



Bristol Dyslexia Centre

Safeguarding & Child Protection Policy

Policy date: September 2024

Revision: 25.2.25 updated local contacts

Children and young people have a fundamental right to be protected from harm. Children and young people have a right to expect learning centres to provide a safe and secure environment. Safeguarding is a term which is broader than 'child protection' and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone's responsibility.

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1. General Policy Overview:

Safeguarding and promoting the welfare of children is defined in the [Working Together to Safeguard Children,\(2023a\)](#) guidance as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing impairment of children's mental and physical health or development ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

Child protection is part of safeguarding and promoting the welfare of children and is defined as activity that is undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online.

Effective safeguarding means practitioners should understand and be sensitive to factors, including economic and social circumstances and ethnicity, which can impact children and families' lives.

Action taken by **Bristol Dyslexia Centre (BDC)** will be in accordance with:

- Current legislation [Working Together to Safeguard Children,\(2023a\)](#)
- [Keeping Children Safe in Education](#) (Updated 2024)

- **Local Guidance from the Local Safeguarding Partnership: [Keeping Bristol Safe Partnership Website](#).**

BDC Maintains policies and procedures to ensure that safeguarding of children and young people including the following:

Safeguarding and Child Protection

Safe Recruitment

Maintaining a SCR

Code of Conduct

Behaviour

Security

Arrival and Departure

Health and Safety

Lockdown response

Fire Safety

First Aid

Online Safety

Data Protection

Equality

Complaints

Grievance

2. Safeguarding & Child Protection Policy

2.1 Definitions:

Child Protection is defined as activity that is undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm: Abuse, neglect and, or exploitation. This includes harm that occurs inside or outside the home, including online.

Child abuse: a form of maltreatment of a child. Somebody may abuse, neglect or exploit a child by inflicting harm or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children (Child on Child abuse). Harm can also include children witnessing the ill treatment of others particularly where they see hear or experience domestic abuse and its effects.

Child abuse can be described in four categories, all of which can cause long term damage to a child:

- neglect
- emotional abuse
- physical abuse
- sexual abuse

These four areas are outlined in greater detail in section 3.

Other **safeguarding concerns** that a child may be subjected to:

- Family problems (child in care, imprisonment, young carers, homelessness, poverty)
- Domestic Abuse (including witnessing the abuse of others)
- 'Honour' based abuse including Female Genital Mutilation (FGM)

- Child Sexual Exploitation (CSE)
- Child Criminal Exploitation (CCE)
- Mental Health Conditions
- Radicalisation
- Substance misuse

These areas are outlined in greater detail in section 3.

2.2 Aims & Responsibilities

Any fears or worries that children and young people bring into the classroom should not go unnoticed by staff. It is important that staff record in writing any incident that is of concern on the same day and the situation should be monitored. The staff member can report the incident to the safeguarding lead. If any staff member has *serious concern* then they should contact social services or in an emergency, the police, without delay. Any consultation with safeguarding officers should not delay this.

It is a guiding principle of the law and child safeguarding procedures that the protection and welfare of the child must always be the first priority. The protection of children and young people is a shared community responsibility. Failure to provide an effective response can have serious consequences for the child. Teachers and other education staff are in a unique position to identify and help abused children.

Bristol Dyslexia Centre (BDC) fully recognises its responsibilities for child safeguarding.

Aims: We aim to provide a caring environment which will underpin the whole of BDC's aims and a curriculum where self-esteem can be nurtured and children empowered to protect themselves. Our policy applies to all staff, directors of the company and visitors working at the BDC.

There are five main elements to our policy:

1. Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse.
2. Raising staff awareness of child protection issues.
3. Ensuring we practice safe recruitment in checking the suitability of staff and volunteers to work with children.
4. Supporting students who have been abused in accordance with their agreed child protection plan.
5. Establishing a safe environment in which children can learn and develop.

We recognise that while we do not see visiting children every day as their School would, we do have weekly contact with children and staff at BDC are able to observe the outward signs of abuse. **BDC will therefore:**

1. Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to.
2. Ensure children know that there are adults at BDC whom they can approach if they are worried.

