues including using the professional differences procedures can be obtained through the **Safeguarding Children Service on 01452 583629**. For out of hours social work advice please contact the **Emergency Duty Team on 01452 614194**.

### **Whistle-blowing**

The school has a whistleblowing policy, which is monitored regularly by the school governors. A copy of this policy is available in school. If members of staff ever have any concerns about people working, paid or unpaid, they have a professional duty to inform the management accordingly. This can be done in writing or verbally but staff should be prepared to discuss issues in the confidence that any such matter will be dealt with sensitively and with the necessary degree of confidentiality. Whistle-blowing re the Headteacher should be made to the Chair of the Governing Body.

### **Emergency Procedures**

If the designated Person is not available, establish the facts and details as above and contact;

<b>Gloucestershire Safeguarding Children's Board</b>	<b>01452 583629</b>
<b>Emergency Duty Team (Out of hours)</b>	<b>01452 614194.</b>
<b>Gloucestershire Police</b>	<b>101</b>

When you raise concerns you will be redirected to the appropriate social work team, determined by the area the child lives. You will be able to speak directly with a social work practitioner;

**You will be asked:-**

- the nature of your concern;
- The child name, address, date of birth.
- any information about previous welfare concerns, current and historical information that you or your agency holds (If applicable)

**The social work practitioner will:-**

discuss what action may be necessary in light of the information held by social care in conjunction with your information;

- agree whether a referral may be appropriate to address the issues raised;
- agree other possible ways forward to address the concerns;
- agree how parents will be informed of the contact made (parents will always need to be told that
- information has been shared with the CYPD unless there is a judgement that to do so would put
- the child, or anyone else, at risk of harm or would hamper any possible future police investigation

**If you are left worried that your concerns are not being addressed:**

- use the new resolution of professional disagreements in work relating to the safety of children (escalation policy) available in the SW child protection procedures through the website - [www.gscb.org.uk](http://www.gscb.org.uk)
- contact the Safeguarding Children Service on 01452 583629 for advice about procedural issues.

**We all have responsibility for the vulnerable children of Gloucestershire**

**It is important to remember that responsibility for the most vulnerable of children (including those who may be in need of protection) rests with each of us and cannot be relinquished by making a telephone call to another agency (including CYPD social care). When making a referral or seeking advice from social care about how to proceed, you should:**

- ensure you have a good understanding of the information held by their agency (including historic information) and include that information in the contact or referral;
- include a summary of the concerns held by their agency;
- gain an agreement with children's social care about how and when they will receive an acknowledgement of their contact that includes confirmation of what action has been agreed (if any), by whom and by when;
- referrals must be followed up in writing by the referring practitioner within 48 hours;



- the notifying practitioner should formally follow up any enquiry where no response is forthcoming from children's social care by the agreed time scale;
- the notifying practitioner should use the 'resolution of professional disagreements in work relating to the safety of children (escalation policy)' procedure if they are not satisfied that the social care response has addressed their child welfare concerns.

### **Links with other policies**

This policy should be read in conjunction with the following policies;

Anti-Bullying

Drugs

First Aid

Confidentiality

Allegations against staff

Special Educational Needs and Disability

Personal, Social, Health and Citizenship Education

Behaviour, Rewards and Sanctions

Attendance

Educational Visits

E-Safety

Children Missing From Home and Care (Guidance)

Health and Safety

Escalation Policy

Whistleblowing

This policy should also be read in conjunction with;

Gloucestershire's Local Safeguarding Children Board (GSCB) Child Protection Procedures which are available at [www.gscb.org.uk](http://www.gscb.org.uk).

### **Policy review**

Compiled by: **K.Burke**

Agreed by Governors **January 2017**

Review Date; **January 2018**

## Useful Links GSCB website

[www.gscb.org.uk](http://www.gscb.org.uk)

Working Together to Safeguard Children 2013

<http://www.gscb.org.uk/CHttpHandler.ashx?id=55161&p=0>

Working Together to Safeguard Children 2010

<http://publications.dcsf.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00305-2010>

Safeguarding Children in Schools 2004

<http://publications.dcsf.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00305-2010>

Keeping Children Safe in Education 2014

<https://www.gov.uk/government/publications/keeping-children-safe-in-education>

Data Protection Act 1998

[www.opsi.gov.uk/acts.htm](http://www.opsi.gov.uk/acts.htm)

The Children's Act 1989

The Children's Act 2004

Department for Education for Safer Recruitment

<http://www.education.gov.uk/childrenandyoungpeople/>

Up to date on-line version of Gloucestershire Safeguarding Handbook.

<http://www.gscb.org.uk/handbook>

Guide to Safer Working Practice

<http://www.gscb.org.uk/article/113294/Gloucestershire-procedures-and-protocols>

Child Exploitation and Online Protection Centre (CEOP)

<http://www.ceop.police.uk/>

Disclosure and Barring Service

<https://www.gov.uk/government/organisations>

## **Appendix 1 - Further Information to be aware of:**

### **Forced Marriage (FM)**

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.

### **Honour Based Violence (HBV)**

Honour based violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and /or community.

### **Violence Against Women and Girls**

VAWG is an equality and human rights issue.