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

1. Ensure we have a nominated Lead person responsible for child safeguarding.
2. Ensure every member of staff, volunteer and director knows the name of the designated Lead responsible for child protection and their role.
3. Ensure all staff understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated director responsible for child protection. ***Details for reporting a concern in section five.***

4. Ensure that the Safeguarding Lead receives appropriate training every 2 years, and that all staff receive appropriate in-house training annually. All new staff will receive training within 2 months of appointment/starting work. A record of all training will be kept.
5. Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at case conferences.
6. Keep written records of concerns about children, even where there is no need to refer the matter immediately. These records are to be individual.
7. Ensure all records are kept securely, in a confidential pupil file, and in a locked location.
8. Develop and then follow procedures where an allegation is made against a member of staff or volunteer.
9. Ensure safe recruitment practises 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. BDC may be the only stable, secure and predictable element in the lives of children at risk. When at BDC their behaviour may be challenging and defiant or they may be withdrawn. BDC will endeavour to support the students through:

1. The content of the teaching.
2. BDC's ethos which promotes a positive, supportive and secure environment and gives students a sense of being valued.
3. BDC's behaviour policy which is aimed at supporting vulnerable students at the Centre.
4. BDC will ensure that the student knows that some behaviour is unacceptable, but they are valued and not to be blamed for any abuse which has occurred.
5. Liaison with other agencies that support the student such as their school, social services, child and adult mental health service, education welfare service and educational psychology service.
6. Ensuring that, where a student on the child protection register leaves, their information is transferred to the new school immediately and that the child's social worker is informed.

3. Definitions and Indications of Abuse

Neglect

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

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor school attendance or often late for school;
- Poor concentration;

- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from school; or
- The child is left at home alone or with inappropriate carers

Emotional Abuse

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

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self-harming, drug or solvent abuse;
- Fear of parents being contacted;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

N.B.: Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

Physical Abuse

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

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;

- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;
- Fear of changing for PE;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers.

Sexual Abuse

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

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.

Harm can also include children witnessing the ill treatment of others particularly where they see hear or experience domestic abuse and its effects.

3.1 Responses from Parents

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

- Delay in seeking treatment that is obviously needed;
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;

- Reluctance to give information or failure to mention other known relevant injuries;
- Frequent presentation of minor injuries;
- A persistently negative attitude towards the child;
- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;
- Parents request removal of the child from home; or
- Violence between adults in the household.

3.2 Safeguarding Issues

These topics are themes that can impact on children and families:

- Domestic abuse - *this can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. Children can be victims of domestic abuse. They may see, hear or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, wellbeing, development, and ability to learn. Children are now recognised as victims in their own right in the Domestic Abuse Act," , meaning that children should receive adequate, individual support to keep them safe in educational settings.*
- Child Sexual Exploitation - *receiving "something" (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing sexual activities, or another person performing sexual activities on the child/young person.*
- Child Criminal Exploitation -*county lines, modern day slavery and trafficking*
- 'Honour' based Abuse -*including Female Genital Mutilation and Forced Marriage*
- Mental Health Conditions
- Children in the care system
- Young carers
- Children affected by parental offending/imprisonment.
- Children missing from education including persistent absence or suspensions
- Homelessness
- Cybercrime and Online Safety

3.2.1 Child on Child abuse

All staff should be aware that children can abuse other children (often referred to as child-on-child abuse), and that it can happen both inside and outside of school or college and online.

It is essential that all staff understand the importance of challenging inappropriate behaviours between children, many of which are listed below, that are abusive in nature.

Downplaying certain behaviours, for example dismissing sexual harassment as "just banter", "just having a laugh", "part of growing up" or "boys being boys" can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

Child-on-child abuse is most likely to include, but may not be limited to:

- *Bullying -including cyberbullying, prejudice-based and discriminatory bullying..*
- *Abuse in intimate personal relationships between peers.*
- *Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse).*

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

3.2.2 Radicalisation

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism and can happen in many different ways and specific background factors may contribute to susceptibility and vulnerability when combined with specific influences such as family, friends or online, and whereby specific extremist or terrorist group may appear to provide an answer. This also includes the risk to young women of FGM (Female Genital Mutilation).

The internet and the use of social media in particular has become a major factor in the radicalisation of young people. Concerns that a pupil may be at risk of radicalisation should be notified directly to the Designated Safeguarding Lead and always confirmed in writing by the person reporting their concerns on the Child Welfare Concern Record.

Prevent Duty:

Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on certain bodies ("specified authorities" listed in Schedule 6 to the Act), in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism".

The website <https://educateagainsthate.com/> is a Department for Education-run website that, provides advice and trusted resources to safeguard students from radicalisation.