Violence against women is a violation of women's fundamental human rights:

- The right not to be treated in an inhuman and degrading way
- The right to respect for private and family life (including the right to physical and psychological integrity)
- The right to life

### **VAWG includes:**

- domestic violence;
- forced marriage;
- honour-based violence;
- female genital mutilation;
- rape and sexual offences;
- prostitution;
- trafficking;
- child abuse; and
- pornography

Violence against women shall be understood to encompass, but not be limited to, the following:

(a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, nonspousal violence and violence related to exploitation;

(b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

## **Female Genital Mutilation (FGM)**

Female Genital Mutilation is illegal and is prohibited by the **Female Genital Mutilation Act 2003**. It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

### **What is FGM?**

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

### **4 types of 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.

### **Why is it carried out?**

Belief that:

- 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

### **Is FGM legal?**

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening

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

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities

- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinary tract infection
- Disclosure

### **The 'One Chance' rule**

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay**.

### **Domestic Violence - Domestic Violence Disclosure Scheme - Clare's Law**

This scheme will enable members of the public to have 'Right to ask' police if their current partner poses a risk to them in terms of their history of domestic abuse.

It also enables professionals to raise a 'Right to know' request through the police where we feel a person may be at risk of domestic abuse by an individual whose criminal history is unknown to the partner, but where we have some reasonable concern / knowledge about the individual's past.

A right to ask can also be made by a third person-e.g., a parent/relative/friend who is concerned. In these cases if a disclosure is to be made, it will only be made to the person who needs to know i.e., the victim.

Yorkley School is made aware of any MARAC's (Multi-Agency Risk Assessment Conference) through Health.

### **Parental Substance Misuse and the Impact on Children and Young People**

The experience of children living with, and affected by, parental substance use has become widely known as „Hidden Harm“, following the report by the UK Advisory Council on Misuse of Drugs in 2003. The phrase "Hidden Harm" encapsulates the 2 key features of that experience: the children are often not known to services; and they suffer harm in a number of ways through physical and emotional neglect, exposure to harm and poor parenting (Aberlour, 2006). Bottling It Up (2006) exposed similar concerns with children whose parents misuse alcohol and that insufficient attention was being paid to this group of children despite increased concern being raised by agencies.

The children of substance misusing parents are 'not at risk' or 'in need' solely by virtue of parental substance misuse. Unfortunately substance misuse by parents can be a contributing factor in the abuse or neglect of their child.

### **Private Fostering**

It is a legal requirement for families looking after someone else's child for more than 28 days to notify Gloucestershire Children and Families Helpdesk on 01452 426565

Private fostering covers a diverse range of situations. Most educational settings will have children who are privately fostered, although the school/setting may not be aware that a child is

privately fostered. Asking who has parental responsibility would give an indicator as to whether or not a child is privately fostered.

Common private fostering situations include

- African, Asian and Afro Caribbean children with parents or families overseas
- Black and minority ethnic children with parents working or studying in the UK and living with a host family
- Asylum seeking and refugee children
- Trafficked children
- Local children living apart from their families, perhaps because the family has broken down.
- Adolescents estranged from their parents
- Children attending Language Schools
- Children attending independent schools who do not return home for holiday periods
- Children living with host families for a variety of reasons, possibly to learn English or to receive medical treatment in the UK.
- Back door adoptions

## **Mental Health**

### **Primary Care professional and Mental Health**

Primary health believes:

- in the fundamental uniqueness of each individual;
- that everyone has the right and ability to achieve wellbeing;
- in enabling and supporting peoples' maximum potential;
- that solutions are found at local level, created by communities and driven by champions.

Primary health works to:

- Listen to service users and their carers so that services can be designed to meet their needs
- Ensure all Primary Carers have the core skills to deal with poor wellbeing or mental health issues
- Provide suitable training for primary carers from experienced primary carers
- Work with researchers to understand what is effective, whether within NICE guidelines or not
- Lobby for better teaching of primary care mental health education measure success through outcomes that matter in people's lives

### **Gloucestershire NHS Trust for Mental Health**

We liaise with Children and Young People Service (CYPS) to help our pupils and families who have mental health concerns.

<http://www.2gether.nhs.uk/professionals-working-with-children-and-young-people>

### **Fabricated, Induced Illness and Abuse of Medication**

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

- **fabrication** of signs and symptoms. This may include fabrication of past medical history;
- **fabrication** of signs and symptoms and **falsification** of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;

- **induction** of illness by a variety of means.

### **Gangs and Youth Violence - The Avenger Task Force**

The Avenger Task Force is a new initiative led by police, set to revolutionise the approach to gangs in Gloucestershire.

The multi- agency project, involving representatives from Gloucestershire Constabulary, Gloucestershire City Council and Gloucestershire County Council's Youth Support Team, aims to reduce the number of youngsters involved in gangs by offering support to those who are or may be vulnerable.

### **Radicalisation**

Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations. Radicalisation can be both violent and nonviolent, although most academic literature focuses on radicalisation into violent extremism (RVE).

At Yorkley Primary School we are committed to working in partnership to support vulnerable children and their families and all staff have training on 'Prevent'. The protocol provides the theory and practice as to why putting children and their wellbeing at the centre of our thinking and operations are imperative in order to safeguard their welfare.