4. Designated Safeguarding Lead (DSL)

The **Designated Safeguarding Lead (DSL)** is Susan Mackie (sue.m@dyslexiacentre.co.uk)

The **Deputy (DDSL)** is Cate Edwards (office@dyslexiacentre.co.uk)

Responsibilities:

- To take lead responsibility for all child protection matters (including online safety) arising at the centre and to support all other staff in dealing with any child protection concerns that arise.
- To have the status and authority within the centre to carry out the duties of the post including committing resources, and where appropriate, supporting and directing other staff to safeguard and promote the welfare of students
- To promote and safeguard the welfare of pupils in the centre.

The DSL is the first point of contact for all staff and volunteers to go to for advice if they are concerned about a child. Whilst the activities of DSL can be delegated to appropriately trained deputies (DDSLs), the ultimate lead responsibility for child protection remains with the DSL. This lead responsibility cannot be delegated.

Further responsibilities:

- Manage early identification of vulnerability of learners and their families from staff through cause for concerns or notifications. This will ensure detailed, accurate, secure written records of concerns and referrals. This includes keeping records of the rationale for any decision made.
- Work with others – acting as a point of contact for outside agencies about safeguarding such as relevant statutory agencies eg Children’s Social Work Services (CSWS), Police, Local Safeguarding Children Board, and the Local Authority Designated Officer (LADO) for allegations against staff.
- Support and advise other staff in making referrals to other agencies.
- Coordinate safeguarding training for staff and raise awareness and understanding to the centre community around policies and practice in relation to safeguarding. Ensure that all staff members undergo safeguarding and child protection training at induction.
- Responsible for ensuring the centre’s safeguarding policy is kept up to date and complete.
- Ensure compliance with safe recruitment procedures for new staff members and their induction.
- Ensure appropriate safeguarding cover and availability during term time/ any out of hours/out of term activities managed by the centre.
- Help promote educational outcomes by sharing information about vulnerable learners with relevant staff. This includes ensuring that staff know who these children are and understand their academic progress and maintain a culture of high aspirations for this cohort and are supported to identify the challenges that children in this group might face.

It is not the responsibility of the designated safeguarding officer to decide whether a child has been abused or not- that is the responsibility of investigative statutory agencies such as Children’s Social Work Services or the police. However, keeping children safe is everybody’s business and all staff should know who to go to and how to report any concerns they may have about a child being harmed or at risk of being harmed.

The DSL and DDSL:

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

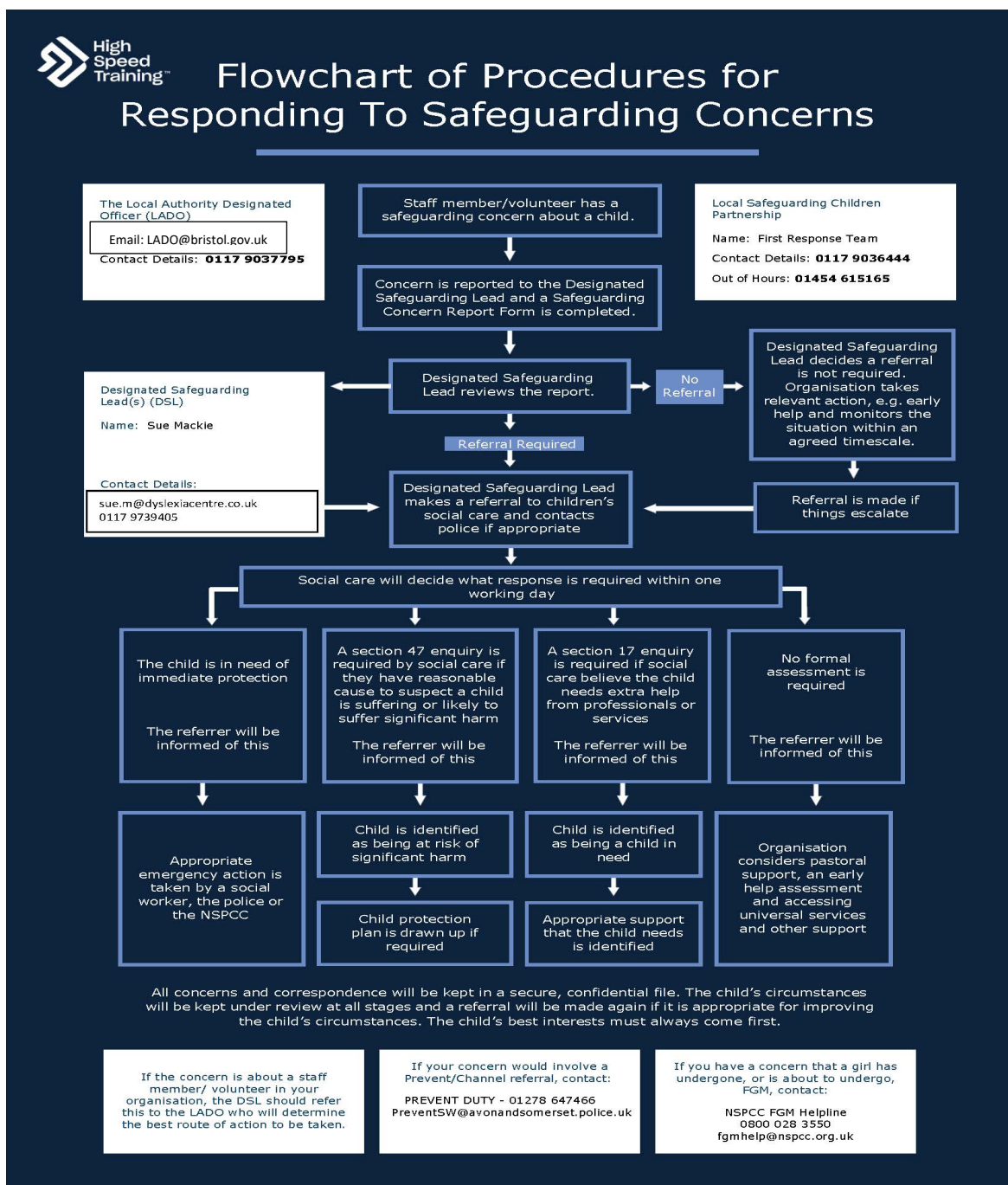
5. How to Raise a Concern

As a first step, a member of staff should raise concerns with a Designated Safeguarding Officer where this is appropriate to the nature of the concern.

Designated Safeguarding Lead: Susan Mackie

Deputy: Cate Edwards

- All staff to be clear about recording and reporting concerns to the DSL/DSL deputies in a timely way. **In the case a learner is in immediate danger, staff should phone the police.**
- All staff are aware of and follow the procedures to respond to a concern detailed in the below flowchart.
- Members of staff should make a written record on the Child Welfare Concern Log and should include the history of the concern, giving relevant dates and providing as much supporting evidence as possible.



Reporting Concerns - CONTACTS:

Local Authority in which the child is resident	Contact details	Out of hours/ Weekend
South Gloucestershire	<p>Access and Reponses Team</p> <p>T: 01454 866000 - Monday to Thursday 9.00 – 5.00, 4.30 on Friday</p> <p>E: accessandresponse@southglos.gov.uk</p> <p>W: Access and Response Teams (ART) South Gloucestershire Council (southglos.gov.uk)</p>	<p>Emergency Duty Team</p> <p>01454 615165</p>
North Somerset	<p>Single Point of Access</p> <p>T: 01275 888 808 –Monday-Thursday 8.45am-5pm, Friday 8.45am-4.30pm</p> <p>W: Children, young people and families North Somerset Council (n-somerset.gov.uk)</p>	
Bath and North East Somerset (BANES)	<p>Children’s Social Work Services</p> <p>T: 01225 396312 or 01225 396313 Mon-Thurs 8:30am to 5pm, Friday 08:30-4:30pm</p> <p>E: ChildCare_Duty@bathnes.gov.uk</p> <p>W: Report a concern about a child Bath and North East Somerset Council (bathnes.gov.uk)</p>	

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

If a child is at immediate risk call the POLICE	POLICE 999	
To make an URGENT referral, i.e. a child is likely to suffer or is suffering significant harm, call children’s social care.	FIRST RESPONSE - 0117 9036444	
Out of Hours Referrals	EMERGENCY DUTY TEAM - 01454 615 165	
Mental Health Crisis (24 hours, 7 days a week)	Bristol Mental Health - 0300 555 0334	
To make a NON-URGENT referral, contact FIRST RESPONSE using the online form	<p>FIRST RESPONSE Online form</p> <p>https://www.bristol.gov.uk/social-care-health/make-a-referral-to-first-response</p>	
To raise concerns and ask for advice about radicalisation (also contact First Response).	<p>PREVENT DUTY - 01278 647466</p> <p>PreventSW@avonandsomerset.police.uk</p>	
To liaise with the specialist Safeguarding Police unit	<p>Lighthouse Safeguarding Unit (Avon and Somerset police) 01278 649228</p> <p>LighthouseBristol@avonandsomerset.police.uk</p>	
For advice and guidance about whether to make a referral	Families in Focus (Targeted Support)-	
South 0117 9037770	East Central 0117 3576460	North 0117 3521499

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

<p>To raise concerns and ask for guidance in relation to the conduct of someone who works with children</p>	<p style="text-align: center;"><u>Local Authority Designated Officer - (LADO)</u> T: 0117 9037795 <u>KBSL LADO notification form</u></p>
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For information, advice and guidance in relation to safeguarding policy and procedures.

<p>Bristol <u>Safeguarding in Education Team</u> T: 0117 9222532 E: Safeguardingineducationteam@bristol.gov.uk Team Manager: Henry Chan henry.chan@bristol.gov.uk 0117 9224282</p>		
<p>South Bristol Advisor Helen Macdonald helen.macdonald@bristol.gov.uk 0117 9222533</p>	<p>East Central Bristol Advisor Jess Curtis jessica.curtis@bristol.gov.uk 0117 9222710</p>	<p>North Bristol Advisor Elisabeth Clark elisabeth.clark@bristol.gov.uk 0117 9222534</p>
<p>Child sexual exploitation & child criminal exploitation</p>	<p style="text-align: center;">Operation Topaz (Avon and Somerset Police) https://www.avonandsomerset.police.uk/forms/vul</p>	
<p>Safer Options Team - Education inclusion managers</p>		
<p style="text-align: center;">South Ingrid.Hooper@bristol.gov.uk</p>	<p style="text-align: center;">East Central Calum.Paton@bristol.gov.uk</p>	<p style="text-align: center;">North Ross.Moody@bristol.gov.uk</p>
<p>Report a Child Missing from Education</p>	<p style="text-align: center;">Bristol City Council – Education Welfare https://www.bristol.gov.uk/schools-learning-early-years/children-missing-education-cme</p>	
<p>Children affected by Forced Marriage</p>	<p style="text-align: center;">Forced Marriage Unit T: (0) 20 7008 0151 E: fmufco.gov.uk</p>	
<p>Online Safety Advice</p>	<p style="text-align: center;">Professional Online Safeguarding Helpline T: 0344 381 4772 E: helpline@saferinternet.org.uk</p>	
<p>Reporting online abuse and grooming</p>	<p style="text-align: center;">Child Exploitation and Online Protection command https://www.ceop.police.uk/ceop-reporting/</p>	
<p>FGM advice</p>	<p style="text-align: center;">NSPCC FGM Helpline T: 0800 028 3550 E: fgmhelp@nspcc.org.uk</p>	
<p>Domestic Abuse support (Bristol)</p>	<p style="text-align: center;">Directorate of local and national services https://www.bristol.gov.uk/crime-emergencies/abuse-violence</p>	
<p>Young Carers – advice and support.</p>	<p style="text-align: center;">Carers Support Centre T: 0117 958 9980 W: https://www.carerssupportcentre.org.uk/young-carers/contact-young-carers/</p>	
<p>Whistleblowing professional policy</p>	<p style="text-align: center;">NSPCC Whistleblowing hotline T: 0800 028 0285 E: help@nspcc.org.uk</p>	
<p><u>Child and Adolescent Mental health (CAMHS)</u> Primary Mental Health Specialists (advice) Child and Adolescent Mental Health</p>		
<p style="text-align: center;">South 0117 3408121</p>	<p style="text-align: center;">East Central 0117 3408600</p>	<p style="text-align: center;">North 0117 3546800</p>
<p>Avon and Wiltshire Mental Health Partnership NHS Trust 24/7 crisis line: 0800 953 1919</p>		
<p>Advice around harmful sexualised behaviour.</p>	<p style="text-align: center;">Be Safe 0117 3408700 W: https://www.awp.nhs.uk/camhs/camhs-services/HSB-services/be-safe</p>	
	<p style="text-align: center;">Brook Traffic Light Tool CPD: Brook Sexual Behaviours Traffic Light Tool (RSE) Course</p>	

Other contacts:

NSPCC 24 hr Helpline: 0800 800 5000

NSPCC Text helpline: 88858 (service is free and anonymous)

Appendix: Dealing with a disclosure of abuse

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

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

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

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

Recognise – Respond – Reassure – Refer - Record